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THE

BRITISH MEDICAL JOURNAL,

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

EDITED FOR THE ASSOCIATION BY

WILLIAM O. MARKHAM, M.D.,

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BRITISH MEDICAL JOURNAL:

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EDITED BY DR. MARKHAM.

LONDON: SATURDAY, JANUARY 2, 1864.

Lectures
ON
CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.*

BY
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PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL, ETC.

LECTURE I.

Physiology in its Relations to Pathology and the Practice of Medicine. Recent Physiological Researches. Cardiac Physiology in Relation to Cardiac Diseases. The Reflex Function of the Nervous System in Relation to Pathology, Diagnosis, and Therapeutics; its Bearings on Certain Organic and other Diseases, etc.

MR. PRESIDENT AND GENTLEMEN,—The mutual relations of physiology, pathology, and the practice of medicine, have ever formed a subject of no less interest than importance to the members of our profession; and I think it is scarcely possible for us to direct our attention too frequently to the questions which these relations involve. It cannot be doubted that, as our knowledge of structure and function has improved, so have we been able more easily, and more fully, to appreciate departures from physiological conditions, and, more rationally and successfully, to apply our remedial measures to the relief of these morbid states; and I think it capable of proof that it is with reference to those organs, the intimate structure and physiological action of which we are best acquainted with, that our diagnosis of disease is most accurate and that our therapeutics are most advanced. But it is not merely with reference to the condition of an individual organ that we form our opinion from the disturbance of its physiological action; but beyond this, and above this, is it not by the application of the same test to the system at large, that we estimate the general condition of a patient, and the impression which a disease has produced on the constitution? Is it not by the amount of functional disturbance which a local affection has caused in the various organs of the body, more especially in the nervous and vascular systems, that we gauge the severity of a disease and regulate our treatment?

In any local affection, the recognition of the extent to which the organ attacked has departed from a physiological condition, both in regard to structure and function—and the one is often, but not always, the gauge of the other—is the first point to which our attention is directed; but this ascertained, it is the amount of general functional disturbance which is considered. By this we judge of the reflex effects of the disease, or the way in which the system sympathises, if I may use the term, with it. By this we estimate the reserve force which the patient possesses; and by this, also, we judge as to the nature of the therapeutic measures to be employed.

And when, again, we have to deal with those affections which are truly of a specific character, but for which we have, as yet, discovered no distinct method of cure, is it not by the amount of functional disturbance they create, rather than by any local condition which results from these diseases, that we appreciate their mildness or severity? In the management of cases of fever, of small-pox, of measles, of scarlatina, diseases which depend on some poison which has found its way into the blood, and for which no specific remedy has been discovered, we judge of the nature of the treatment which is required, by an appeal to the extent to which physiological actions are perverted.

But it is unnecessary that I should illustrate by examples, or that I should further dwell on, the importance of the subject which I have selected for these lectures. Of the difficulty in which its consideration is involved, no one is more conscious than myself; and I shall not attempt, on such an occasion as this, to deal with it in any other than a very partial manner. To treat fully of a theme so important, would be a task far too comprehensive for such a course of lectures as this. My object is rather to consider briefly a few points which appear to me, not only of practical importance, but of general scientific interest; and I trust that in this first course of lectures which our Society have thought right to institute, no shortcomings on my part will be allowed to mar the prosperity of a scheme, which has been projected with every wish for the welfare of the Association.

In estimating the extent to which various circumstances have influenced the progress of medical science, it must always be a matter of great difficulty to assign to any one of them its proper value; nor shall I even attempt to show the effects which the use of the microscope or the test-tube has had in this respect. That the most valuable aid has been afforded by the microscope to the student of anatomy and physiology, and that the investigations of the chemist have thrown great light on many of the healthy and morbid processes of life, no one will for a single moment doubt; nor can we doubt the influence which anatomical and physiological knowledge has had on the establishment of correct principles of pathology, diagnosis, and therapeutics.

Even with regard to that single science which teaches of the structure of the body, it would be easy to show, did time permit, by taking up any individual organ, that in proportion as researches into its minute structure have been attended with difficulty, so has our physiological progress been slow, and so also has our pathology remained imperfect and obscure. The researches into the structure of the kidneys, the liver, the lungs, and the other glandular organs of the body, have brought our knowledge of these structures to a degree of perfection, which has enabled us to see more clearly into the manner in which their functions are performed. It is true, however, that, in reference to some organs, although our anatomical knowledge is definite and precise, there are points in connection with their functions, of which we are still in doubt. We cannot with certainty assign a definite function to the spleen; nor do we rightly understand, in all its integrity, the function of the liver; and in respect to one particular pathological condition of the body, the diabetic, much doubt remains as to the particular organ, whose faulty action gives rise to the morbid secretion which appears in the urine. Even here, however, by pursuing a course of careful experimental inquiry, we seem to be tending towards some more definite conclusion, as to the nature of the disease, than has hitherto appeared probable.

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* Delivered at the Liverpool Medical Institution, before the members of the Lancashire and Cheshire Branch of the British Medical Association.

I need not remind you of the investigations of Claude Bernard, which were of so striking, and, at first sight, so conclusive a character. From researches which commenced fifteen or sixteen years ago, Claude Bernard stated he had discovered that the liver possessed a glycogenic, or sugar-forming, power. He found in animals, only recently killed, that the blood of the portal vein, passing to the liver, was devoid of all traces of sugar; whilst that of the hepatic veins, leaving the liver, contained it in large quantities.

The conclusions arrived at by Bernard have been called in question by Dr. Pavy, whose experiments seem to show that the formation of sugar in the liver is a *post mortem* process, due to the rapid transformation of the "amyloid substance", which is stored up in the liver, into sugar. He believes that this change takes place only to a slight extent, if at all, during life.

This opinion, however, has not been confirmed by the most recent inquirers; and the original views propounded by Bernard have received substantial support, especially by Dr. Harley, who has experimented under the direction, and with the assistance, of Professor Sharpey. And, although there is conflicting evidence on the point—which we must naturally expect for a few years, in relation to so difficult and abstruse a subject—the present state of our knowledge seems to prove that, during life and health, a certain amount of sugar is formed in the liver, no matter what the diet may be; but that, as soon as vitality ceases, the quantity formed increases largely.

Now, in reference to a disease like diabetes, in which sugar is formed in excessive quantity in the system, and found largely in the urine, we shall never, I think, arrive at a knowledge of its true pathology, until we have learnt the exact relation which the formation of sugar bears to a state of health; in fact, we must study the disease from its physiological side.

It has been proved of late that the urine contains in health a small quantity of sugar; that a highly diabetic condition may be artificially produced in animals; and that, as a consequence of certain diseases, or injuries of the nervous system, sugar frequently appears, in considerable quantities, in the urine of man. Anything which tends to produce a congestion of the liver, such as partial asphyxia, a division of the sympathetic, and especially of the medulla oblongata, will give rise to diabetic urine. Further, I have myself found sugar, in quantities to give a decided reaction to the copper test, in the urine of patients recovering from severe illness.

Now, it would occupy too much time to attempt to show how these various causes act in producing the result I have named; but, briefly, I may observe that, just as after death, when the regulating and controlling power of the nervous system is withdrawn, we find that the amyloid substance, stored up in the liver, becomes *rapidly* converted into sugar, so, when the circulation through the liver is retarded, and when, especially, its nervous influence is cut off, do we find that a similar result takes place. And although we cannot say, that diabetes consists either in a general or local deficiency of nervous power, it will be well to bear in mind the facts which experimental physiology and pathology have taught us. Nor need we, I think, despair that we shall yet discover the true nature of the disease. It is by steps such as I have referred to, and by a more careful study of the slightest deviations from normal action, that obscure diseases, like diabetes, will probably receive their full elucidation. And as we come more clearly to understand the relations of this newly-discovered "amyloid substance", the exact part which the liver plays in the transformation of the different elements of the food, and the various pathological states in which an excess of sugar appears in the urinary secretion, we shall probably be able to speak as certainly of the diseases of the liver, whether functional or organic, as we can now in reference to those of another organ, with the physiology of which we are far more intimately acquainted. I mean the heart.

And there are, perhaps, no diseases which show more fully the progress which medicine has made, and the influence of physiological knowledge, than those of the central organ of the circulation. Compare for a single moment, the condition of our knowledge of cardiac diseases at the close of the last century, when but few affections of the organ were recognised, with that of the present day.

We now know that the heart is subject to various diseases; and so great is our power of diagnosis, that we are able to discriminate, not simply whether it is the substance of the heart, or the bag which encloses it, that is diseased; not simply whether the muscular or fibrous structure has undergone a change, but the nature of the change which has occurred in the muscular walls, and the exact set of valves which is affected. And a knowledge of this kind is not only of importance in reference to therapeutics; but also, as I hope to show in a subsequent lecture, in regard to the probable duration of life, and the chances of sudden death occurring. And if, as is sometimes the case, we are told that medicine rests on no scientific basis; that it is founded on no fixed principles; that it is a mere empirical art, without any pretensions to the distinctions of a science; we may, I think, fairly point to the accurate knowledge we possess of the diseases we are referring to, to controvert the allegation. If, from direct observation and experimental inquiry, we have ascertained the exact nature of the action of an individual organ, that under a condition of health it gives rise to certain phenomena, of whose sequence, of the period of whose occurrence, and of the movements which accompany and cause them, we have precise and positive knowledge; if, starting with a knowledge of these facts of physiology, we meet with the organ in a pathological condition, and pronounce as to its state; and if in the vast majority of cases this opinion shall be found a correct one, what, I ask, is this but the most rigid induction from clearly ascertained facts? and if this is not the practice of a science, I venture to ask, what is?

Nor is it any reproach to medicine that we possess no means by which we can specifically cure the various diseases to which the central organ of the circulation is subject. We know that, although we have no remedy that will absolutely cure a pericarditis, we can by the use of certain therapeutic measures, in the large majority of cases, promote the function of the organ attacked, and guide our patient through the disease. We have reason also to believe that, in reference to one very serious affection of the substance of the heart, in which it undergoes a degeneration of its tissue, we can, by the use of therapeutic means, and especially by the administration of a particular remedy, check the progress of the malady and prolong the duration of life; and in regard to those valvular affections of the heart with which, unfortunately, we so constantly meet, although we know of no means by which the morbid deposits can be removed, we do know that, when the deposit is the result of a chronic action, we can, by regulating the habits of life, by maintaining the physiological action of the various excreting organs, prevent the occurrence of that condition which is most favourable to further deposit; and that thus we can retard, or even check, the progress of the disease. And when these deposits have permanently settled on the heart, is it to be a reproach to the physician that he is unable to remove them? Should it not rather be considered the highest praise, that, by a mere physical examination, he is able to recognise their existence and their exact situation?—that he is able to direct his patient in the course of life which he shall follow, so as to stay the progress of those pathological processes which will necessarily ensue, and that rapidly, unless precautions are taken? Is it nothing, by the simple application of the ear to the chest, to recognise, from the absence of certain physiological phenomena, the results of a past pathological process; to be able to predicate the steps which the disease will take; and to find, as time rolls on, that our prognosis is verified; that, in obedience to pathological laws—laws whose action we are acquainted with—the changes we anticipated ensue, the abnormal takes the place of the normal, pathology steps in where physiology existed, and death slowly succeeds to life.

[*To be continued.*]

Health of San Francisco. The San Francisco *Medical and Surgical Journal* says: "If we estimate our present population at 100,000, our rate of mortality has been less than 1 in 49; showing a degree of salubrity which may be advantageously compared with that of any large city in the civilised world."

Lectures
on
ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

Lecture V.

ON CURVATURES OF THE SPINE.
(*Continued.*)

The Causes of Lateral Curvature of the Spine.

Obliquity of the Pelvis, as was stated in the last lecture, is a very common cause of scoliosis. It gives rise first to a lumbar curve, as is shown in Fig. 13. But, perhaps, the mode in which spinal curves are formed will be more readily understood by means of the following diagram (Fig. 14). Suppose the lines A B C D to represent the pelvis and spinal column in their normal relations; namely, that the spinal column forms together with the pelvis a right angle. And let E F represent the pelvis rendered oblique, from whatever cause; and G B the inclined column still retaining a right angle together with its base. How is equilibrium to be maintained? It is manifest that the line G B, if continued, would render equilibrium impossible; and, therefore, a series of curves about the perpendicular line A B are formed for this purpose as is better shown in the following figure (Fig. 15).

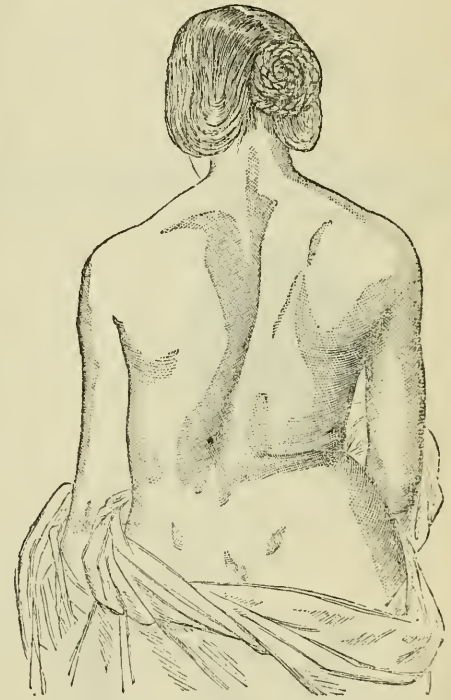
Fig. 13.

It will be seen that the cervical curve corresponds to the line G B; and such must, more or less, be the case until equilibrium is being restored through increase of distortion; when the cervical curve approaches the perpendicular line A B, as in Fig. 14.

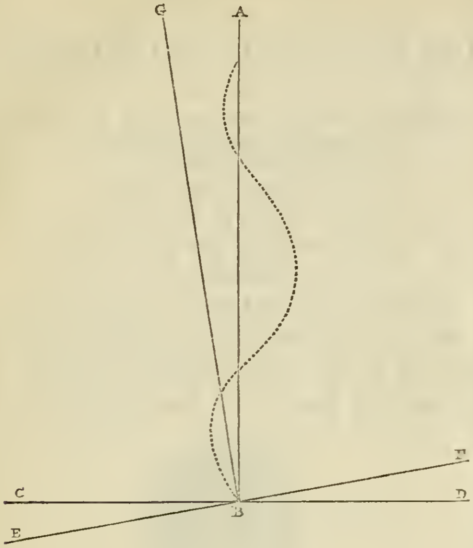

Fig. 14.

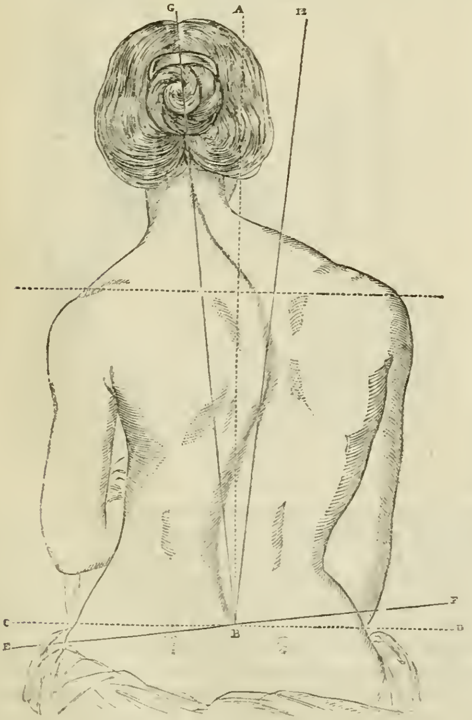

Fig. 15.

A primary curve may be either lumbar, dorsal, or cervical, depending on the cause which gives rise to it. Thus, a lumbar curve will be produced through hip-joint disease, and a cervical curve through torticollis; while through excessive use of an upper extremity, a dorsal curve will certainly be formed as the primary curve.

No curve can remain single; but it is necessary for equilibrium that, in every instance, secondary curves should be formed, compensatory of the first; and thus, a series of curves is formed—two, three, or more—according to the severity of the primary curve, and to the period during which it has existed.

A rachitic spine is not a very common affection. Rachitic disease of the long bones is very common, and of the pelvis it is not rare; but, perhaps, the spinal column is more rarely attacked by this disease than any other portion of the bony skeleton. When rachitic curvature is fully established, the changes which take place in the vertebræ themselves, and the excessive distortion which is produced, render it impossible to restore the column to its normal condition.

Increased or diminished capacity of either side of the thorax will occasion lateral curvature of the spine. As a result of inflammation, and after the removal of the effused fluid from the pleural cavity, the ribs sink to the compressed lung, the lung itself being bound down by adventitious membranes so that it cannot expand. The side becomes flattened, and the lung remains contracted. Compensation then follows, through amplification of the sound lung and enlargement of its containing cavity taking place. This form of lateral curvature is well shown in Fig. 16.

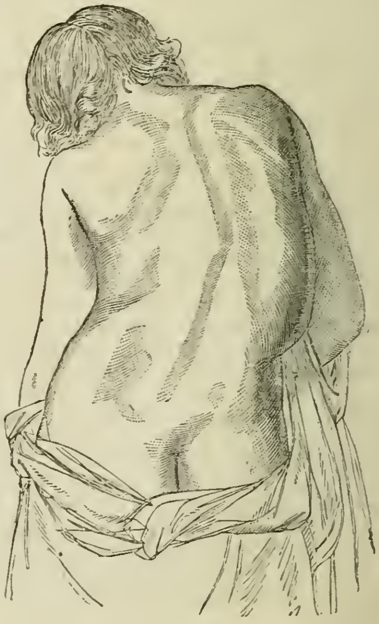

Fig. 16.

Again, deficient development and excess of development of the bodies of the vertebræ are among the rarer causes of spinal distortion. Examples of these are to be met with in many of our pathological museums. And caries of the bodies of the vertebræ occasions more frequently, and in a somewhat similar manner, a like result—a curve forms above and another below the seat of disease. It need scarcely be said that solid bony union must have taken place before lateral curvature is possible.

The *Symptoms of Lateral Curvature of the Spine* are so marked that it would be thought by some, perhaps, impossible to overlook a distortion where the gait and figure of the person proclaim the affection. And yet this distortion is constantly overlooked; or the awkward appearance is attributed to any but the right cause. Such was the case with the patient from whom Fig. 7 was taken. This was an only and an orphan child, to whom her mother was entirely devoted. She was 16 years of age; and the curves must have existed during at least four years; yet curvature of the spine was never suspected until one week before advice was sought. Then, during a visit to a relative, the distortion was pointed out. It will scarcely be credited, however, that curvature should not have been discovered in the patient from whom the following drawing was made, and that it had to be pointed out to the mother when it had arrived at the stage at which it is depicted. (Fig. 17.)

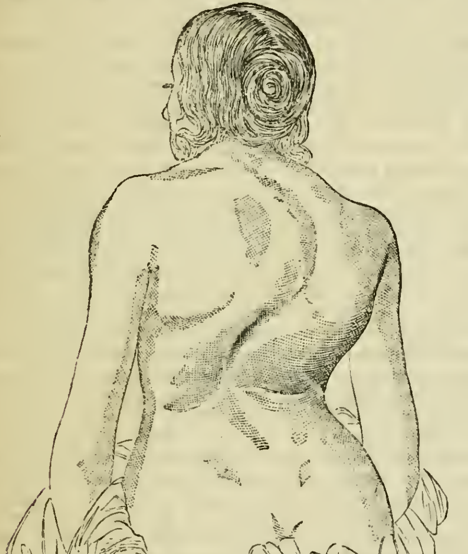

Fig. 17.

And still more strange will it appear when it is stated that, in consequence of great general debility, her mother always assisted her to dress; yet it was never discovered that the spine was crooked. We might almost believe that some eyes which constantly rest on a deformity cease to see it; just as some ears cease to be affected by a din close to them.

The *external characters of scoliosis* differ as much as the periods of development of the affection itself differ; and, consequently, they are not the same when curvature is incipient and when it is confirmed.

Transactions of Branches.

EAST YORK AND NORTH LINCOLN BRANCH.

CASE OF FATAL OBSTRUCTION OF THE BOWELS.

By Humphry Sandwith, M.D., Hull.

[*Read Sept.* 23, 1863.]

Our late lamented associate, the late Mr. Land of Patrington, was in the fifty-ninth year of his age. He was rather slightly organised and of the nervous temperament. He had latterly become thinner and paler in the face, which wore a somewhat cachectic aspect. His health was nevertheless tolerably good. His general habit was to have two loose evacuations daily. He called on me in Hull a few days before the actual seizure by his fatal malady, and during our interview on another subject, he incidentally mentioned his having been for a week or two tormented with a noisy rumbling in his bowels, so audible as greatly to annoy him when in the company of others. Assuming that this arose from a little indigestion, I simply advised him to take three grains of rhubarb with every meal. I saw him a few days afterwards, when, as he still complained of flatulent distension, I prescribed two grains of calomel at bedtime, and rhubarb with tartrate of potash the following morning.

On the following day he mentioned his case to Mr. Craven; this was on Wednesday morning, August 26th. There was now decided obstruction of the bowels. Mr. Craven prescribed five grains of calomel, to be followed by a pill containing one grain of calomel and three of extract of colocynth every fourth hour, to be assisted by soap and castor-oil injections. Late in the evening of the same day, myself and Mr. Craven were summoned to Patrington, which we reached at midnight. We found our patient very much worse. The obstruction continued; the abdomen was a good deal distended; the pulse was 100; and there was slight vomiting occasionally, but not stercoraceous. We learnt that he had lately eaten some veal, which might have led to the attack. As there was some tenderness on pressure in the right iliac region, but none elsewhere, we applied twelve leeches over the ilio-cæcal region, to be followed by a blister. He was also placed in a warm-bath; and afterwards, turpentine was freely applied to the surface of the abdomen, alternated with hot fomentations. We also prescribed one grain of the pure extract of aloes with two of extract of henbane every third hour, as also the continued use of injections.

On Thursday, August 27th, at our morning visit, the symptoms were unabated; but the pulse was at 90, which was the limit of its range ever afterwards. He had not slept, and the abdomen was more distended. Mr.' Craven now carefully introduced O'Beirne's tube, which was pushed far beyond the sigmoid flexure. Some pain and resistance were incurrred in the upper part of the rectum, and flatus passed from the tube. Two or three pints of warm water were injected; and five grains of calomel were placed on the tongue. The operation with O Beirne's tube was repeated at our evening visit; but on both occasions the water returned, not even discoloured by an admixture of fæces. On one occasion afterwards, he voided a little mucus tinged with blood, which we saw the next morning.

On Friday morning, August 28th, we found our patient suffering from severe hiccup, which had harassed him during the greater part of the night. As was to be expected, he was much discouraged by this symptom. And here, I may remark, that from the time of his first interview with Mr. Craven, he had felt and expressed the presentiment of a fatal issue of his disorder. The abdomen continued much distended, but with very little tenderness; for he could bear deep pressure everywhere beyond the precincts of the blistered surface without flinching. We now put him upon soothing doses of opium—a quarter of a grain of powdered opium with half a grain of calomel every second hour, to be alternated with the aloes and hyoscyamus the following hour. At our evening visit we reintroduced the warm water injections through O'Beirne's tube, which returned with very minute fragments of fæcal matter, but not sufficient to discolour it. The opiate plan had already allayed the hiccup, and we advised its continuance and that of the aloes, but both of these less frequently. With that plan we had also combined an antispasmodic containing chloric ether, and allowed small doses of brandy with beef-tea.

On Saturday morning, August 29th, the hiccup had quite gone; he had slept several hours, and he was more cheerful. We again threw up the warm water, and persuaded him to smoke tobacco while on the night-chair, to which he reluctantly consented. We also advised a continuance of the common injections with castor-oil and small quantities of turpentine. On our evening visit we found that the last evacuation had been largely fæculent, as witnessed by his son, who is a surgeon. Unluckily the servant had removed it. It was followed by a smaller one, which we saw, and which was decidedly fæculent. The patient's mind was now much relieved, and he was more hopeful of a successful issue. His friends also were much encouraged. Still our patient complained of thirst, and the abdomen had not sensibly decreased in volume.

Early on Sunday morning, August 30th, we were summoned to Patrington. On our arrival, we had the mortification to learn, that after a restless and anxious night, and without any further action of the bowels, Mr. Land had expired half an hour before, while in the act of vomiting an immense quantity of dark coloured and offensive fluid matter. His death was probably occasioned by the shock given to the nervous system, which was originally feeble, and still further weakened by the want of sleep and insufficient food, and a state of prolonged irritation. The shock was evidenced at first by great mental depression, subsequently by hiccup, and eventually by collapse in the last fatal act of vomiting.

I cannot close this melancholy narrative without expressing the deep regret, which we all must feel for the loss of an associate, whose gentlemanly bearing, transparent character, high integrity, and love of his profession, entitled him to a high place in the esteem and regard of his professional brethren.

A *post mortem* examination made about nine hours after death—in which we were assisted by Mr. Evans, the able house-surgeon of the Hull Infirmary—revealed the following appearances. There was more fat than usual in the omentum, mesentery, and cellular tissue covering the parietes of the abdomen. Lobules of fat also surrounded the diseased structures of the rectum, wherein was the focus of the principal disease. There were no signs of peritoneal inflammation anywhere. The mucous membrane of the small intestines shewed a few patches, and but a few, of congestion in its slighter forms. The same was true of the mucous membrane of the large intestines generally, except that it was much congested for a few inches above the stricture in the upper part of the rectum. There was no distinct pouch above the strictured part, as is often the case; but instead of the distension of this part, all its tissues had become thickened. On the other hand, the portion of the rectum below the stricture was thinner than natural. The stomach and small intestines had been largely evacuated by the last and fatal act of vomiting. But the entire colon from the sigmoid flexure to the cæcum was greatly distended with fluid fæces, probably amounting to two quarts, but without any scybala or solid masses. The transverse arch of the colon through all its coats was thin and degenerate and easily lacerable. But we will now advert to the principal seat of the disease. This consisted of a distinct strictured portion of the rectum a little below the sigmoid flexure of the colon, as if a string had been tied around it, all the coats being massed together in a homogeneous tissue of scirrhous matter, but with its inner surface deeply ulcerated. On subjecting a minute portion of the interstitial deposit of this mass to the microscope, we detected here and there the true cancer cells. "Scirrhus," Dr. Baillie tells us, "is found much more frequently at the sigmoid flexure of the colon, or in the rectum, than anywhere else." And the explanation of the fact is, that "there is more of glandular structure in the inner membrane of the great intestines towards its lower extremity than in any other part of it; and this sort of structure has a greater tendency to be affected with scirrhus than the ordinary structures of the body."

The above narrative of Mr. Land's disease, coupled with the concluding *post mortem* disclosures, suggests not a few important practical reflections. Obstruction of the bowels, through all its varieties, from simple constipation to the iliac passion, is a subject of great interest to the practical physician. The various causes of ileus should ever be present to his mind, such as hernia both external and internal, intussusceptio, the presence of a large gall-stone in some part of the intestines, and contraction of the calibre of the bowel, sometimes of the ileum at its termination in the colon, but more commonly in some part of the colon, as in its transverse arch, or about the sigmoid flexure, or lastly, in the rectum. The disease may also arise from the adhesion of two contiguous portions of intestine, or from latent inflammation, which may be easily confounded with colic. As the treatment is largely governed by our knowledge of the cause of obstruction, hence the importance of not only acquainting ourselves with what has been recorded by others, but also of widening our personal acquaintance with the results of *post mortem* inquiries. It has fallen to my lot to witness four fatal examples of the disease, in which the scalpel revealed the following organic changes. In a comparatively young lady, there was gangrenous perforation of the cæcum; in a young man, there was an ulcerative perforation of the appendix vermiformis, which was intensely inflamed, and of a blood-red colour; in a farmer, about 70 years of age, there were two strictures in the colon, one a few inches above the cæcum, and a second at the sigmoid flexure; and in our late lamented associate, there was an ulcerated carcinomatous stricture of the rectum below the sigmoid flexure. In the former two of these four cases, we had the results of peritonitis in its most intense form as the consequence of perforation, but not in the two latter. No opportunity should, if possible, be lost in all fatal cases to ascertain by the scalpel the cause of death. For it is not only sometimes a solace to our own minds to find, that every resource of art must have proved unavailing, but it may also, in other cases, discover some defect in our treatment, and thus give a clue to more successful practice in similar forms of disease.

One symptom of the existence of stricture in the colon is the fact, that the fæces are never discharged except in a liquid state, as appears latterly to have been the case with Mr. Land, or, if figured, that they are of an extremely attenuated calibre. Dr. Mason Good describes the case of a lady, aged 35, and then living, who had been subject to it for ten years, and whose fæces were not more voluminous than those of an infant; also the case of a man, aged 49, who had laboured under the disease for twenty-one years, and could never pass a motion larger than a crow-quill. By means of a purely liquid diet both these individuals contrived to enjoy a tolerably comfortable existence. I need scarcely remark, however, that we may have habitual liquid stools without stricture. A distinction, moreover, should be drawn between cases of thickening and stricture of the intestine from simple chronic inflammation, and that produced by carcinoma, which, as in Mr. Land's case, produces a destructive ulceration, as well as contaminates the blood and wars with vitality. "In advanced stages of the disease," says Dr. Baillie, "the countenance is sallow, the strength is much impaired, the body is much emaciated, and the constitution at length altogether sinks." This downward course had already begun in Mr. Land's case, but had not advanced far, when he was cut off by an acute attack of ileus. It is remarked by Dr. Abercrombie, that "there is a state of the bowels in which fluid fæces may be discharged regularly and freely, and apparently in abundant quantity, while there is yet going on for a length of time an immense accumulation of fæculent matter in a very hardened state, extending through the whole of the colon." No scybala, however, were found in our patient's bowels, but an oppressive load of liquid fæces, which Nature, being incompetent to get rid of it *per vias naturales*, made a desperate effort to discharge by regurgitation and vomiting, and sank exhausted. Much light is thrown on this incompetence both by the thinness and degeneracy of the transverse arch of the colon through all its coats, and by the thickened and congested state of the tissues of the rectum for a few inches above the stricture, not losing sight of the impediment offered to the passage of the fæces by the scirrhous mass itself with its deeply ulcerated surface. It is remarkable that, with the exception of the liquid stools and the rumbling flatulence which annoyed him for a short time before the fatal attack, he appears to have had few of the usual premonitory symptoms of stricture, such as the straining and distress in evacuating the fæces.

PRETERNATURAL LABOUR: RARE PRESENTATION.

By Henry Munroe, M.D., F.L.S., Lecturer on Medical Jurisprudence at the Hull School of Medicine, etc.

[*Read September* 23, 1863.]

It will happen to every medical man who has a large midwifery practice, that now and then he will be called to a case in which all his skill, tact, and judgment will be required. In my own time, I have had many difficult cases of midwifery, having attended during the last twenty-four years about four thousand, exemplifying most of the presentations described by writers on this subject; but the one I am about to bring before your notice has been the only one of the kind I have had; nor have I noticed any description of a similar presentation. The case is as follows.

Elizabeth Richardson, a thin spare woman, poorly fed and living in a single room in the locality of Witham, was taken in labour of her third child about 5 A.M. on Saturday, February 21st, 1863.

She was attended by a neighbour, who, on this occasion, undertook the office of midwife. The membranes were ruptured, and the liquor amnii escaped about 6 A.M. The labour pains after this somewhat ceased. She had slight pains during the whole day of the 21st; but the child made very little progress. Towards evening, the pains gradually increased; but as night advanced, they began again to decline. The midwife, on Sunday morning, the next day, July 22nd, finding the pains increase, but the progress of the child not at all advanced, or not at all understanding the presentation, sent for Mr. Anningson, surgeon, about 1 P.M. When Mr. Anningson arrived, he found, on examination, that five parts of the child were presenting themselves; viz., one leg was very well down in the vagina, also both arms, the funis, and the crown of the head.

He attempted to turn the child by bringing down the leg, but found that he only wedged the child up tighter, and that all his efforts to deliver in this way were futile. About 2 P.M., he sent for me to assist him. I immediately attended. There could be no difficulty in making out the presentation and the position of the child. I found it quite impossible to return the arms and bring the head into a natural position, on account of the close contact of the uterus over the child.

I at once placed a broad ligature round the child's leg, and gave it to Mr. Anningson. Then pushing up the head and shoulders, and necessarily the arms, I requested Mr. Anningson to make strong traction with the broad ligature. The pains were then not very forcible, for the woman was growing much exhausted. By alternating our movements of pushing up the head and chest and pulling down the leg, our efforts were in about a quarter of an hour rewarded with success by getting the breech into the pelvis low down. The other leg was somewhat in the way; but, by a little manipulation in passing the finger over the thigh, it was also got down. The case now being made a footling case, the child was easily brought into the world alive.

The pressure on the hand and arm of the operator was very great; but the woman recovered without any bad symptom.

How the cord had escaped pressure, I can scarcely tell; but so it was. The child was born alive, and is now in a healthy condition.

Reviews and Notices.

The Science and Practice of Medicine. By William Aitken, M.D.Edin., Professor of Pathology in the Army Medical School. Second Edition, revised and rewritten. In two Volumes. Vol. I, pp. 727. Vol. II, pp. 1095. London: 1863.

The tendency of writers on Medicine has, during several years at least, been decidedly to produce special rather than complete systematic treatises. Thus, while we have had fevers, the diseases of the lungs, the diseases of the heart, those of the nervous system, of the abdominal viscera, of the kidney, etc., most ably described by men who have given their attention more particularly to these parts of the human body, Dr. Watson's classical *Lectures* have been nearly, if not altogether, the only example of an attempt at a comprehensive work on Medicine; and these have owed their well-merited reputation rather to the fact of their containing the teachings derived from a long experience and able judgment, than to their being a thorough digest of the doctrines at present held by the most able and laborious investigators in things medical. Besides this, in the interval of time which has elapsed since the publication of the last edition of Dr. Watson's work, the progress of inquiry has been continuous, and much new and valuable matter has been laid before the medical world. Hence the preparation of a work like that of Dr. Aitken, the object of which is "to incorporate and connect the more recently established facts which illustrate the nature of diseases and their treatment with the time-honoured doctrines on which the Science of Medicine has been based," is by no means a superfluous undertaking.

The book is divided into four parts. The first part is on Topics relative to Pathology; the second, on Methodical Nosology—Systematic Medicine, or the Distinctions and Definitions, the Nomenclature and Classification of Diseases; the third, which naturally occupies the greatest portion of the two volumes, is on the Nature of Diseases: Special Pathology and Therapeutics; and the fourth is on Medical Geography, or the Geographical Distribution of Health and Disease over the Globe.

In the ten chapters contained in the first part, the author treats of, 1, Medicine as a Science and Art; 2. How the Nature and Causes of Disease may be elucidated; 3. Relative Nature of the Terms "Life", "Health", and Disease"; 4. Morbid Phenomena, Symptoms, and Signs of Disease; 5. Morbid Anatomy and Pathological Histology, the Special Means of Investigation; 6. Elementary Constituents of Lesions; 7. Complex Morbid States, viz., Fever, Inflammation, and Degenerations of Tissue; 8. Types of Disease, and their Tendency to Change; 9. Modes by which Diseases terminate fatally; 10. Principles which dictate the Treatment of the Complex Morbid Processes.

The second part consists of three chapters. In the first of these, the author treats of the Aim and Objects of Nosology, and the Nomenclature and Classification of Diseases; the second contains a Tabular View of the Classes and Orders of Diseases according to the Nosology of Dr. Farr; and the third, a similar Table arranged according to the English, Latin, French, and German Names at present in Use.

In the third part, the diseases described are arranged under the following classes: 1. Zymotic; 2. Constitutional; 3. Local. In speaking of each class, some general observations are made; and further divisions are made as follows.

The first class, that of Zymotic Diseases, is divided into Miasmatic—including Eruptive Fevers, Continued Fevers, Mucous Fevers; Enthetic—including Hydrophobia, Glanders and Farcy, Malignant Pustule, and Syphilis; Dietetic—including Scurvy, Purpura, Ergotism, Delirium Tremens, Lead Palsy, Bronchocele or Goître, and the Paralysis of the Lower Extremities produced by the Use of Lathyrus Sativus; and Parasitic—including the Entozoa, Epizoa, and Epiphytes.

The second class, Constitutional Diseases, are divided into the following orders: Diathetic—including Rheumatism, Gout, Anæmia, Chlorosis, Leucocythemia, Suprarenal Melasma, Beriberi, Chronic Bright's Disease, Diabetes Mellitus, Spasmodic Asthma, and Cancer; and Tuberculous—including Tuberculosis.

The third class, that of Local Diseases, is subdivided according as the seat of malady is the Brain, in the Spinal Cord and Nerves, in the Thoracic Organs, in the Mouth, Tongue, and Adjacent Parts, in the Abdominal Cavity and its contained Viscera, in the Kidneys, in the Spleen, and in the Skin.

In the three chapters of which the Fourth Part, that on Medical Geography, consists, Dr. Aitken treats of, 1. The Scope and Aim of this Branch of the Science of Medicine; 2. Malaria and Places known as Malarious; 3. Acclimation, or the Influence of Climate on Man. To this part is appended a coloured Map, after Mr. A. K. Johnston, of the Geographical Distribution of Health and Disease over the Globe.

So far as regards the variety of subjects treated of, Dr. Aitken's book is the most comprehensive of any that have in late years been published on the practice of medicine. Besides the descriptions of several diseased conditions which have only lately been defined and received names, such as disease of the suprarenal capsules and leucocythæmia, we find notices of several diseases which have been described long ago, but of which an account is rarely to be found in English medical works; *e. g.*, beriberi and sun-stroke. In fact, there is, as far as we can see, not one topic of pathological or practical interest that has been the subject of modern investigation and discovery, which the author has omitted to notice. We may mention a few of them.

In the first volume, at pages 42-58, Dr. Aitken gives the conclusions which have been laid down by Wunderlich regarding the value of regular thermometric observation of the temperature of the body in the diagnosis and prognosis of diseases attended with fever. The subject may be called a nearly novel one in English medicine; as, according to Dr. Aitken, "with the exception of Dr. Parkes and the pupils he taught when clinical professor at University College Hospital, the usefulness of the thermometer in recognising febrile disease does not seem to have been hitherto sufficiently appreciated in the medical schools of this country." And further on, in describing several of the diseases, such as the eruptive and continued fevers, and pneumonia, the author has given, from Wunderlich, diagrams illustrating the typical ranges of temperature. The thermometric variations in the bodily temperature during acute diseases appear certainly deserving of study by the physicians of this country, if we may judge from the importance attached to it by Wunderlich and Parkes, and from the following introductory observations by Dr. Aitken.

> "There are certain phenomena especially related to the development and progress of fever, which ought to be determined by clinical observation and experiment in all cases of disease where fever may be present. The facts to be ascertained are not less significant of the abatement, subsidence, or '*defervescence*' of the febrile state than of the advent of local lesions. The term '*defervescence*' in fever, is a comparatively new one in English pathology. It was first used by Professor Wunderlich, and subsequently adopted in this country by Dr. Parkes. It signifies the period in which the temperature of the fevered body is declining to its normal amount from that intense degree of heat attained in the state of accession of the febrile phenomena. This '*defervescence*' may be sudden, when it is regarded as a 'crisis'; or it may be gradual, and is then described as a 'lysis'; or it may be partly sudden and then slow, when it may be described as 'wave-like', with gradual and sometimes regular alternations of high and low temperature, as Dr. Parkes was the first to point out. It is the exact sequence of phenomena we desire to know in every case where pyrexia is present, as well as the meaning and co-relation of the phenomena..........Up to within a comparatively short time ago, the classification and diagnosis of 'Fevers' was not such as to distinguish and separate their varied forms and varieties from each other. 'Common continued fever' was a comprehensive name which included many very different types of fever; and no means of observation have been of late so exactly discriminating, by helping the physician to distinguish one form of disease from another where fever co-exists, as accurate observations on the temperature of the patient, determined by the thermometer." (Pp. 40-41.)

Among the Degenerations of Tissue described in the seventh chapter of the first part, we notice specially the most comprehensive account of the various researches on the condition termed "Amyloid Degeneration," with which we have as yet met.

The important and much debated subject of the Change of Type in Disease occupies an entire chapter. Dr. Aitken favours the opinion that the character of disease has changed; or rather, he is disposed to agree with Dr. Watson "that there are waves of time through which the *sthenic* and the *asthenic* characters of disease prevail in succession, and that we are at present living in one of its adynamic phases." Dr. Aitken, indeed, recognises with several other medical writers the action of degenerative change going on for many years past in the human constitution; yet, at another page, he consoles us with the assurance that "there is abundant evidence to prove that we now have a more healthful enjoyment of our life on the whole (although the constitution may not be so strong) as in the so-called halcyon days; and that the duration of man's life of late years has been, on the whole, prolonged." While we recognise the fact of the greater prolongation of life in modern times, we cannot, for the present at least, go with Dr. Aitken in embracing the opinion that there has been an actual change in the type of diseases. It may fairly be asked whether much of the evidence brought forward in support of this hypothesis has not arisen (independently of the question of treatment) rather out of the more accurate and more widely diffused observation of modern times, than from phenomena occurring now which have not occurred in times past.

The third chapter in the second part, giving the French and German synonyms of the names of diseases, is likely to be useful. As to Dr. Farr's classification, which Dr. Aitken gives, there is a note from Mr. Longmore, the Professor of Military Surgery at Netley, to the following effect.

> "The list of diseases named is chiefly applicable to returns explanatory of the mortality which occurs in a population. All the causes which lead to death are in this nomenclature, but not the causes of simple infirmity, or disability for particular pursuits..........A classified nomenclature, to be suitable for the purposes of an invaliding military hospital, should not only include the diseases which may prove causes of death, but also all those disqualifying physical imperfections and infirmities which prevent men from properly performing the duties of military service." (P. 183.)

The defect pointed out by Mr. Longmore is an important one, and certainly impairs the value of the nosological table, notwithstanding its general high merit, for other purposes besides those of military invaliding.

In the brief space which we can allot to the review of this book, it will be impossible to notice various points in regard to classes and orders of diseases, and the individual diseases, which are treated of in the third part. We must notice, however, that Dr. Aitken claims syphilis as a medical disease, for which proceeding he has good ground in the investigations that have recently been made in regard to the manner in which the disease affects internal organs. The description of Malignant Pustule is abridged from that given by Dr. William Budd in this Journal; and some diseases are described, such as Beriberi, Sun-Stroke, and the Fungus Foot-Disease, which have special interest for practitioners in the colonies.

Great credit is due to Dr. Aitken for having been the first to introduce into a work on Systematic Medicine a notice of the Geographical Distribution of Disease. The subject was first prominently brought forward, in as entire state as the state of knowledge on it permitted, by Mr. A. K. Johnston in 1856; and, as we have already said, one of his maps illustrates the present work. Dr. Aitken also refers, as sources of his information on medical geography, to the writings of Dr. Mühry, Dr. J. C. Nott, Sir A. Tulloch, Dr. Marshall, and Sir Ranald Martin. *Apropos* of this matter, we must say that we notice with much pleasure the extreme care which Dr. Aitken has taken in acknowledging all his sources of information.

In concluding this notice, we have to thank Dr. Aitken for so ably placing before the student and practitioner the Science and Practice of Medicine as it now exists. He has undertaken a work of great labour, and one demanding much patience and vigilance; and, although we do not hold ourselves pledged as to the accuracy of all that he says, we heartily commend the work as deserving of a large and speedy circulation among the profession. Of the real value to be attached to this and all works of the kind, we cannot speak better than in the words of Dr. Aitken himself, who says, in his concluding remarks:

> "After the student has read and carefully studied all that is contained in books of this kind, he will soon find that he has only commenced the great study of his professional life. To extend his knowledge, and to acquire practical skill, he must possess, cultivate, and foster, above all things, the faculty of observation and the exercise of a sound judgment. From books of this nature, which simply transmit to the future a sketch or record of our present knowledge of the natural history of diseases and their remedies, he may acquire a book-knowledge of the Science of Medicine; and by clinical instruction, with such books as a guide, and experienced clinical teachers to point out to him the best methods of investigation, he may acquire some practical experience. It is such kind of study which will give him an extensive view of the Science of Medicine, and at the same time some experience in the Art of investigation and in the management of disease, which will eventually place the young medical man in the best position to begin practice." (Vol. ii, p. 1059.)

Bequests. The late Rev. William Spencer Phillips, Isle of Wight, has made the following bequests:—To Charing Cross Hospital, £200; to St. George's Hospital, £200; to Westminster Hospital, Broad Sanctuary, £200; to the Hospital for Consumption and Complaints of the Chest, Brompton, £200. All free of legacy duty.

Testimonial to Dr. West. A testimonial, consisting of an elegant tea and coffee service in silver, was presented a few days ago to Dr. West of Wimpole Street, as an acknowledgment on behalf of the medical professors of King's College, London, of his services in performing the duties connected with the chair of midwifery last year, during the illness of Professor Priestley. The Principal of King's College; Dr. Watson, President of the Royal College of Physicians; Mr. Arnott, of the Royal College of Surgeons; and a large number of the medical professors of King's College, were present on the occasion. Professor Bentley, the dean of the medical department, presided, and presented the testimonial to Dr. West, in the names of Dr. Priestley and the other medical professors.

British Medical Journal.

SATURDAY, JANUARY 2nd, 1864.

A NEW YEAR'S THOUGHTS.

In entering on a new year of our editorial duties, we have, in the first place, to express our sincere wishes for a continuance and increase of prosperity to our profession and all who honourably practise it, especially those with whom, as members of the British Medical Association, our relations are the more immediate.

While the new year has but just commenced, we may for a few moments glance back on that which has past, and note a few of the principal topics which have interested the medical world, and their influence for good or evil on the profession.

Medical art and science has been pursuing its steady course, not distinguished indeed by any great discovery, but still one of progress. Various questions relating to the course, nature, and treatment of disease, have continued to occupy the attention of able and honest investigators; and medicine, although it has not made any apparent approach towards establishing a claim of infallibility, stands in a position, as regards the knowledge possessed by its followers, in advance of that which she occupied at the beginning of the year. The societies which meet periodically in London and the large towns and cities of the kingdom, for the discussion of subjects connected with medical practice in general or with special departments of it, have continued their useful work of communicating knowledge among their members. In the performance of this duty, the Branches of our Association have increased their share; and the number and variety of the papers read at the various meetings, and communicated to this Journal for publication, have shewn that there has been no want of men willing to communicate, for the good of their professional neighbours and of medical science, whatever important practical facts they have observed, or whatever opinions they have, on reflection, considered to be calculated to promote the advance of medicine.

Among special departments of medicine, the study of epidemic diseases and of the laws which govern their origin and spread, as well as of their prevention and diminution, has continued to receive that attention which its importance demands. Some important questions in regard to the soundness of the views generally held as to the etiology of zymotic diseases have been raised by Professor Christison; and the present position of our knowledge, and the expectations which we may entertain as to its future progress, were ably set forth in a paper read by Dr. Richardson before the Epidemiological Society, and published in this Journal. Of individual epidemics, small-pox, from its increased prevalence during the past year, has attracted much attention, and has given rise to a more vigorous consideration of the best means of rendering more effective the great preventive means which we possess in vaccination. The disease in sheep, to which the name of small-pox has been given, has been most ably elucidated, especially by the researches of Dr. William Budd, who, in his admirable address read at the last annual meeting of the Association, proved the special character of the disease, and its non-communicability to man or to other animals.

In internal pathology, our knowledge has gained in precision. Syphilis, for instance, hitherto known almost exclusively as a "surgical" disease—that is, affecting parts lying externally, or within reach of the surgeon's eye—has come to be recognised as capable of exercising its destructive action on almost any organ in the body; and to be, in fact, as truly a disease for the study of the physician and pathologist as are cancer and tubercle.

The laryngoscope, in the hands of those skilled in its use, both in this country and abroad, has proved an instrument of even greater practical utility than we anticipated when it first became an object of professional curiosity. By its aid, parts formerly hidden from the eye are brought readily into view; and diseases of structure, formerly appreciable with uncertainty, are now easily diagnosed, and, when advisable, removed by the aid of surgical means, with as much ease as if they lay within ordinary reach of the operator's eye and hand.

Various proceedings in operative surgery are continuing to receive that investigation which will in due time establish more accurately the indications for and the best method of their performance. Ovariotomy, in the hands of English surgeons, has gradually gained its position as a legitimate operation; and the increasing success which has attended it here has led to its performance in various countries of the continent. The excision of joints, regarding which there has been some reason for fear lest the excessive zeal of its supporters, and a want of proper judgment in the selection of cases and in the performance of the operation, might bring it into undeserved discredit, is, to use a common phrase, finding its level. To this end the researches of Dr. Humphry, demonstrating the manner in which the process of growth of the bones is conducted, have been of much value.

The discussion which has been held and is still going on in the pages of this Journal, as to the merits of iridectomy, will, it is trusted, enable our readers to form their conclusions regarding the safety and efficacy of the operation. All that has been said on the subject shews how necessary it is to be careful in adopting suggestions for operations of the kind, even when they come before us sanctioned by the names of men of the highest professional skill and honesty as their proposers.

We might go on noticing other matters which demonstrate the continued interest which has been taken during the past year in the progress of medicine and surgery; but we will pause here, with this remark only—that our countrymen have borne their share of labour, and deserve a full portion of the credit due to those who have endeavoured to make our science and art more perfect than before.

In regard to the political and social relations of our profession, various circumstances have occurred which have called for notice during the past year.

The education of the medical student, once a comparatively simple matter, has, from the great accumulation of direct and collateral professional knowledge, because a subject so vast and difficult as to have caused the inquiry whether it may not be simplified consistently with the demands of practical utility. The subject has been mooted before the Medical Council, and is likely to again receive the attention of that body; and, in the meantime, Mr. Syme of Edinburgh has, within the last few weeks, very ably and lucidly laid his views on the matter before the profession.

In its relations to the public, the state of the medical profession has not been altogether that which could be desired. There is still, as was ably pointed out by Dr. Symonds in his introductory address at the Bristol meeting, a want of appreciation, on the part of the public, of medicine, in its scientific relations especially. They still continue to follow the faulty course of reasoning now as they did in the days of Bacon.

> "Almost all other arts and sciences are judged by acts or master-pieces, and not by the successes and events. The lawyer is judged by the virtue of his pleading, and not by the issue of the cause. The master of the ship is judged by directing his course aright, and not by the fortune of the voyage. But the physician, and perhaps the politician, hath no particular acts demonstrative of his ability, but is judged most by the event; which is ever but as it is taken; for who can tell, if a patient die or recover, or if a state be preserved or ruined, whether it be art or accident? And, therefore, many times the imposter is prized, and the man of virtue taxed. Nay, we see the weakness and credulity of men is such, as they will often prefer a mountebank or witch before a learned physician." (*Advancement of Learning.*)

There has still been, too, much reason to call for improvement in the position of those members of the medical profession who are engaged in the public service. The condition of the medical officers of the army and navy, the provisions of the Royal warrants regarding whom have been rendered comparatively nugatory, was brought under the notice of the Association at its annual meeting; and memorials to the heads of the departments for the removal of their grievances were there agreed on. The case of the Poor-law surgeons, too, continues to demand the sympathy and aid of their brethren in the profession; and such cases as that of Dr. Griffin, on which we have recently had occasion to comment, show how much boards of guardians require to be enlightened in their appreciation of the services of their medical officers.

Among the most regrettable of the occurrences which have happened in the profession during the past year, have been several actions in which medical men have appeared as defendants in courts of law, and have been undeservedly exposed to danger and loss in their character and means. We have unfortunately had occasion to notice several such instances, either in regard to the hardships inflicted by the ignorance or malice of the prosecuting parties, or to the lamentable spectacle afforded by those members of the medical profession who were too ready to give evidence, on however insufficient grounds, against the defendants. The last named topic has been discussed in some of the Branches of the Association; and endeavours have been made to lay down general rules which should guide medical men when called on to give evidence in cases involving the moral or professional character of numbers of their brethren. It must not be forgotten, as a creditable fact, the profession has shown itself always ready to afford its encouragement and sympathy to those victims of unjust persecution, and to give them practical proofs of the same.

A few words must, in conclusion, be said about the JOURNAL. Our duty is to carry out the objects of the Association of which the JOURNAL is the organ; and this we have endeavoured and will endeavour to do with our best judgment, and always honestly. Our endeavours, however, to maintain the JOURNAL in the highest rank in the medical periodical literature of this country would be vain but for the aid of our fellow-associates; and for the willing and abundant manner in which this has been afforded us, we here offer our sincere thanks. Never, we believe, has the JOURNAL at any period of its history been so amply and steadily supplied with contributions of practical value as during the past year. And we may, we think, point to our list of contributors without fear of its being found inferior to that of any of our contemporaries; for it contains the names, among others, of such men as Beale, Hughes Bennett, Brodhurst, Bryant, G. Budd, W. Budd, Chambers, Christison, Harley, P. Hewett, G. Hewitt, Hutchinson, Latham, H. Lee, Mayo, Meryon, Nelson, Nevins, J. W. Ogle, Paget, Prichard (of Bristol), Radcliffe, Richardson, Russell (of Birmingham), Salter, Sankey (of Hanwell), Swayne (of Bristol), Symonds, Walker (of Peterborough), Walton, E. Wilson, etc.

As to the future, we prefer not to follow the example of some of our contemporaries in specifying the names of various eminent professional men as having promised to furnish lectures or papers on certain subjects. All that we will engage to do is to act as we have hitherto done; to endeavour to obtain the best intellectual food for our readers that can be provided; to seize such opportunities as may be offered from time to time of making this JOURNAL the medium of imparting scientific and practical knowledge; and to promote in every way that occasion may demand or our judgment may indicate, the advancement of medical science and the welfare of the medical profession.

IRIDECTOMY.

OUR excellent contemporary, the *Medical Times and Gazette*, is wont occasionally to indulge in cloudy flights of sentimentalism and shrouded metaphysics. These airy regions are dangerous to the tread of ordinary mortals; and to few is it given to follow with satisfaction or benefit their barren paths. Why cannot our learned and angry friend indulge us with a few "rational" arguments on iridectomy, instead of repudiating our "rationalistic" arguments, as he calls them?

The case is a very simple one. Iridectomy, as practised by Von Gräfe and his followers, either is or is not a desirable operation. Some surgeons of very high special repute affirm that it is so. Others of equally high repute affirm that it is not so. Who is right, is the question to be solved; for solved it cannot be said to be, so long as high authorities are opposed *toto cœlo* touching it. Perhaps now that the *Medical Times and Gazette* has read the letters of Mr. Dixon, Mr. Wharton Jones, Mr. Wilde, Mr. Haynes Walton, and Mr. White Cooper, it may begin to discover, that the discussion we have opened is one of real and deep practical importance to humanity as well as to surgery.

Mr. Bowman and his school have brought the matter to a very distinct issue. Great credit, indeed, is due to Mr. Bowman, for having so boldly stated his views. He has enabled us to place the question in the plainest relief. Mr. Bowman says: For such and such affections of the eye iridectomy will alone give relief; and more than this, he adds: If in such and such affections you do not perform iridectomy, your neglect will cause the loss of your patient's eye; there is no other treatment for the case but this; and if you employ it not, blindness to your patient is the inevitable consequence.

Well, on the other side, we find surgeons—oculists—of the highest repute, skill, and knowledge, who affirm the very reverse of Mr. Bowman's proposition, and who, of course, do not perform iridectomy as prescribed by Von Gräfe and Mr. Bowman.

Cannot our cotemporary see the practical consequences which inevitably result from such a position of the question? Both sides cannot be right; and the question in dispute is not an abstract problem. Mr. Bowman's practice condemns his opnents' practice; and *vice versâ;* and, in the meantime, men's eyes are undergoing a considerable sacrifice. Are we to blame in wishing to bring unity into such a remarkable and fatal discordance in practice?

Very great credit, as we have said, is due to Mr. Bowman for enabling us thus distinctly to lay down the case in dispute; and we are glad to find that, so far from taking umbrage at our statement of it, Mr. Bowman accepts and applauds it. How that gentleman will laugh when he finds himself converted into a martyr in the hands of the *Medical Times and Gazette*; and made to perform illustrations of other people's bigotry by the side of Jenner, Galileo, and Co. Instead of resorting to this exploded and somewhat senile tale of bigotry and persecution, and obscuring a simple tale by wordy generalities and angry nothings, why does not the *Medical Times and Gazette* discuss the question on its merits? Why does he not imbue his understanding and his heart with the positive fact, that one of the parties—either those who practise iridectomy (as advised by Bowman), or those who do not so practise iridectomy, are—one by the act of commission, and the other by the act of omission—the cause of loss of human beings' vision. Let him lay hold on this one positive conclusion which comes out of the discussion; and then we are sure that he will aid us, instead of the contrary, in the search for the truth of the matter.

TOWNLEY THE MURDERER.

THE convict Townley has, by the order of Sir G. Grey, and at the instance of Baron Martin, been visited by Mr. Wilkes, Mr. Campbell, and Mr. Foster, Commissioners of Lunacy; and, whatever may have been the nature of their report, the result of it is, that the man is respited—we suppose we may say, his sentence commuted to perpetual seclusion in a lunatic asylum, where every attention will, for the remainder of his life, be paid to his health and comfort, and where he will enjoy complete *otium*, if not *dignitatem.* It is possible that the sentence may have been commuted on the ground of his having turned lunatic since the commission of the murder—the theory of the English law being, that no man should be hanged in that state, because he may be thereby incapacitated from pleading extenuating circumstances, etc. The result of this very remarkable trial will, we believe, considerably alter the present judicial dictum concerning the liability to punishment of supposed criminal lunatics. Baron Martin's ruling in this case, as we have already stated, is of a much more merciful character than that which has heretofore been generally laid down by the judges.

Until we hear the grounds upon which the sentence of this murderer has been respited, we cannot well argue as to its propriety; but we may safely say that, if this man escape hanging, it will be difficult ever to hang a murderer in the future. We cannot help adding a few remarks from the judge's charge to the jury, as a commentary on the respite.

> "The prisoner's letters appeared to be the most sensible he had ever read. As a reason for the commission of the crime, he said: 'She should not have proved false to me'; and if by this we are to understand that he did the act from revenge or jealousy, that would be murder. His remark that he should be hanged for it showed that he knew the consequences of the act. All the evidence failed to show the existence of any delusion in the prisoner's mind. *None of his family conceived him to be mad.*"

And, in passing sentence, the judge added:

> "If the defence set up in your behalf had prevailed, it would have been attended with consequences injurious to society."

Hence, then, it is clear that the discovery of the man's lunatic state of mind was first made by Dr. Forbes Winslow. And hence, also, is it evident that those learned judges who have hitherto so indignantly repudiated the idea of lunacy doctors occupying the position of jurymen, will now have the mortification of finding that the charge of a judge and a verdict of a British jury are put aside by the report of three Lunacy Commissioners. What will our learned Lord Chancellor say, who affirmed so boldly in the House of Lords that one man was as good a judge as another of what lunacy was? What will the British Lion say if it finds its jury-verdicts upset by Commissioners, and apparently without any additional information having been furnished other than what was laid before the jury? Can it be that Townley is all the time acting a part? that he has deceived Dr. Forbes Winslow and the Commissioners skilled in lunacy? We can scarcely suppose this possible; but if he have not, then we must conclude perforce that George Townley was sane when he committed the murder, but insane when he was tried for the same. And we must add, also, that money alone enabled him to keep his neck out of the noose; for we suppose it is certain that his life would already have been by this forfeited on the gallows had his friends not been able to secure the potent services of Dr. F. Winslow. But this is hardly equal justice—equal to the poor and the rich. Justice seems to hold the scales with one eye open, when she lets a poor criminal go to the gallows because he cannot fee some celebrated doctor in lunacy to come and prove his lunacy, which ordinary people cannot discover.

The law of England, wisely or absurdly, throws on the lunatic the onus of proving himself to be a lunatic. Hence, therefore, in cases of this description, the pauper criminal lunatic must of necessity go to the gallows, because he is unable to pay for the services of an expert skilled in the specialty of lunacy. However, all is for the best in this best of worlds; and doubtless this case will start a new era in Calcraft's occupation.

THE druggists complain that the Medical Council are trying to take the bread out of their mouths by introducing a Bill into Parliament which, if carried, will deprive upwards of 30,000 of them of the best part of their trade, under the pretext of insuring greater security to the public. A druggist says that

> "A doctor's knowledge of drugs is only incidental. Practically speaking, dispensing under the new Bill would be in the hands of the doctor, who, his time being already fully occupied, would delegate it to his man or boy. The medical man enjoys comparative immunity when any evil consequences are occasioned by his remedies; while the chemist, on the other hand, is held strictly responsible for any mistake. I think that doctors have already made too great an inroad upon the rights of druggists, by driving the poor to their surgeries and dispensaries for every pennyworth of medicine. Those who are so unfortunate as to be obliged to seek the parish surgeon are sometimes treated badly enough even now; but how will it be when the druggist is deprived of his right to advise any poor person what to take when suffering from a slight ailment?"

Such is a fair average of the kind of opposition which the Medical Council will have to meet, in their attempts at reducing the druggist to his proper position of a dispenser—not a prescriber—of drugs.

A CORRESPONDENCE between Mr. Corbin and Mr. Foster of Guernsey had been forwarded us for publication. Mr. Corbin states he has heard that Mr. Foster has met Dr. Ozanne, the homœopathist, in consultation; and writes to ask him if this be true. Mr. Foster answers as follows.

> "Old Court, December 21st, 1863.
>
> "DEAR SIR,—I hasten to answer your note. I *was* in attendance yesterday upon Mr. ——. Homœopathy had nothing to do with it, as far as I was concerned. Simply I was required to give my advice and assistance touching a mere local surgical ailment. There could not be any consultation between me and Dr. Ozanne in which the smallest element of homœopathy was introduced. It would be the height of folly to ask me to any such consultation; our different modes of practice would render it impossible. But I cannot understand why I should refuse to visit A, B, or C, to perform a surgical operation, because the patient may prefer the follies of homœopathy to the more rational and sensible mode of practice which you and I follow, "I am, dear sir, yours truly,
>
> "M. A. Corbin, Esq." "JOHN F. FOSTER.

We much regret that Mr. Foster should sustain such a position as he does in reference to meeting homœopaths. We had hoped that every member of the profession understood now, at this time of day, that to meet a homœopath in the sick-room is to all intents and purposes to meet a homœopath in consultation. It is all subterfuge to pretend anything to the contrary. To meet a homœopath in the sick-room is to encourage homœopathy—is to acknowledge the existence of homœopathy as a means of cure—is to admit that it is not a thing to be utterly discarded by the profession. But surely it is unnecessary for us to repeat all this, which has been accepted as a rule by the profession. The matter is not one which requires further discussion. The medical man who meets a homœopath at the bedside of a patient, under any pretence whatever, meets a homœopath in consultation, encourages homœopathy, and, in the eyes of the profession, must occupy the position of the man who consults with homœopaths.

The cause of Mr. Thackeray's death was effusion of serum in the brain and the membranes, following exhaustion and excessive vomiting. He had long been the subject of bilious derangement. The statement made in the papers, that Mr. Thackeray's brain weighed 58½ oz., is perfectly true; it weighed, in fact, several ounces more before it was sliced up, and the serum had escaped from it. Mr. Thackeray had, we believe, long suffered from urethral stricture. There also existed some slight kidney disease. The *post mortem* examination was made by Mr. Henry Thompson; Dr. Merriman of Kensington, Mr. Traer, and Mr. Seymour, being also present.

It is probable that some alterations may be made during the next session of Parliament in the Medical Bill. If so, we suggest that it might be advisable to take steps for the alteration of that part of it which places the nomination of a certain number of members of Council in the hands of the Crown. It seems to us that elections by the Crown are very objectionable, and for obvious reasons. The Crown cannot of itself know whom to choose as fit and proper persons; and the result is, that it is forced to take the advice of some individual, and naturally a member of the medical profession. In this way, the Crown elections fall absolutely into the hand of some one member of the profession, who thus has, in fact, the patronage of sending four members to the Council. We suppose that no one would for a moment admit the sense or wisdom of such a power being placed in the hands of the wisest and most honourable of medical men; and yet it seems to our reading of the matter, to be the inevitable result of the working of this Crown nomination system. The Home Secretary has no knowledge of his own, out of which to select proper nominees; and therefore, naturally and of necessity, falls into the hands of his medical friend. Suppose his medical friend were a homœopathic or mesmeric Dulcamara, and suppose the Home Secretary resolved that a leaven of such quackery should be introduced into the Council—what is there to forbid his selecting a fashionable globulist or powerfully framed odyliser to sit in that august assemblage of Regulars? We suggest these things for the Council's consideration.

Another attempt to extort money from a medical man on the grounds of improper treatment has failed. As a rule, we may safely say that actions of this kind are sporting actions got up by the attorney for the sake of the costs which come out of them. The present case is a very gross one. The plaintiff was a bricklayer, and fell and injured his foot. He was attended by Mr. Peat, against whom the action was brought. The case of the defendant, as stated by Sergeant Ballantine, appears strictly corroborated by evidence.

"The plaintiff had been made a party to a severe persecution of a man who had treated him most kindly. The defendant had done all he was bound to do, and would have preserved the foot if the man had followed his directions; and it was not till more than twelve months after the accident that the action was brought. This respectable body of men were sometimes scandalously ill-treated. The comforts of life of a man were destroyed for a time; and after recovering a verdict, he would have his own costs to pay. It was lamentable to see a gentleman of education and a scholar thus treated. The plaintiff was told that the cure of the foot depended upon himself; all would be right, but it would be a nine or ten weeks' job. The defendant, at the end of a fortnight, discovered that the bandages had been wantonly taken off. The defendant called at the house, and was actually refused admission; and he further heard that he was dismissed; and from that time, only three weeks after the accident, he had ceased all medical attendance. He would say that every day's practice would convince them that medical men willingly made every sacrifice to assist any man, however poor, either at the time of an accident or afterwards in a court of justice. This was a most cruel and ill-founded prosecution."

Several witnesses were called to prove that the plaintiff had spoken of the great kindness and attention of Mr. Peat; and the judge told the jury that "he thought the medical evidence amounted to this, that if the case were such as the defendant had stated, the treatment was quite correct." The jury at once gave a verdict for Mr. Peat. But Mr. Peat will no doubt have to pay his own expenses, and also has had to undergo the pain of this action. These repeated injuries inflicted on the profession—and we have no doubt, in most instances, through the instigation of unscrupulous lawyers—require very serious consideration. Surely, the profession should join together in some way to resist the cruelty thus inflicted on individual members of it. Who is there of us who may not at any moment require the sympathy and aid of the profession under similar circumstances?

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Conversazione.]	Clarke's Castle Hotel, Taunton.	Wednesday, Jan. 20th.
MIDLAND. [Quarterly.]	Board Room of the Infirmary, Derby.	Thursday, Jan. 21st, 2 P.M.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 8TH, 1863.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

ON SOME UNUSUAL OCCURRENCES DURING THE CURE OF A POPLITEAL ANEURISM. BY CHARLES H. MOORE, F.R.C.S.

THE aneurism was in the calf, under cover of the gastrocnemius. It was as large as the fist, and had been observed four weeks. From the shape of the tumour, and the greater force of its beat externally, it appeared probable that the opening was on the outer side of the artery. The extent of its alternate dilatation and recoil showed that the opening was a large one. The patient, an athletic man, aged forty, had a wide arcus senilis, and an audible roughness produced by the current of blood in the aorta.

Genuflexion was first employed, and the beat of the aneurism was kept somewhat reduced for eight days. A tourniquet was also applied to the groin by day, and the hip flexed by night. A little diminution took place in the size of the aneurism, but the bending of the knee caused such intense pain in the sole of the foot that it could never be long continued at any angle which materially lessened the arterial impulse. That plan of treatment was accordingly abandoned.

Compression of the femoral artery by two tourniquets, tightened alternately, was next made, and was continued twenty-five days. During the greater part of the same period the patient took an ounce and a half of iodide of potassium. At the end of the time mentioned the aneurism beat less, was half full of solid substance, and was larger than before; the veins of the leg were distended, the skin was dusky, the tissues œdematous, and the beat of the artery on the foot imperceptible. On the next day the skin was of a bright pink colour and of high temperature, and some collateral vessels were enlarged. The aneurism seemed to be near its cure.

On the twenty-seventh day of the treatment by compression sudden severe pain struck the aneurism, which was over in two minutes. The feeling at once returned in the foot, which had been painful and benumbed; and the tumour was found to have fallen in at its highest part between the heads of the gastrocnemius. The veins returned to their natural size, the artery beat again on the instep, and the enlarged collateral arteries disappeared. The hope of an imminent cure was gone.

Compression was continued for three weeks longer, and the aneurism improved; but it advanced so slowly that digital compression was resorted to. It was employed occasionally for three days with manifest advantage, and a day without any pressure was accordingly allowed for the skin to recover itself. Digital compression was then made for thirty-five hours, except at intervals of two hours, when a tourniquet was tightened for half an hour. After fourteen hours' rest the femoral artery was again pressed with the fingers for twelve hours, and at the end of that time the aneurism was found to be pulseless and firm. In thirteen hours it beat again, but an hour and a half's effective pressure stopped it finally.

The author remarked that genuflexion was inapplicable in this case on account of the pressure which happened to be made upon the posterior tibial nerve by the aneurism in that posture of the limb. He thought it not unlikely that the iodide of potassium might have facilitated the deposition of fibrine in the sac during the seventeen days in which it was taken; but he attributed to that medicine a mischievous acceleration of the pulse, which, by keeping the aneurismal sac constantly tense, occasioned its enlargement. He added some observations upon the varying condition of the aneurism, according as the pulse was quick or slow; as well as upon the different kinds and sources of pain in the case; which observations might be of service in the study of internal aneurisms. The remarkable interruption of the cure he assigned to the detachment of a portion of the fibrine in the aneurism from a situation in which it had previously compressed the nerve, artery, and vein. Upon the removal of this pressure, and the restoration of the current of blood to its natural channels, the enlarged collateral arteries had subsided.

CASE OF POPLITEAL ANEURISM, SUCCESSFULLY TREATED BY FLEXION OF THE KNEE.

BY ARTHUR E. DURHAM, F.R.C.S.

E. P., a pale, unhealthy looking man, aged 31, was admitted into Guy's Hospital, under the care of Mr. DURHAM, on August 5th, 1863. The patient was suffering severely from an aneurism in the right popliteal space, the first symptoms of which had manifested themselves ten or twelve weeks previously. The aneurism was about as large as an orange, firm to the touch, and not easily emptied to any extent by manipulation. Pulsation was very distinct, and the characteristic aneurismal *bruit* could be clearly heard by means of the stethoscope. When the knee was bent as far as expedient, pulsation in the tibial arteries could be scarcely felt.

The case appearing in many respects a favourable one, it was resolved to try Mr. Ernest Hart's method of treatment by flexion. Accordingly, on the 7th, the limb was bandaged, flexed, and supported by pillows in the manner recommended by Mr. Hart. Each succeeding day a fresh roller was applied over those already on the limb, and the degree of flexion somewhat increased. On the 11th the bandages were removed, and the aneurism examined. No pulsation could be felt; but, on making deep pressure, a slight thrill was just perceptible. The limb was again flexed and rebandaged. The next day (that is, the fifth from the commencement of the treatment) neither pulsation nor thrill could be felt or *bruit* heard. The aneurism was, in fact, cured. It gradually diminished in size, and the patient got about comfortably in the course of two or three weeks. He left the hospital on August 28th. During the treatment the patient took every three or four hours a draught containing tincture of opium, tincture of digitalis, and hydrocyanic acid, with manifest good effect.

NOTE OF A CASE OF POPLITEAL ANEURISM CURED BY FLEXION OF THE KNEE (BY THE LATE MR. H. C. JOHNSON.)

BY ERNEST HART, ESQ.

Mr. H. C. Johnson, the late much esteemed and lamented friend of the author, had communicated to him more than a year since some details of a case of popliteal aneurism in which he had effected a cure by forcible flexion of the knee, carried out in the manner which proved successful in the first case which Mr. HART communicated to the Society. The circumstances under which the cure was effected were somewhat peculiar, and Mr. Johnson had intended to bring forward a statement of the case. That intention having been unhappily frustrated, and as he had already authorised Mr. Hart to make use of the case, it was thought desirable briefly to record it, as a pendant to Mr. Durham's case.

The patient was an adult male, admitted into St. George's Hospital under Mr. Johnson's care, with a popliteal aneurism of moderate size, and of a few months' duration. He employed pressure with tourniquets for nearly three months, but ineffectually, and was on the point of proceeding to ligature when flexion was suggested. He bandaged the leg to the thigh, including the whole foot and leg in the bandage, as it was best, the author thought, to do, and the result was consolidation in six days. The cure was permanent.

The previous failure of compression made this case very interesting, and recalled that in which Mr. Spence, of Edinburgh, found flexion successful in curing a relapsing popliteal aneurism, which had recurred after ligature of the femoral at Scarpa's triangle, where the two unpromising alternatives were the ligature of the iliac under these peculiarly unfavourable conditions, or the old operation of Antyllus, of which the mortality in that region had been very great. The cases brought forward on the present occasion, the author remarked, raised to twelve the number of cures of popliteal aneurism effected by British surgeons since September 1858, the date of his first case.

NOTE ON THE APPLICATION OF INDICES TO ANEURISMAL CLAMPS AND OTHER PRESSURE INSTRUMENTS.

BY ERNEST HART, ESQ.

The marked want of success which had attended the use of clamps and tourniquets in this country, as applied for the cure of aneurism, especially popliteal, by indirect pressure on the femoral, had, the author observed, become very evident to him in collecting published cases, and comparing the results in English Hospitals with those which had been obtained by the Irish surgeons, who felt for this method of treatment all the interest which parentage could give. It was unnecessary to give figures or details for the purpose which he had in view; and he need only say that the analysis of the unsuccessful cases showed that the greatest part had failed through the pain caused by the pressure, the ulceration or sloughing of the skin under the pad, or the extreme tediousness of the process, causing its abandonment as ineffectual, and recourse to the ligature of the main artery. Ligature after compression had failed gave less satisfactory results than primary ligature. In thirty-seven cases treated by English surgeons, in which it had been employed after compression had failed, there were fourteen deaths.

The sloughing, ulceration, and excessive pain, in a large number of the cases which he had mentioned, seemed to him to be the consequences of defective application of the pressure. To maintain continued and graduated pressure upon the femoral artery, even with any of the best compressors, without exerting too much on the one hand, and yet controlling the flow of blood on the other, was by no means easy, and required skilled and constant attention; and a certain amount of loving care was needed to prevent excess or defect. The most usual faults on the part of those entrusted by the hospital surgeon with watching the case were, employing an excess of pressure, or exerting pressure in a wrong direction; so that power was wasted in compressing muscles, and the artery was not fixed against the bone. The surgeon placed the pad carefully in position, but it must presently be relaxed, and then the assistants commonly erred in greater or less degree in reapplying the pressure.

The application of indices to the instruments was likely, the author thought, to obviate much of this difficulty, and to remove some prevalent causes of failure in instrumental compression. The surgeon, on putting the pads in position, could in each case ascertain for himself with what amount of pressure the femoral circulation could be stopped, or slackened, according as he might desire to produce the one or the other effect. Having determined the minimum force by which this could be effected, he could then inform his assistants, and point out to them the limits within which they must keep the pressure. If, in replacing the instrument subsequently, they found that the circulation was not controlled with that degree of pressure, they would know that the pad was not well placed; and instead of screwing down the clamp, and increasing the pressure until the pulsation was stopped, they would be careful to improve the direction of the pressure. It would be very useful for the surgeon himself to know what amount of pressure he was employing to stop the flow of blood; and it would be still more useful for the assistants to have under their eyes a constant monitor as to the correctness and care with which they were carrying out the surgeon's directions.

To give a long table of estimations of the degree of pressure in different subjects would not, the author thought, serve any useful purpose, as this would need to be ascertained for each particular case at the commencement of the treatment. He might, however, just select the three following from his notes of the results of experiment on this point, as giving average figures for three typical subjects.

A. D., adult male, 5 ft. 7 in. high, somwhat emaciated after illness; measuring (at the level of the perineum) round the thigh 15 in., above the knee 12 in. Pulsation arrested at apex of Scarpa's triangle by a pressure of 7 lbs.; at Hunter's canal by a pressure of 8lbs.

J. R., adult male, 5 ft. 6 in. high, robust and powerful; measuring (at the level of the perineum) round the thigh 22 in., above the knee 14½ in. Pulsation arrested at apex of Scarpa's triangle by a pressure of 11 lbs.; at Hunter's canal by a pressure of 14 lbs.

A. N., adult male, 5ft. 4 in. high, of slight and feminine build; measuring round the thigh at the level of the perineum 20 in., above the knee 12½ in. Pulsation of femoral arrested at fold of groin by a pressure of 4 lbs.; at apex of Scarpa's triangle, by 10 lbs.; at Hunter's canal, by 11 lbs.

In the instrument which the author had made, and which he offered for inspection, the pressure is registered by a needle on a scale, and it is effected by a strong spring, which affords a pressure capable of nice graduation from four to twenty pounds. This instrument had already been tested in practice, and had worked well. Mr. HART owed to the kindness of the Director-General of the Army Medical Department the report of a case in which it answered expectation in curing a popliteal aneurism. The analysis of cases showed that elastic pressure was best borne.

The principle involved in the application of indices seemed to the author not unworthy the attention of the Society, for it was obviously one which might be applied with advantage to other instruments of pressure and extension in surgery; and on the table would be seen an index of a similar kind applied to pulleys for reducing dislocations. It might be useful to apply them to apparatus for overcoming fibrous anchylosis, and restoring bent and deformed limbs.

HARVEIAN SOCIETY OF LONDON.

NOVEMBER 19TH, 1863.

W. WADHAM, M.D., Vice-President, in the Chair.

Evidence against the Internal Use of Mercury in Syphilis and other Diseases. By CHAS. DRYSDALE, M.D. The author quoted the remark of Mr. J. S. Mill, that the experimental method of treating disease is very unsatisfactory. We could reasonably administer Epsom salts, opium, etc., because we were aware how these drugs acted on persons in health; but, with the exception of quinine in ague, we do not now possess any undoubted specific or antidote for disease. With regard to mercury, it was, like many poisons, a purge; but after saying that, all its other virtues were doubtful. Experiments on dogs had shewn it capable of producing caries and profound degradation of the animal. Mercury had been called a cholagogue: but recent experiments on dogs had shewn that calomel actually *diminished* the biliary secretion. Some of the best surgeons have now abandoned mercury in traumatic cases, in peritonitis and orchitis. In iritis mercury had been shewn to be useless, and probably injurious, by H. Carmichael, Dr. Williams of Boston (who treated sixty-four cases of all its varieties, with sixty perfect recoveries), and also by Mr. Zachariah Laurence, and by Dr. Hughes Bennett. Even Mr. Acton confessed that iritis is often *caused* by courses of mercury. As to pericarditis, forty cases published by Dr. J. Taylor of University College Hospital, showed that salivation had been injurious, and never of any benefit in it. In acute hydrocephalus, Dr. Hughes Bennett was of opinion that the great mortality was partly caused by the calomel used; and as to pleurisy, pneumonia, and bronchitis, the perfect inutility of the drug might be perceived in the fact that one hundred and fifty consecutively treated cases of pneumonia, by Dr. Hughes Bennett, had made a good recovery without mercury or bloodletting. Dr. Walshe says that mercury never does any good, but often much harm, in inflammations; and Dr. Hughes Bennett considers mercury always an evil, and *never* of any service.

With regard to syphilis, he considered the evidence against mercury in this case very strong. Firstly, Dr. W. Fergusson, in his works (1812 and 1846), had shewn how thousands of soldiers had recovered perfectly, "without a particle of mercury"; and how, on the contrary, our troops suffered frightfully in Portugal from Hunter's plan of treatment, whilst the Portuguese, without mercury, escaped with a mild disease. Mr. Guthrie, late President of the College of Surgeons, had shewn, that all ulcers of the genital organs get quite well without mercury. Dr. Hennen, in 1818, mentioned four hundred and seven cases of ulcers treated without mercury: only one case of iritis ensued; two of exostosis; and no bone-disease or deep ulcer of the skin. Dr. John Thompson had treated large numbers of troops in Edinburgh Castle for many years, and found that the only secondary symptoms that appeared without mercury were sore throat and slight eruptions (sometimes tedious), but all disappearing completely, without leaving any bad effects behind them. No deep ulcers of the skin or bone-disease occurred. Dr. Desruelles had treated a vast number of troops at the Hôpital Val de Grace, from 1819 up to 1841, without mercury, with low diet, cleanliness, and external applications, with the most complete success. Writing in 1841, he says that 300,000 cases had been recorded, as having been thus treated in different countries. Dr. Fricke treated, from 1825 up to 1841, 15,000 cases in the venereal ward of the Hamburgh Hospital, without mercury, by low diet, Epsom salts, and external applications. In a work of his, 1828, he says of the cases therein contained, that, when mercury was not used, there had been no iritis, or alopecia, or bone-disease, or deep ulcer of the skin; all of which had commonly occurred when mercury was used. The Swedish Government's experiments from 1822-36, showed conclusively the immense superiority of the simple or physiological treatment of all forms of the disease: 46,687 cases were recorded. In 1833, the French Council of Health recorded 5,271 cases treated without mercury. No caries had occurred, and only two of exostosis. M. Ricord had founded a new school, which, abandoning mercury in soft chancres, recommended a six months course of it in hard sores, followed by three months of iodide of potassium, as an *antidote* to the poison. Dr. Drysdale had seen dreadful effects from this treatment; and quoted Mr. Syme's energetic denunciation of the "fearful system, which has in recent times been founded on the ruins of the mercurial delusion." Professor Syme states, that the natural history of the disease consists of the primary sore, followed in some instances by slight, though sometimes tedious, eruptions and sore throat; but never followed by bone-disease or any severe symptom, except when the poison of mercury is added. Dr. Hughes Bennett says that "the idea that mercury is an antidote in syphilis, and the incalculable mischief it has caused, will constitute a curious episode in the history of medicine at some future day." Mr. Weeden Cooke and Mr. Spencer Wells both ascribe bone-disease and all bad symptoms to the mercury added, not to the natural disease. Professor Boeck's (of Christiania) experiments, published in 1863, show that, of 1,008 cases treated by calomel, protoiodide and bichloride of mercury, of primaries and secondaries, a mean time of sixty-two days was required for treatment; whilst 611 similar cases, treated by Epsom salts and external applications, required a mean time of only thirty-eight days. Again, when primaries were treated with mercury, 24 per cent. became affected with secondaries; when treated without mercury, only 14 per cent. The direction of the United States' army had recently forbidden the supply of calomel, on account of the bad effects which notoriously ensued from its use; and Dr. Diday of Lyons, once a mercurialist, is now relating the fearful effects which M. Ricord's treatment gives rise to, in causing mania, apoplexy, salivation, and dyspepsia. Dr. Diday is now treating even most cases of *secondary* syphilis without mercury. Cullerier, Fournier, and most of the French school, have now given up mercury in primaries, and await the eruption; which Dr. Drysdale hoped was the first step towards leaving it off altogether, and returning to the far more successful plan of rational treatment. In infantile syphilis, the author said that, 1. He believed this condition of infant was most frequently due to the *mercurio*-syphilis of the parent, not to the natural disease. 2. This disease was far more successfully treated by diet and regimen than by mercury, as had been proved by Mr. Allingham and himself.

Mr. Zachariah Laurence said, in referring to his paper "On the Treatment of Inflammations of the Eye by Morphia", in the *Edinburgh Journal*, that, in his opinion, the greater part of these inflammations originated in irritation of the branches of the fifth nerve, to which the congestion of the blood-vessels was only secondary. As familiar illustrations of this, he referred to the act of blushing, and the congestive condition of the cheek, following upon neuralgia of the part. The so-called absorbent powers of the combination of calomel and opium, he considered a natural consequence of the subsidence of the inflammation, altogether independent of the specific action of either of the drugs. He lastly called attention to the fact, that the advocates of mercury employed three agents in their "experimental" inquiries. 1, mercury; 2, opium; 3, nature. To which of the three were we to ascribe the result? Mr. Laurence agreed with Dr. Drysdale's views, in ascribing it to the latter. At any rate, the non-mercurialists had the advantage of simplicity; inasmuch as they only employed *one* agent —nature—in their experiments.

Mr. Sedgwick fully concurred with the opinions entertained by the author of the paper, which he regarded as a very valuable contribution to medical literature; and considered that the evidence adduced against the use of mercury in disease generally, and more especially in syphilis, was too strong to be refuted by any facts at present in our possession, even if it could be refuted at all. He had become convinced that mercury was useless, if not also injurious, in the treatment of syphilis, when assistant to the late Mr. Morton of University College Hospital, and subsequently by having treated a large number of cases among soldiers and private patients without it. Why was syphilis now so mild in its symptoms? Had it changed its type? Certainly not. The horrors formerly attributed to syphilis were due to mercury. For his own part, he considered it injurious in the treatment both of the sore and the eruption; which latter he considered ought no more to be attacked by a specific, than the rose-spots in typhoid fever. Mercury had not been proved to prevent secondaries; but, even if it had, he should consider that rather an injury than a benefit.

Mr. De Méric said the Society ought to be much obliged to Dr. Drysdale for his elaborate collection of evidence on one side of the question. The author had, however, shaded his picture too deeply; and the arguments reminded him of those against alcohol, which resulted in people still partaking of it. It must not be supposed that, because such an array of facts can be brought against the use of mercury, there is nothing to be said on the other side. He objected to the name mercurialist being applied to practitioners who were in the habit of giving mercury, when they considered the case required it. Did the Society think, said Mr. De Méric, that men of experience would go on administering a drug which they found to be injurious? As to the experiments quoted, these, from Fergusson down to Desruelles and Fricke, were valueless, because they did not discriminate the cases requiring mercury; and modern surgeons would not use it in the majority of the cases. As to bone-disease being caused by mercury, he had seen bone-disease frequently in cases where no mercury had been used; and in two cases periostitis had been the first secondary symptom, proceeding on to a fatal result. Hereditary syphilis was considered by some authors not to require mercury; and also said by some to be partly owing to the poisoning of the parents with mercury: but he had recently shewn that syphilitic infants are not always born of syphilitic parents. He thought one argument contained in Dr. Drysdale's work, *On the Treatment of Syphilis, etc., without Mercury*, very illogical. The author, in August 1863, had, on visiting the Hôpital du Midi in Paris, been struck with the paucity of bone-disease or bad cases, and had attributed this partly to the fact that Cullerier and the other surgeons had given up mercury in treating primary sores.

Mr. Lane, after complimenting the author on the amount of evidence collected to support his argument, said, if names were wanting for the other side, he would point to Mr. H. Lee, Mr. L. Parker, and Mr. De Méric. If there is one point better ascertained than another in modern surgery, it was the utility of small doses of mercury in the treatment of syphilis; both in the indurated sore, which healed rapidly by means of it, and also of the secondary eruption, which was quickly removed by its use. In bad tertiary symptoms, however, mercury was not advisable; and it was in this discrimination that the superiority of the modern school was seen. As to bone-disease, he could corroborate what had fallen from Mr. De Méric, that he had seen syphilitic bone-disease, when no mercury had been taken. In infantile syphilis, mercury, especially in inunction, was a most valuable remedy.

Mr. Weeden Cooke, referring to what Mr. De Méric said, observed that what we were talking of was true syphilis and its treatment; and that the error of practitioners consists in their using mercury as a specific for the disease. Were they merely to give an occasional dose as a purge or a cholagogue, he would say nothing against the practice. He thought that syphilis was an animal poison, and that the eruption was the natural cure of the disease. In most cases the skin and liver act well, and eliminate the poison completely, when not interfered with by mercury. If so, the system was weakened, and the eruption might continue indefinitely. As to the term "mercurialist", objected to by Mr. De Méric, he might remind him that at present the term "anti-mercurialist" was much more of a reproach; and he had lately suffered under it. Mr. Cooke complimented the author of the paper on his boldness in bringing the subject so prominently before the Society. He himself had scarcely dared to do so.

Mr. Allingham said that, in the first place, what was at present most wanted, was the natural history of syphilis; *i.e.*, to what lesions the disease will give rise when uninterfered with by so potent an agent as mercury. For his own part, he had for many years treated all sores on the genitals without mercury; and, although not so rooted an anti-mercurialist as the author of the paper, he believed all forms of syphilis to be quite curable by cleanliness, diet, and external applications, and without mercury. As to infantile syphilis, he had been so discontented with the results with mercury, that he made some inquiries, which showed him that 29 per cent. of deaths took place when mercury was used. He had therefore abandoned it, and found the greatest benefit in so doing; as, out of fifteen cases of infantile syphilis, he had had fourteen recoveries, and only one death.

The President announced that, as several members desired to address the meeting, the discussion would be adjourned until December 10th.

Correspondence.

IRIDECTOMY.

Letter from Wm. Bowman, Esq., F.R.S.

Sir,—The extract from a private letter of mine, given by Mr. Walton last week, conveys—unintentionally, I have no doubt—an imperfect account of the communication between us; but it is not necessary to explain further so trivial a matter.

I cannot agree with Mr. Walton (page 678 of last volume), that "*it would be utterly impossible, even for one conversant with eye-diseases, to tell, after an iridectomy had been performed, whether such an operation had really benefited the patient.*"

On the contrary, such a conference as I proposed could hardly have failed to harmonise our views as to the diagnosis of glaucoma, to define differences of opinion, and to test in a satisfactory manner the results obtained.

My offer was made in entire good faith, and with the confident expectation of modifying his views by new evidence. I had no wish to prevent his sending you his opinions, or to cause him "to formally give up his judgment", but only to furnish it with new materials on which it might be impartially exercised. I regret on all accounts that he did not feel able to accede to my suggestion. Any number of meetings between us on such a question would have been most agreeable to me, though at some cost of time.

The fact is, that this is precisely one of those subjects on which differences of opinion are likely to continue so long as men do not discuss them with the facts before them, and in friendly conference. The reason is, that much of the diagnosis, though very positive, depends on an exact appreciation of delicately marked physical conditions, such as the degree of tension of the eyeball, the appearance of the fundus of the globe under the ophthalmoscope, the extent of the visual field, tests as to the power of vision, etc.

These may be more satisfactorily investigated and settled by a few experienced persons meeting privately, than at a society's *soirée*, or by discussions on paper; at least, individual conviction is more likely to be obtained by such a method. Mr. Walton has himself very properly suggested, in the last edition of his work (*Surgical Diseases of the Eye*, 2nd edit., 1861, page 644), that if iridectomy be tried, fitting cases should be selected; full and well authenticated reports, extending over a sufficient period, should be given to the public; and, withal, that *the facts be attested by others* (the italics are my own). It was not unnatural then that I should have thought he would be glad to inspect a few cases which (among many others) seem to me to prove incontestably what he had avowed his inability hitherto to discover; viz., the positive efficacy of iridectomy in a disease which, from all we know of it, and from the uniform testimony of authors and men of experience, he himself will still, in the absence of iridectomy, have to treat by remedies doomed beforehand to fail.

With regard to Mr. Wharton Jones's qualified approval of the use of iridectomy in glaucoma (page 678 of last volume), his opinion is entitled to all the more respect, as he states it to have been formed in opposition to his and Dr. Mackenzie's first prepossessions. He does not, however, say whether it is now founded on cases within his own personal experience, nor does he enter at all into details from which it might be judged at what stage, or in what way, the iridectomy was performed. I say this, because he seems to make no distinction between the operation for glaucoma, and the forms of iridectomy for displacing the pupil, formerly as well as now in use, and having no necessary conformity with glaucoma iridectomy. If he have found the results of iridectomy in *chronic* glaucoma to have been *not brilliant*, it may be said, on the other hand, that the effects of other kinds of treatment, or of no treatment at all, have been *disastrous*, for the disease without iridectomy leads to loss of sight, though at various rates of progress and in various ways. In the slow and insidious forms of glaucoma, the disease, being overlooked or misunderstood, has often *nearly run its course* before an opportunity is given for the operation. The same may unfortunately still be said too often of the acute and subacute forms, though I hope every year that passes will lessen the number of such cases. If the little remaining sight of such eyes be saved permanently, or even if the further loss of sight be much delayed, it is indeed a great gain for the sufferers, and one which they can most highly appreciate; though perhaps from the delay in operating, they may have lost a great part of their field of vision, and appear to those about them to walk and act very like blind persons. I know a gentleman whose field of vision thus retained to him is so contracted, that every one would be ready to call him *blind*, for he gropes his way, and runs against every object, and yet he reads the *Times* for some hours every day. Such a result in such a disease, and at such a stage of it, may be even styled *brilliant*.

I am, etc., W. Bowman.

5, Clifford Street, December 23rd, 1863.

Letter from J. E. Smith, Esq.

Sir,—I read Mr. J. Z. Laurence's account of his operation of iridectomy on Mrs. P., in your number for November 14th, with much interest, and having known the lady about two years ago I called on her. From her account it seems that she had suffered in her left eye for about three weeks previously to the operation, but had had nothing the matter with the right eye till within a very few hours after the iridectomy. This right eye was operated on five days after the attack. This was surely a favourable circumstance. It appears that she required a great deal of chloroform at both operations. At the first, it was three quarters of an hour before she became insensible; at the second, a full hour. The quantity taken she, of course, does not know. She attributes the illness which she suffered for months afterwards to the chloroform. She wore a handkerchief over her eyes from February 19th—date of first operation—till some time in July, since when she has constantly worn a green shade, and uses her eyes as little as possible. For some time, up to July I believe, she could not raise the upper lids, and has still a considerable amount of ptosis in both. She wears slightly convex spectacles, not quite so strong as she did before the operation, and can see to sew with them, and read large print. She sees best with the right eye; with the left, she could only distinguish me as of human shape when I sat close opposite to her. From the marks remaining it appears that, the operation on the left eye was performed on the internal side of the pupil rather above the middle line; on the right eye it was performed on the external side; and there appears to be a patch of white opacity of the cornea running up from the wound. She is at present suffering from headache uneasiness, very similar to what she did previously to the first attack, and, I believe, intends shortly to go up and consult Mr. Laurence again.

From the above facts, this does not appear to me so very favourable an instance of the success of the operation as one might wish; but I suspect we have not seen the end of it yet. Would the right eye have been affected if the operation had not been performed on the left? From the statements made lately by iridectomists in our Journal, it would seem that, when a patient has incipient glaucoma he has only to have iridectomy performed, and he may go off dancing like the individual in the toothache cure advertisement. A few cases such as the above, for which our thanks are due to Mr. Laurence, would be of far more use than folios of argumentative writing. But then the cases should be followed up for months after the operation, till all disturbance has ceased. The unfavourable cases also should be given as well as the successful ones, and the causes of each result be reasoned out. I shall keep my eye upon this case, and trust Mr. Laurence will eventually give us the final result, with explanatory remarks. With many apologies for the length of this communication.

I am, etc., J. E. Smith,
Late House-Surgeon to the Hereford Infirmary.

Hereford, December 18th, 1864.

P.S. I should add that, while waiting for her husband's reply concerning the operation on the second eye, it was profusely leeched, which, however, did not much relieve the pain, etc.

Letter from George Critchett, Esq.

Sir,—It will perhaps be thought by many that the subject of glaucoma and its treatment by iridectomy has been sufficiently discussed in your columns; and, if a lucid statement of the various forms and stages of this disease, and a strong and well-grounded assertion of the value of the operation, by eminently competent authorities, were all that is needed to place this method of treatment upon a solid basis, I should leave the subject as it now stands. It is, however, evident from some of the letters that have appeared, and from opinions and statements that are put forth from time to time, that there still are to be found members of our profession who are opposed to iridectomy in the treatment of this disease, and a still greater number who pause and suspend their judgment. As it is of great importance to the cause of science and humanity that truth should prevail in regard to this matter, it appears to me to be the duty of those who have had extensive experience, spread over a long period of time, to publish their opinions.

The disease has been so admirably described by Von Gräfe, by Mr. Bowman, and others, that I do not think it desirable to enter at any length upon this part of the subject. I may, however, briefly state that under the name of glaucoma we now include a great number of conditions; and that, whilst we recognise a common law binding these together, we find an ever increasing diversity of manifestation. Thus glaucoma may exhibit all the symptoms of the most acute inflammation of the globe, attended with agonising pain, sickness, and prostration, and destroying sight in twenty-four hours; or there may be a slow form of inflammation, extending over many months, sometimes proceeding steadily on until sight is extinct, at others presenting temporary remissions and ameliorations, which are sooner or later followed by relapses; or, again, we frequently meet with cases in which the sight is slowly pressed out of the eye, until vision is totally gone, without the least evidence of inflammatory action, and in such cases the interval between the commencement of dimness and the total loss of sight may sometimes be reckoned by years. Between these extremes we have every shade of difference; and the common condition or law that binds them all together is *increased tension or hardness of the eyeball.* Even the opponents of iridectomy seem to admit that glaucoma is incurable by ordinary treatment. I can well remember the pain I often experienced, and the helplessness I felt, when these cases came under my care, before iridectomy had been discovered. A case would often present itself in which one eye was hopelessly gone, utterly disorganised. The same disease would be commencing in the other eye. Symptoms would perhaps remit; would recur with increased violence; treatment, however varied or active, would utterly fail; hopeless, permanent blindness would bring the sad drama to a close; the black curtain would fall, never to rise again. In an experience of twenty years, I do not recall a single exception to this sad result. Every ophthalmic surgeon, who possesses a wide field of observation, knows that the painful picture is drawn from life. Well do I remember the half hopeful, half doubting joy with which I heard that a remedy had been discovered for glaucoma. The reports of Von Gräfe's brilliant and immortal discovery came to us at first like an uncertain sound; it seemed too good to be true. Mr. Bowman was the first to perform the operation of iridectomy in this country, at the Ophthalmic Hospital. Shortly after this, in June 1857, I performed my first iridectomy upon a lady I saw in consultation with Mr. Goude of Cheapside. I published this, together with three other cases of acute glaucoma treated in a similar way, in the *Ophthalmic Hospital Reports*, January 1858. Another lady, upon whom I operated in September 1857, and whose case is also published in the same paper, called upon me a few days ago, after an interval of six years, in the enjoyment of good sight—proving not only the efficacy, but the permanent effects of the operation. Since that time, I have been in the constant habit of performing this operation. Scarcely a week has passed without giving me an opportunity of testing its merits. After having operated upon above two hundred cases, I can confidently state that the results have been most satisfactory; and that glaucoma may be pronounced a curable disease, when the operation is performed at a sufficiently early stage. As there is universality in the law that binds all cases of glaucoma together—viz., *increased hardness or tension of the eyeball*—so is there universality as regards the effect of iridectomy on the glaucomatous eye—viz., *it restores to it its natural elasticity.*

The actual effect of the operation upon vision varies greatly, according to the special circumstances of each case. Of these effects, time and space only permit me to give a very brief summary, in confirmation of statements made by other authorities, and as the result of my own experience. All observers admit, that it is in acute glaucoma that the results of iridectomy are most brilliant. As the eye is speedily and violently destroyed by this form of the disease, so does iridectomy, if performed within a few days of the attack, restore the sight to something very nearly approaching the normal standard. But, although the effects of the operation upon other phases of the disease, and in more chronic cases, are less striking, they are not less certain or satisfactory, if compared with the alternative that awaits the patient when iridectomy is not performed.

In all cases of chronic glaucoma, past experience warrants the expectation that the amount of sight existing at the time of the operation will be preserved; moreover, the restoration of elasticity to the eyeball, gives to the partially paralysed retina the best chance of recovering some of its functions and sensitiveness. I have met with several interesting cases of this kind, in which the field of vision has gradually extended, and the acuteness of sight has gradually increased for many months, and even for years. In those cases in which there has been slow limitation of the field of vision without inflammation, the result of simple pressure, iridectomy arrests the disease, and preserves all the sight which remained at the time of the operation; but it does not usually restore that which has been lost. There are other very interesting cases, in which the premonitory symptoms of acute glaucoma exist, and in which the operation, timely performed, prevents the acute attack; but this belongs rather to minute details, upon which I do not propose to enter.

Having stated the result of my own experience, and my convictions in regard to the curative effects of iridectomy in glaucoma, I may add that this autumn I attended an ophthalmic congress at Heidelburg, where above thirty representatives of the science were present. There were eminent oculists from many of the principal towns of Germany, from France, Holland, Switzerland, etc., and they were quite unanimous in their recognition of the value of this operation; and I believe I am justified in stating, that every oculist of eminence and position on the continent holds the same opinion.

It is hardly too much to say, that no recognised fact in medicine or surgery rests upon a surer basis of numerous and well observed cases. Convinced of the truth of what I am now asserting, I would ask those whose opportunities of investigating these facts are very limited, to take these statements upon trust; and, if there be any ophthalmic surgeons, whose name and experience give weight to their opinions, entertaining impressions and views adverse to iridectomy, I would ask them as fellow-labourers to pause, and to carefully and calmly investigate the entire subject, ere they commit themselves to strong statements. Recantation is always painful; but it is a yet more painful alternative to carry on a life-long struggle against a truth, in which science and humanity are equally interested. I am, etc.,

George Critchett.

75, Harley Street, Dec. 17, 1863.

Letter from Haynes Walton, Esq.

Sir,—I proceed to discharge the promise I made in your Journal for December 5th. Besides the reasons then assigned, I think that I ought not to be silent when such tirades have been published against those who do not believe in the efficacy of Iridectomy. There is censure, there is the stringent accusation of culpable ignorance and prejudice, and of wilful wrong to suffering humanity. This culminates in severe denunciation, and the loss of reputation even is predicted for the anti-iridectomists, however deservedly well they may be established in practice. Certainly this savours of personality, seeing that the ophthalmic body, if I may so call those who work at ophthalmic subjects, and in reality do those operations, is very small compared with the mass of the profession, only as units to thousands; and it is still more pointed, when a portion of that small circle, who are known to be opposed to the new operation, is so addressed by some of its own members.

As regards myself, such animadversion is uncalled for and unjust. A great deal, too, has been written, which, besides answering to this objection, is wholly irrelevant, and ought never to disfigure a scientific discussion. I can only deprecate and deplore it. However, I am determined not to entertain the least particle of ill-will nor of jealousy against any one concerned in the discussion. No subject can be thoroughly sifted when a spirit of opposition prevails. On the contrary, sympathy and assistance are needed. Men are not entitled to be violent with each other respecting opinions in matters therapeutic, since no two are likely to treat a patient exactly alike; and which one of us is not repeatedly in error, and still more often at his wits' end for knowledge? Our position as agents—that is, our scope and purpose arising out of the state of the healing art—is such, that a qualified man is fully justified in following out his convictions in the treatment of any particular disease, so long as there is no evidence of injury inflicted directly, or through neglect. Where are we to find the man so infallible in his observation, as to be warranted in supposing that no one can honestly hold a different opinion? I accord the fullest sincerity to the iridectomists.

I am sure that it will interest your readers to tell them how iridectomy was introduced; and I can hardly conduct my argument without this short sketch.

"Iridectomia," or iridectomy, as it is expressed in English, is the term originally introduced to express the operation for the formation of an artificial pupil by removing a portion of the iris. More commonly, however, we say artificial pupil by excision. The modern operation is the same, only on a far more extended scale.

Iridectomy to cure disease was first performed by Professor Von Gräfe of Berlin, and was quickly taken up in England, in consequence of certain circumstances which it is unnecessary to narrate.

Von Gräfe's attention was first drawn to the efficacy of the treatment in internal inflammation of the eye-ball, by observing the results of the operation for artificial pupil by excision after irido-choroiditis with closed pupil. In such cases, he ascertained by experiment "that the increased power of vision was in no way dependent on reabsorption of the pupillary exudations, but was entirely to be ascribed to an improvement in the choroidal complications." I quote from Mr. Windsor's translation in the Sydenham Society's Volume for 1859.

Encouraged by success, he proceeded to operate on cases in which, after previous iritis with pupillary exclusions, there had resulted atrophy of the globe of the eye from secondary choroiditis. He treated by repeated iridectomy many cases in which the globe had become very soft, and much flattened by the action of the recti muscles, and it was ultimately perfectly re-filled. He relates the case of a man to whom he had formerly given a certificate of incurable blindness on account of atrophy of both globes. Vision was limited to a dull quantitative sensation of light. At the time of writing, the operation having been performed *six times*, the patient could count fingers at the distance of some feet, and distinguish letters of the largest print, and the vision was weekly improving.

This statement about resuscitating collapsed eyes puzzled me for a long time; at last I was able to understand it. After an operation by solution for soft cataract, in an unhealthy and softened eye-ball, I found the softness exchanged for more than natural plumpness; and this actually lasted for weeks, so long, indeed, as the preternatural vascularity arising out of the operation remained. The increased vascular action was the secret. This surely points to Von Gräfe's incorrect observation, and false conclusion. And if so, what a basis to theorise on!

After this he directed the new remedy to glaucoma, then to chronic and recurrent iritis, and irido-choroiditis, and found it specially useful in ulceration and infiltration of the cornea, in partial staphyloma of the cornea, and staphylomata of the sclerotic. In acute glaucoma, the results were said to be very striking; the earlier the operation was done the better; but the duration of weeks, or of months, did not exclude complete restoration.

In chronic glaucoma the disease was arrested, and the existing amount of sight was preserved. More rarely the improvement was temporary; atrophy ensued, but the pain did not recur.

Von Gräfe argues against the retina being originally invaded by the disease; he makes the pathology to be derangement of the choroid, hypertrophy of the vitreous humour by endosmosis, and, as a consequence, pressure on the retina. Will any one attempt to reconcile the two opposed actions, the filling of a flabby eye-ball, and the softening of a tense one by the same operation? He removes a portion of the iris, because he supposes that this diaphragm is the source of the aqueous secretion, and that, by reducing it, less fluid is poured out; less pressure is therefore produced; and, accordingly as the operation is done as to time, so is the retina completely preserved from injury, and rescued from complete destruction. I have discussed this, and other theories that have been advanced on the *modus operandi* of iridectomy at length in my book, and urged my objections; but I shall not notice them here, as I find that, in the letters addressed to you, the writers not only do not stand out for theory, but ignore any such support. But I do not like this off-hand method. I require some explanation; because, to my mind, iridectomy, or the cutting off of a portion of eye-tissue to cure a blood-disease, involves a positive absurdity. According to the showing of Von Gräfe, it gives dissimilar results, and it could not cure, as he alleges it does, in affections of such different pathology as those named by him. It is no answer to ask, how does quinine or opium act? This is not a question of the action of drugs. I presume no one ever expects to be able to read vital processes, and to tell the ultimate workings of living machinery; but I do require some show of reason before I adopt a surgical operation which breaks the structure, and disarranges the wonderful mechanism of the glorious and precious eye.

I pass on to consider practically the effects of iridectomy, and to notice the statements of those who believe in its virtue. At once I say, that benefit is to be got, not through any direct effect on the iris, but solely in consequence of the evacuation of the aqueous humour. It is not, then, the iridectomy that does this, but that which takes place as an inevitable step of the operation as a preliminary measure, namely, the "paracentesis corneæ." More than half a century ago, the value of tapping the cornea was clearly made out by Mr. Wardrop, who did more in this country to advance ophthalmic surgery than any man of his time. His writings attest to his great labour, the accuracy of his observation, and the wonderful extent of his investigations. It is with great pleasure that I refer to his practical and philosophical paper "On the Effects of Evacuating the Aqueous Humour in Inflammation of the Eyes" in the *Medico-Chirurgical Transactions*, vol. iv, p. 145. He was led to try the remedy in consequence of certain morbid changes in the dead eye, from which he drew physiological deductions, and fortunately afterwards verified them by surgical experiment. This paper is a model for the imitation of those who would conduct original investigations in practical surgery. His first trial, very strange indeed to tell, as apposite to the point, was in a case of milkiness of the cornea, distended eye-ball, and acute inflammatory symptoms. He says, "I discharged the aqueous humour by a small incision through the cornea, and had the satisfaction to find that the operation produced not only an alteration in the degree of transparency of the cornea, but also that the pain and all the inflammatory symptoms were removed." After this I find the plan applied to cases of violent inflammation of the eye-ball, in which the cornea was not involved. Again, he points out that in those cases where the practice of evacuating the aqueous humour is judiciously employed, although the operation may create some temporary irritation, yet its good effects will become immediately perceptible, and in most cases will be permanent. The more obvious of these are a more or less considerable improvement in vision, particularly where there is a cloudiness in the anterior chamber; a complete cessation of the sense of fulness of the eyeball, and pain in the head; and in some cases a very remarkable change in the size of the inflamed vessels. It would almost seem as if he were in this controversy when he remarks, that the great and immediate relief of evacuation of the aqueous humour most probably arises chiefly from the sudden removal of *tension*. He wishes it to be understood that the discharge of the aqueous humour is not here to be recommended as the sole remedy in any case of ophthalmia, but is only to be considered as a powerful auxiliary in some, and in others as a sure, and perhaps the only means of preventing a total destruction of the organ. I advise all surgeons who are interested in ophthalmic surgery to study the essay; for this author claims a far greater range of benefit for his patients than does the warmest advocate of iridectomy. He is assured of its potency in all inflammations of the eye-ball; in purulent and gonorrhœal ophthalmia; in corneitis; in mechanical injuries of the eye-ball. Such, it seems to me, is the nature of the remedy that, theoretically speaking, if found useful in any one condition of inflammation of the eye-ball, we can hardly be wrong in generalising, and trying it in all.

Mr. Wardrop's rationale is this. The object is to diminish suddenly the overdistension of the eye-ball; the evacuation of the aqueous humour must fulfil this intention in a more complete manner than can be conceived probable by any means of abstracting blood from its vessels; for, as the ophthalmic artery comes from the skull, little blood can be taken directly from any of its branches, and it would require a great quantity of blood to be drawn from the temples or neighbouring arteries, to make any remarkable change in the quantity of the contents of the eye; or, at least, a change equal to that which would be produced by the discharge of the aqueous humour. From the advantages also which have been universally found to arise from a sudden depletion of blood, in comparison with what can be derived from a slow detraction, considerable benefits might be expected from the practice.

I have the greatest faith in the remedial efficacy of tapping the eye in all inflammatory affections, and even under other states of disease; and I have often found the repetition to tell, where a single operation has given but little or no result; and in very severe cases, I have occasionally repeated the proceeding even several consecutive days. Yet I do not exalt the measure beyond the limit the originator modestly claimed for it.

It would not serve my purpose to do more at present than merely to state general results, for detail. I could not strengthen my argument; and I might be tedious. Again and again, I have seen dispelled, by the corneal tapping, the premonitory symptoms of what would be now called glaucoma. I have repeatedly given relief by discharging the aqueous humour, in many stages of ocular disorganisation, when nothing else would relieve. I have seen a small staphyloma of the sclerotic, resulting from a long continued acute inflammation of the eye-ball quite pass away, leaving only marks, after a few tappings, by which the vascular action was quelled. The several symptoms occurred after a needle operation for cataract, and long after the cataract was absorbed. Iridectomy was strongly urged in consultation, but I resisted it, for which the patient says he cannot be too thankful. I have the most thorough conviction, that by this system of tapping, combined with general treatment, is to be secured the highest attainable success in inflammatory diseases of the eye-ball. I use the expression, inflammatory diseases, because I wish to avoid the nice distinctions of ophthalmic nomenclature. There is sure to be a difference of opinion among those addressing you on this point; and, indeed, I know no greater ophthalmic puzzle than to point out practically the distinctive differences between what is called acute glaucoma, choroiditis, and arthritic iritis. There is a deal of confusion here for future investigators to simplify. Many of the cases of so-called glaucoma that I have seen operated on, I should describe as choroiditis. Thus I have heard some of these affections regarded by another surgeon as "arthritic posterior internal ophthalmia." Again, I find one of your correspondents of great reputation, defining glaucoma to be "the whole course and several varieties of disease, leading to that last hopeless stage of extinguished sight and disorganised tissues." There can be no more comprehensive description than this; it will take in every ophthalmic inflammation; and still more, this gentleman goes even further, and in his several writings speaks of glaucomatous complications, and the glaucomatous element; conditions, that I, as a man practised in eye-diseases, fail to comprehend.

I am anxious to prevent any young surgeon from supposing that tapping the eye is a perfect panacea. It is not so; neither is any other operation a perfect cure for all idiopathic inflammatory affections. Many cases are met with, that baffle all art and science. I only speak of it in the same terms as its author; as an aid, and to be used along with other means. Nor have we yet discovered any practical surgical measure for curing the bad old-fashioned disease called glaucoma, as understood by me, and by my teachers, Lawrence, Tyrrell, Dalrymple, and expresed by Dr. Mackenzie in his works. According to my experience, it is a very rare disease, each attack of which, each paroxysm, inflicts a definite damage. The eye may be destroyed at once; or it may retain some amount of sight after several periods of renewed activity. Tapping will often relieve; and so will iridectomy as a means of tapping. Pain will be lessened, and perhaps the period of attack shortened. I speak cautiously about the amount of substantial benefit to the eye, because I have so often seen all operations and treatment fail and the eye perish; and in cases where there has been no operation, the spoiling of tissues has been incredibly small. It is not a matter of "cut and you save, don't cut and you destroy." However, our duty is to adopt every likely measure that may do good, while it will not damage.

I cannot help a passing remark on the alleged cause of destruction to the eye in glaucoma; namely, pressure on the retina, of which the greatest evidence is said to be got in "cupping" of the optic disc. I find this "cupping" apart from glaucoma, and even when the eye-ball is not hard; and I am perfectly sure that it is not to be seen in many of the cases of acute glaucoma, when the fundus of the eye can be examined. It more commonly exists in the eyes that have long been blind. There it appears, I suspect that the nerve-tissue has been primarily invaded by disease, or coincidently with the implication of other parts. I regard pressure, if it have any influence at all, as acting secondarily. When this nerve-change exists, by which the eye must be more or less spoiled, I do not believe that any treatment is available. To say that the cupping becomes less, is to admit the generation or reproduction of nerve-tissue. And how could it be proved that the cupping is less? and if it could be demonstrated, would a fractional change be of any advantage, when the least cupping is known to be associated with damaged sight?

In glaucoma, as in every other acute inflammatory ophthalmic disease, the eye-ball is tense, it is hardest of all in long standing glaucoma, and this can only be by an increase of its fluid contents. The choroid and the iris hold very nearly all the blood that is in the eye, and there is an increase in the size, and perhaps even in the number of blood-vessels. It is likely, too, that exudation from the vessels tends to the augmented overfulness. Now all this takes place in every case of severe inflammation of the eye-ball, whether it be from purulent ophthalmia, from wounds, from mechanical injuries of all kinds, from gout, rheumatism, syphilis; and who ever found the optic disc cupped from this pressure? It is likely enough that the pressure on the retina has the largest share in eclipsing sight; but after the inflammations from these causes have been subdued, although weeks have elapsed, the eye is often restored to perfect integrity. The same may be said when the eye is pressed on from without by tumours. Sight may be lost for a time; but if the pressure be removed, the patient sees again, and the ophthalmoscope shews a perfect eye. Too much stress has been laid on the tension of the eye-ball. When there is the increased volume in the eye from inflammation, tension must of course always exist; and if it be made a signal for iridectomy, I can only say that the surgeon in ophthalmic practice who so regards it, and acts, will always have a large stock of cases ready for his knife, and in proportion as he multiplies his operative surgery, so will he decrease the eye-sight of his patients. It is through such examples that we get the astounding records of wonders. Mrs. A. is blind today, as she might indeed be from rheumatic inflammation, etc. She is "iridectomised," and in a week she can, with spectacles, and while looking through a pin-hole, read No. 10 Gräfe's type. The poor woman would have read No. 6 without any appliance, if her iris had not been trimmed, and if general treatment only had been used. I rejoice to think that in private practice I have saved many cases like Mrs. A's from damage.

It will not do to say that there is a difference in the kind of tension between that arising from glaucoma, and that from other inflammations. Moreover, I will not allow that such pressure admits of being recognisable under several degrees—seven it is said. Without weight and measure, how can such estimates be conveyed from one mind to another? A medical man consulted me about impaired vision from some obscure cause; I could detect nothing wrong with the eye-ball. He went to a surgeon of considerable reputation, who pronounced one eye to be like ivory, the other like India-rubber. He (the patient) could not perceive any difference to the touch, nor could I. He consulted another ophthalmic surgeon in a high position, who declared that there was no difference in the tension of the eyes. I mention this to shew how differently persons estimate things by the sense of touch.

I can state that, I have never met with any bad result from tapping the eye. The worst thing that ever occurred was a slight prolapse of the iris, and that in a single instance.

Iridectomy is an operation that demands very considerable nicety in execution, and is done better under the influence of chloroform. This is not in itself objectionable; but it has significance in my argument. There are many frequent unavoidable dangers attendant on it, immediate and remote, of which the profession are ignorant, and they have been kept in the back-ground.

It is not always possible to complete the operation according to the prescribed rules, especially the tearing away of the iris to its very root, in consequence of bleeding, by which the parts are concealed from view; and in the attempt to remove the blood by pressure, the only available method, there is much risk of dislocating the lens, or of so injuring it as to cause opacity. When the lens is dislocated, the vitreous humour may be lost. But cataract may follow without this direct injury, as I think, by interruption of the nutrition of the lens through the disturbance set up in the surrounding nervous and vascular tissues. It is not correct to say that the cataract is only a consequence of the glaucoma; as I have seen it, produced quickly after the operation, when the iridectomy has been done because of rheumatic inflammation of the eye. I omit speaking much about the accidental wounding of the lens (not an uncommon event), because that will be attributed to bungling.

Then the eye-ball may suppurate—a disaster more imminent when a great deal of inflammation is present. In the legitimate making of an artificial pupil, a careful surgeon never operates until the activity of the disease which has closed the pupil has passed away, lest destructive inflammation with its contingencies arise.

The operation may be frustrated by the closing up of the pupil, and the gap newly made. The eye-ball may become atrophied. I should like to know how often the eye-ball has been extirpated, because of the ill results of iridectomy. Imperfect union of the edges of the tunic of the eye through which the incision was made, with the bulging of the new and imperfect tissue, occasionally takes place. Who will dare to gainsay all this? Two or more of these conditions might occur in the same individual. A gentlemen with old rheumatic inflammation in both eyes, who saw enough to read the newspaper in a good light without glasses, in the interval of acute attacks, was doubly iridectomised against my advice; but two opinions were against mine, so I was set at nought. In the one eye the pupil closed; in the other, cataract formed. A second iridectomy was done in the first eye. I met the poor fellow accidentally at a friend's house, able only to grope his way about. The cataract was shortly to be extracted.

Iridectomy destroys the integrity of the eye by interfering with refraction, adjustment, and the regulation of light to the eye. I never saw perfect vision after the operation; that is, no person so mutilated could see small things and distant, in different degrees of light, equally well with one of the same age, whose eye might be called normal and healthy. I have been careful to inspect this. A very imperfect idea is given in the reports of cases of the true condition of sight. A person may blunder over this or that sized type, a few inches from the face, with a pair of spectacles in a carefully arranged position as to the light, and yet have very imperfect sight. Several whose cases seemed in print to be all that could be desired I have found to be miserable cripples.

Iridectomy also spoils the appearance of the eye. To lessen this it has been proposed always to operate at the upper part of the organ. But the German propounder of the operation objects to this on the score of difficulty, and greater liability to accident.

Now, Sir, I bid farewell to the discussion of iridectomy.

I am, etc., HAYNES WALTON.

December 25th, 1863.

LETTER FROM W. WHITE COOPER, ESQ.

SIR,—The subject of iridectomy has already occupied so large a space in your columns that I feel reluctant to trespass upon them; nor should I have done so now had not my name been prominently mentioned by you in connexion with the operation in question.

The views entertained by me are so entirely in accordance with those ably stated by Mr. Dixon in your last number, that it would be mere waste of time and space to enter at length into the discussion; I will therefore content myself with expressing my opinion that, valuable though iridectomy is in some cases, its indiscriminate use is fraught with danger: it is far from a slight operation; serious evils not unfrequently attend or follow its performance; and it should be resorted to with the greatest caution, since I am convinced that many of the cases for which it is recommended are amenable to general treatment,

I am, etc.,
W. WHITE COOPER.

Berkeley Square, Dec. 28, 1863.

LETTER FROM T. PRIDGIN TEALE, JUN., ESQ.

SIR,—At the present time, when the question of iridectomy in glaucoma is attracting much attention, I trust that the record of a few cases from my own practice may not be without use.

In the *Medical Times and Gazette* for Dec. 1, 1860, I published a series of cases in which iridectomy had been performed for the relief of various affections of the eye. In concluding the paper, I stated my conviction that "we possess in iridectomy a most powerful agent in arresting many disorganising processes in the eye-ball, which were little if at all under the control of any method of treatment previously in use." This opinion I can now, after nearly six years' experience of the operation, most emphatically confirm. As the present discussion is chiefly limited to the use of iridectomy in glaucoma, I will especially refer to cases of that disease.

CASE. I. *Subacute Inflammatory Glaucoma of both Eyes* (published in 1860), July 19th, 1860. Mrs. M., aged 60, ten weeks previously, was seized with severe pain in the right eye and brow, attended with dimness of vision. Three weeks ago the left eye became dim and painful. During the whole of this time she suffered intense agony. Her medical attendant having tried blisters, leeches, mercury, and opium, without any relief, requested me to see her. I found both eyes in much the same condition. The globes were hard; the cornea dull; the retinæ were invisible by the ophthalmoscope from muddiness of the humours. Her sight was so defective that she could not tell time by the watch. July 19th. Iridectomy of both eyes was performed. August 20th. She read large print. The optic discs were visible by the ophthalmoscope; not cupped. The pain gradually abated during three weeks after the operation, and had now ceased. October 20th. She read No. 4, Jäger, and was free from pain. November 30th 1863. Three years after operation, she reads No. 1 Jäger with each eye. She has occasional aching in the eye, but never severe attacks of pain. The globes are of natural tension. The field of vision is so much contracted that, although she reads No. 1, she has rather the aspect of a blind person on entering the room. She states that before the attack of glaucoma, she had required for some time very strong convex glasses; since the attack, she reads even small print without any glasses whatever.

This case is republished in order to show the permanence of the cure at the end of three years.

CASE II. *Acute Glaucoma of Left Eye.* July 14th, 1863. Martha A., aged 57, during the last two years had had several attacks of inflammation in the left eye. Three weeks ago, she had a more severe attack than usual, and the sight became dim. The globe was hard; the cornea dull, like ground glass; she had severe pain in the forehead. She could only distinguish light and shade, and had no qualitative perception of light. July 14th. Iridectomy was performed. July 18th. The globe was of natural tension; the cornea bright. August 18th. With convex glasses she read No. 19, Jäger. October 10th. With convex glasses she read No. 6, Jäger. The optic nerve entrance was slightly cupped.

CASE III. *Glaucomatous Choroiditis.* February 24th, 1863. Mrs. C., aged 36 (?). Six years ago, the right eye was inflamed and painful, and after being under medical treatment for a year and a quarter, she recovered, with slightly impaired vision. Six weeks ago, the eye again inflamed. It was now (Feb. 24th) very painful, and looked red and dull. The iris was sluggish and half dilated. The globe was hard. She saw letters of No. 19, Jäger, but could not read the words. For a week she used atropine drops, which relieved the pain, but did not cause improvement of vision. . March 4th. Iridectomy was performed. March 19th. She read No. 14. The cornea was bright. She had no pain. The tension was natural. May 12th. She read No. 8. Tension was natural. September 11th. She read No. 2, and with convex 50, No. 1. The tension was the same as in the other eye, which was perfectly sound.

The foregoing cases, and others where recovery of sight took place in a less marked degree, show that iridectomy, if performed at an early stage of the destructive processes, may secure a great amount of recovery of sight. Unfortunately, however, cases of acute glaucoma rarely come before the ophthalmic surgeon until the ordinary routine of remedies has been tried and has failed, and the critical period in which sight might have been saved has gone by. In many of these cases, besides loss of vision, the patient suffers intensely from pain, which, occurring either continuously or in paroxysms, and prolonged for weeks or months, resists all ordinary means of relief. In a large proportion of these cases iridectomy, although incapable of restoring vision, relieves the pain.

The following cases are illustrations of loss of sight from delay, and of relief of pain, and restoration of a healthy condition of the eyeball by iridectomy.

CASE IV. *Subacute Glaucoma.* June 1, 1861. Mrs. W., aged 56 (?), having for a year or two suffered from occasional pain in the right eye, with the appearance of coloured rings on looking at the candle, was seized last Christmas with an attack of subacute glaucoma, which, in the course of two months, extinguished vision. Six months after the attack, she consulted me. She was then suffering from pain in the eye, and from severe neuralgia of the forehead, which had continued with short intermissions since the commencement of the attack. She appeared worn down and broken in health. The globe was hard, the cornea vesicated. Dilated tortuous veins emerged from the sclerotica. She had no perception of light. June 3rd. Iridectomy was performed. July 22nd. The tension of the globe was almost natural. The cornea was bright. The neuralgia was almost gone. The pain in the eye had ceased. Her health was improved, and she looked stout and well. There was return of sight. December 6th, 1863. She tells me that before the operation the eye had been constantly inflamed, and subject to intense pain for six months, and that the operation arrested the inflammation, from which, up to the present time, she has been perfectly free. She suffers occasionally from pain in the head, which, when severe, causes aching of both eyes. The tension is natural; perhaps the eye is not quite so soft as the other sound eye. The eye looks bright; and the enlarged sclerotic veins have disappeared.

CASE V. *Subacute Glaucoma.* July 13th, 1863. Mrs. W., of G—, aged 58, having suffered occasionally from attacks of inflammation in the right eye, was seized six weeks ago with a much more severe attack than usual, which continued up to the present time. As the inflammation did not yield to ordinary treatment, I was requested to see her. The globe was very hard. The iris was extensively adherent to the capsule of the lens. The cornea was dull, like ground glass. The optic disc could not be seen by the ophthalmoscope. She suffered frequently from pain in the eye and side of the head. She could just distinguish light and shade. July 14th. Iridectomy was performed. July 18th. She returned home much relieved of pain. August 31st. The pain had entirely ceased. The neuralgia of the head, which she had not attributed to the eye, had left her. The optic disc was visible by the ophthalmoscope. She could now count fingers.

CASE VI. *Glaucoma (?) with Periodic Attacks of Inflammation.* August 20th, 1861. Mrs. H., of K—, aged 45, for several years had had cataract of the right eye, which had a calcareous appearance. During the last few months, she had suffered from repeated attacks of inflammation, accompanied with very severe pain, which have occurred every second or third day during the last month. The globe was hard. She had fair perception of light. There was a peculiar opacity of the cornea, which suggested the probability of calcareous degeneration of some of the internal tissues of the eye. (In a similar case of opacity of the cornea in a disorganised eye, at the Moorfields Ophthalmic Hospital, I heard Von Gräfe express his opinion that there would be found calcareous deposit near the neighbouring ciliary processes.) The surface of the cornea was vesicated. August 20th. Iridectomy was performed. For three days after the operation there was perfect relief from pain. On the fourth day, she had an attack of inflammation; and on the eighth day, a second attack. October 30th. The attacks having occurred almost as frequently as before the operation, I began to despair of permanent relief from iridectomy, and had obtained her consent to extirpation of the globe. On considering, however, the perfect relief conferred for a few days by the first operation, I persuaded her to submit to a second iridectomy. She would herself have preferred extirpation, so great were her sufferings. Iridectomy was accordingly performed for the second time. A large portion was removed from the lower part of the iris. January 17th, 1862. She had had only two or three slight attacks since the operation. November 30th, 1863. Her husband wrote to me, "After the second operation, the attacks became less and less severe, and at longer intervals of time. It is now some months since she had one at all. The eye is slightly harder than the sound one, but is not painful when touched."

In concluding this paper, I cannot refrain from relating the following two cases; which, although not instances of glaucoma, illustrate the wonderful power of iridectomy in relieving disturbed conditions of nutrition of the eyeball.

Case vii. *Failure of Sight after Extraction of Soft Cataract; Recovery after Iridectomy.* H. C., Esq., of Y——, having had a soft cataract extracted by me from the right eye in October 1859, was able three months afterwards to read the *Saturday Review;* and nine months afterwards "to read small print for several hours very comfortably." During last winter he worked very hard at his occupation as a clerk; and, as he said, "overworked his eyes." His sight rapidly failed; and he made up his mind to go out to Australia as a farmer, fearing that his eyes would not bear work. Finding, however, that the iris was drawn up to the scar of the wound through which the cataract had been removed, I urged him to suspend his decision to emigrate; to submit to iridectomy of the right eye; and to have a partial cataract of the left eye extracted. July 18th, 1863. The area of the pupil of the right eye was clear; free from opaque capsule. He read No. 16 Jäger. Iridectomy was performed on the right eye; and the imperfect cataract in the left was freely punctured. July 22nd. The softened cataract was extracted by a curette through a small opening in the cornea. Aug. 13th. He read No. 2. Sept. 1st. He read No. 2 with the right eye, and No. 1 with the left. The pupil of the left eye was perfect, central, and active. The iris was not adherent to the scar.

In the above case I attribute the deterioration of sight in the right eye to the disturbed condition of the eyeball consequent upon the entanglement of the upper portion of the iris in the corneal scar; and the restoration of sight to the relaxation of the iris obtained by iridectomy. I feel, moreover, great confidence that the eye will now bear reasonable work without fear of deterioration; and also that the left eye will be less liable to fail than the right one, because the iris remains perfectly free from adhesions to cornea or lens.

The following case is, perhaps, more striking.

Case viii. *Failure of Sight after Extraction of Soft Cataract: Recovery under Iridectomy.* Master A., aged 9, having had soft cataract of the right eye extracted by me in February 1861, was able in July to read No. 4 Jäger. The pupil, however, was drawn upwards to the site of the corneal wound, to which the iris was adherent. 1862. June 10th. The sight had become defective, so that he could now only read No. 14. 1863. Aug. 25th. He was now unable to read No. 20, or even to count fingers. Iridectomy was performed downwards, opposite to the corneal scar. Aug. 31st. He read No. 14. Sept. 12th. He read No. 2.

I am, etc., T. Pridgin Teale, Jun.

Leeds, December 5th, 1863.

Medical News.

Apothecaries' Hall. On December 17th, 1863, the following Licentiates were admitted:—

Bartlett, Joseph James Henry, Ladbrooke Square, Notting Hill
Caldwell, John Thomas, Knutsford, Cheshire
Cook, John, Warwick Street, Regent Street
Dickson, James, Colsterworth, Lincolnshire
Gray, William John, Princes Street, Cavendish Square
Haire, John Hillary, Gosport
Hughes, Robert, Woodbridge, Suffolk
Lewis, William Thomas, St. Bartholomew's Hospital
M'Caull, Charles Nathaniel, Wilton, near Salisbury
Rayner, William, Leeds
Ryder, Dudley Howe, Greenwich
Symonds, William Nathaniel, Sprowston, Norfolk
Tibbits, Robert William, Ashton, near Bristol

At the same Court, the following passed the first examination:—

Barrett, Joseph William, Guy's Hospital
Lattey, Walter, St. George's Hospital
Vise, William Foster, Middlesex Hospital
Wilford, John George Frederick, Guy's Hospital

Admitted December 24th, 1863:—

Cooke, Alfred Square, Gloucester
Hanks, William, Snaith, Yorkshire
Levett, Nathaniel, Grosvenor Place School of Medicine
Martin, Paulin, Abingdon, Berks
Mence, William Henry Dison, Cambridge
Ruddock, John Robert, Leeds
Simpson, Philip John, Gower Street, Bedford Square
Steward, Thomas Theodore, Wolverhampton
Walker, Samuel Edward, Warwick

At the same Court, the following passed the first examination:—

Paull, Josiah, St. Bartholomew's Hospital
Shaw, Charles Edwin Martin, St. Bartholomew's Hospital
Tomlinson, David Webster, St. Mary's Hospital

APPOINTMENTS.

Arnison, William C., M.D., elected Resident Medical Officer to the Newcastle-on-Tyne Dispensary.

Bobart, William M., Esq., appointed Resident Surgeon to the Birmingham Lying-in Hospital.

Chambers, Thomas, Esq., elected Assistant-Surgeon to the London Surgical Home for the Diseases of Women.

Fisher, Stephen W., Esq., elected District Surgeon to the Bristol Dispensary.

Jordan, Robert C. R., M.D., appointed Additional Honorary Medical Officer to the Birmingham and Midland Free Hospital for Sick Children.

Oldman, John, Esq., appointed Surgeon to the Huntingdon County Hospital.

Potter, John B., M.D., appointed Resident Surgeon to the Birmingham Lying-in Hospital.

Roberts, Edwin, Esq., elected House-Surgeon to the West Kent General Hospital.

Roberts, F. T., M.D., appointed House-Surgeon to the Liverpool Northern Hospital.

Smith, William J. F., M.D., elected Physician to the Royal Infirmary, Aberdeen.

Poor-Law Medical Service.

Atkinson, George P., Esq., to the Knottingley District of the Pontefract Union.

Freshfield, Allen, Esq., to Districts Nos. 1 and 2 of the Tendring Union, Essex.

Freshfield, Philip W., jun., Esq., to Districts Nos. 1 and 2 of the Tendring Union, Essex.

Jamieson, John, L.R.C.P.Ed., to the Ashill Dispensary District of the Newport Union, co. Mayo.

Mitchell, Thomas C., Esq., to the Pickhill District of the Thirsk Union, Yorkshire.

Army.

Walsh, Staff-Assistant-Surgeon T., to be Assistant-Surgeon 12th Foot, *vice* A. H. F. Lynch.

To be Staff-Assistant-Surgeons:—

Lewis, A., M.D.

Lynch, Assistant-Surgeon A. H. F., 12th Foot.

Royal Navy.

Bower, John, M.D., Surgeon, to the *Hogue*.

Edwards, Robert, Esq., Surgeon, to the *Lyra*.

Hollinsworth, J. M., Esq., Acting Assistant-Surgeon, to the *Cumberland*.

Keelan, Patrick. Esq., Assistant-Surgeon, to the *Aurora*.

Moore, George B., M.D., Surgeon, to the *Rattlesnake*.

Woods, H. C., Esq., Acting Assistant-Surgeon, to the *Royal Oak*.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers:—

Harrison, R., Esq., to be Assistant-Surgeon 1st Lancashire Engineer Volunteers.

Prosser, T., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Monmouthshire R.V.

Shepherd, W. G., M.D., to be Assistant-Surgeon Middlesex Victoria R.V.

Stewart, H. C., M.D., to be Surgeon Middlesex Victoria R.V.

To be Honorary Assistant-Surgeons:—

Allan, R. L., Esq., 2nd Renfrewshire A.V.

Bird, P. H., Esq., 36th Middlesex A.V.

Ferguson, J., Esq., 4th Elginshire R.V.

Watson, W. M'C., Esq., 3rd Kincardineshire A.V.

BIRTHS.

Crook. At Northfleet, Kent, on December 26th, 1863, the wife of *J. Evelyn Crook, M.D., of a son.

Fletcher. On December 22nd, 1863, at 13, Mornington Terrace, Liverpool, the wife of *F. D. Fletcher, Esq., of a son.

DEATHS.

Boott, Francis, M.D., at 24, Gower Street, aged 71, on December 25, 1863.

Daniell. On December 24th, 1863, at Newport Pagnell, aged 66, Henrietta, wife of *Edward Daniell, Esq.

Girling. On December 24th, 1863, at St. Ives, aged 67, Sarah, wife of *G. L. Girling, Esq.

Jones, Thomas, Esq., Surgeon, at Chesterfield, on December 18.

Sinclair, Alexander, M.D., Staff-Surgeon, at Southsea, on December 26, 1863.

Smythan, George, M.D., at Canaan Park, Edinburgh, on December 25, 1863.

Thomson. On December 24th, at Edinburgh, Mary, wife of *David Thomson, M.D., Staff-Surgeon R.N.

Wheeler, C. W., M.D., at Shirley Lodge, Hants, aged 71, on December 26, 1863.

Woody. On December 22nd, 1863, at Tamworth, Alice, widow of the late Robert Woody, M.D.

The Medical Council is to meet on the 15th of January.

Edinburgh Medico-Chirurgical Society. Dr. A. Douglas Maclagan has been elected President of this Society.

Dental Hospital. The College of Surgeons now recognise both the National Dental Hospital and the Dental Hospital in Soho Square.

At Last. We believe that the *Pharmacopœia* is actually printed off, and now only awaits the operations of the binder.

Dr. Eustace Smith accompanies the Duke of Brabant, as medical attendant, in his journey to a warmer winter climate than is Belgium.

Guy's Hospital. Sir Lawrence Peel has been elected President of Guy's Hospital, in place of the late Mr. B. Dobree.

Edinburgh Medical School. It is not improbable that another year the Christmas holidays may be done away with at Edinburgh, and the session closed at the end of March.

Mr. Green was buried on the 19th ult., at Highgate Cemetery. His funeral was attended by the President and many of the Council of the College of Surgeons, as well as by a large number of his old pupils and friends.

Glasgow Southern Medical Society. Mr. Edward M'Millan has been elected President; Dr. W. F. Lonergan Vice-President; and Dr. H. R. Howatt Treasurer.

Glasgow Medical Society. Dr. James Stewart has been elected President; and Dr. A. M. Smith and Dr. G. H. B. M'Leod Vice-Presidents of this Society for 1863-4.

Mr. Wm. Lawrence has been elected an honorary member of the American Academy of the Arts and Sciences, as well as of the French Academy of Sciences as announced last week.

Testimonial to a House-Surgeon. A case of surgical instruments and a purse have been presented to Mr. W. Oxley of Rotherham, as a mark of esteem for the way in which he performed the duties of house-surgeon to the Huddersfield Hospital during seven years.

Action against the Superintendent of an Asylum. An action was lately brought against Dr. Lalor, the superintendent of the Richmond Asylum, Dublin, by the widow of a lunatic who was killed there by another lunatic. The jury, however, gave a verdict in favour of the doctor; not considering the death of the lunatic as any pecuniary loss to the widow.

Poor-law Guardians' Liberalty. We are glad to be able to be record the following act of justice done by a Board of Guardians. We only wish that it were one of those exceptions which prove the rule. At the beginning of the summer, on Dr. Gibbon's recommendation, the Guardians of the Holborn Union admitted small-pox cases into a detached portion of the workhouse. Their medical officer treated eighty-six, many of them natural, cases of small-pox, with only three deaths. At the termination, they voted Mr. Norton £25 for his extra work. May the publication of this induce other Boards to follow the example.

The Convict Townley and the Government Commission. The conviction of George Victor Townley has been the prevailing topic of conversation in the midland counties ever since his trial. With the exception of one or two journals, all the power of the press has been used to applaud the verdict and concur in the sentence. Against these fearful odds the friends of the murderer have worked, and have succeeded in inducing the Government to send a Special Commission to examine the man. The Home Secretary has been supplied with statements on oath from various members of the prisoner's family, deposing to the numerous instances of insanity existing amongst its various branches; that the views of the prisoner, as expressed by him to Dr. Forbes Winslow, were opposed to the notions he had previously entertained; and that his previous life was most exemplary and moral. He was also furnished with declarations by persons who were cognisant of delusions entertained by the prisoner, including one referring to the former breach of the engagement by Miss Goodwin about eighteen months ago, in which the prisoner was said to have displayed extraordinary acts of eccentricity, such as turning pictures upside down, purchasing a number of white hats and umbrellas at one time, and taking a bath with his clothes on. A memorial signed by nine or ten of the jurymen was also sent, asserting that although in their opinion the verdict was legal and just, they were also of opinion that an inquiry should take place as to the prisoner's mental condition at present. Sir G. Grey yielded to the request; and Messrs. Wilkes, Foster, and Campbell—two medical men and one lawyer—consequently had three long interviews with Townley. The borough justices subsequently communicated to Sir George Grey the impression on their minds that the prisoner is insane. *(Derby Mercury.)*

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY. ...... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. F. W. Mackenzie, "Retroflexion of the Gravid Uterus, with especial Reference to its Occurrence in the Latter Months of Pregnancy."—Odontological (Anniversary).

WEDNESDAY. Pharmaceutical Society, 8 P.M. Mr. J. Eliot Howard, F.L.S., "Note on the Root-Bark of Calisaya"; Mr. Daniel Hanbury, F.L.S., "Note on *Cassia moschata*"; Mr. David S. Kemp, "On Goa Powder"; Mr. T. B. Groves, "Note on the Recovery of Essential Oils from their Watery Solution"; Thompson's Patent Bottles, and Thonger's Patent Label for the Prevention of Accidental Poisoning, will be exhibited.—Obstetrical Society of London, 8 P.M. Annual Meeting; Election of Officers for 1864; President's Address.

THURSDAY. Harveian Society of London, 8 P.M. (Anniversary); President's Address, Election of Officers, and Conversazione.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

COMMUNICATIONS have been received from:—THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; MR. LOWNDES; DR. W. H. O. SANKEY; DR. A. T. H. WATERS; MR. A. H. DOLMAN; THE HONORARY SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; DR. PARSONS; MR. W. G. CORBIN; THE HON. SECRETARIES OF THE OBSTETRICAL SOCIETY; MR. BRODHURST; MR. W. WHITE COOPER; MR. BREMRIDGE; MR. G. L. GIRLING; MR. HAYNES WALTON; MR. E. DANIELL; DR. J. WILLIAMS; DR. QUAIN; DR. DOBELL; DR. CANDY; MR. G. B. IRVING; DR. BREE; MR. T. P. TEALE, JUN.; DR. C. H. MARRIOTT; MR. F. D. FLETCHER; and MR. J. SPROULE.

BOOKS RECEIVED.

1. Life and Death. By W. S. Savory, F.R.S. London: 1863.
2. The Stomach Medically and Morally Considered. By L. J. Beale. London: 1863.
3. The Science and Practice of Medicine. By William Aitken, M.D. Second edition, revised and rewritten. In Two Volumes. London: 1863.
4. Obstetric Aphorisms for the Use of Students. By J. G. Swayne, M.D. London: 1863.
5. A System of Qualitative Chemical Analysis. By Dr. C. Remegius Fresenius. Sixth edition. Edited by J. Lloyd Bullock, F.C.S. London: 1864.

ADVERTISEMENTS.

Exhibition Clock.—"The entire finish is of the highest caste."—*Daily News*, May 29, 1862. Clocks designed by the first artists of the day for the drawing room, dining room, bed room, library, hall, staircase, bracket, carriage. church, turret, railways, warehouse, counting house, musical, and astronomical. Church and turret clocks specially estimated for. Benson's illustrated pamphlet on clocks (free by post for two stamps) with descriptions and prices, enables those who live in any part of the world to select a clock. Also a short pamphlet on cathedral and public clocks, free for one stamp. Prize medal and honourable mention in classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

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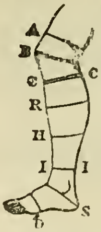

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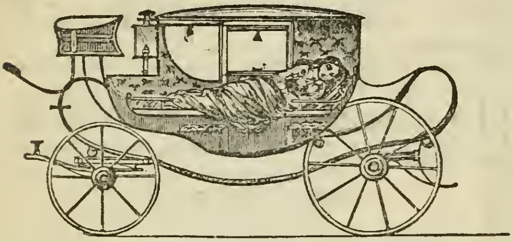

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Lectures
ON
CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY
A. T. H. WATERS, M.D., M.R.C.P.,
PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL, ETC.

LECTURE I. (*Concluded.*)

Physiology in its Relations to Pathology and the Practice of Medicine. Recent Physiological Researches. Cardiac Physiology in Relation to Cardiac Diseases. The Reflex Function of the Nervous System in Relation to Pathology, Diagnosis, and Therapeutics; its Bearings on Certain Organic and other Diseases, etc.

But, in attempting to show the relations between physiology and pathology, and the improvements in practical medicine which are due to the generalisations of these sciences, I should perhaps be placing too favourable a picture before you, were I to leave it as it now stands; for, unfortunately, there are other organs of the body, in advancing the knowledge of whose diseases, the elementary sciences have as yet done much less than in reference to those of the central organ of the circulation. The fault does not, however, rest in the fact that there exists disparity in the mutual relations of the physiology and pathology of these organs, and the therapeutics of their diseases, but simply from the imperfection of our elementary knowledge, and our consequent inability to follow, and rightly appreciate, the pathological changes which ensue in disease, and the symptoms they produce. As I have before remarked, wherever great difficulty attends mere physical investigation, there our knowledge of functional changes is imperfect, and, as a necessary consequence, our insight into diseased processes becomes less clear; and it is, perhaps, with reference to the nervous system, that we see this most forcibly exemplified; for, notwithstanding the researches and discoveries which have been made in reference to the nervous centres, our knowledge both of their structure and function, is much less accurate and precise than that which we possess of other portions of the body; and when we turn to the diseases of the nervous system, we must at once confess how much there is of obscurity in reference to their diagnosis, pathology, and treatment. From the peculiar character of the nervous tissue, and from its complex arrangement, there is unquestionably, as far as our present means go, an immense difficulty attending all inquiries into its mere anatomy; and I think it is very doubtful whether we shall ever gain as much aid from this source, in the investigation of the functions of the nervous system, as we do with reference to other organs. And we shall perhaps find that—although we derive much information from direct experiment, and from a careful comparison of the nervous centres throughout the whole animal kingdom—the most positive advances in neurophysiology will be made, by the observation of the symptoms which are produced in man, as the result of pathological conditions, and especially of those rare and most important cases, where there is an accidental lesion of a portion of the nervous centres, and when, in fact, we have repeated, on man, the experiments which the physiologist performs on the lower animals. It is impossible to over-estimate the importance of such cases. They probably occur more frequently than we are aware of; but, unfortunately, the exact symptoms existing during life are not carefully noted; and even if a *post mortem* examination is made, it becomes valueless, inasmuch as the phenomena existing during life have not been observed. These cases are met with, for the most part, in the surgical wards of our hospitals. I venture to direct the attention of those who are engaged in hospital practice, and especially the house-surgeons of our public institutions, who have generally the first opportunity of seeing these cases, to this important subject. I would suggest to them the propriety of taking careful and accurate notes of the symptoms existing in all cases of injury about the head or spine; and, should the issue afford them an opportunity of making a *post mortem* examination, to note the particular portion of the brain or cord which is the seat of lesion, and the exact nature of the lesion. One important case (*Med.-Chir. Trans.*, vol. xlvi), which occurred in the Northern Hospital, and which I was enabled, through the kindness of my colleague Mr. Hakes, to see, is probably familiar to some of you. It afforded a remarkable illustration of the untenable nature of a theory, long held by many eminent physiologists, and a valuable confirmation of the conclusions arrived at by more recent investigators.

Amongst the most important facts with which we have become acquainted of late years, in reference to the nervous system, is the discovery—for I think it must be ranked as such—of the reflex function of the nerves distributed to blood-vessels. Of the bearings of this principle on physiology and pathology we can speak in a very positive manner; and of its therapeutical relations, numerous instances might be mentioned. I think it probable that, as attention is more directed to this subject, we shall find it of far wider application than we at present see, both in reference to pathology and the treatment of disease.

We are all familiar with the phenomena of reflex action of the so-called voluntary muscles, the relations of which to pathology and therapeutics were rendered familiar to the profession by the labours of Marshall Hall. The principle of reflex action, however, has been shown to have a more extended application than was formerly supposed. In fact, we now know that not only every voluntary or striped muscle may be the seat of reflex action, but every involuntary or unstriped one also. We know that the blood-vessels of the body may be made to contract in obedience to reflex action. In fact, we have learnt further, that reflex phenomena may exhibit themselves as acts of secretion, nutrition, and sensation.

It is a fact with which we are all acquainted, that, in many cases of hæmorrhage from the nose, the application of ice, or of any cold body, to the back of the neck, is followed by an arrest of the hæmorrhage.

Again, I believe I am right when I say, although here I cannot speak from actual experience, that the application of cold to the surface of the abdomen will often restrain an uterine hæmorrhage.

Further, and of this I can speak from my own observation, if we place one hand into ice-cold water, the blood-vessels of the opposite hand will contract —not the vessels of the foot, nor the vessels of the trunk, but the vessels of the opposite hand—of that part, in fact, which is parallel to the part affected.

Now these are assuredly important phenomena—important not only physiologically, but in a pathological and therapeutic point of view.

But, before I make any practical application of the principle, let us stop for a moment to consider how the result is produced. When we arrest the bleeding from the nose by the application of the cold body to the neck, it is assuredly not by the direct effects of the cold that the contraction of the nasal blood-vessels is caused. The mere fact that the surfaces, although distant from each other, are yet continuous the one with the other, will not account for the phenomenon, any more than it will explain the contraction of the vessels of one hand when the other is submitted to the influence of extreme cold. The effects are unquestionably due to the impression made on the sensitive nerves of the skin, which impression, being conveyed to the spinal cord, results in a reflex act sent along the vaso-motor nerves.

This principle, then, established, I proceed to point out how it may show itself in acts of secretion, nutrition, and sensation. And first of secretion. It is well known that an irritation of the sensitive nerves of the face will produce an abundant flow of tears; that an irritation of the nerves of taste will cause a secretion of gastric juice; and that an irritation of the gastric nerves will give rise to a copious flow of saliva. Other instances might be mentioned, but these will suffice.

With regard to nutrition, there is abundant evidence to show that an impression made on one part of the body may give rise to a morbid process, an alteration in the nutrition, in a distant part. Injury of the sensitive nerves about the eye will often produce inflammation of the eye itself; and traumatic inflammation of one eye will often give rise to inflammation of the opposite eye. Again, how frequently do we find that a neuralgic affection of the fifth pair of nerves gives rise to a congestion or inflammation of the eye. These are instances in which an irritation of a peripheral nerve has produced, through reflex action, a morbid process; and I might adduce other examples. Again, in reference to sensation, the subject is one of no small practical importance. As injury, or disease, of a sensitive nerve may give rise to perverted nutrition, so may perverted nutrition give rise to pain, at some spot far distant from the seat of disease. Pain has been described, in the poetic language of Romberg, as "the cry of the nerve for healthy blood"; and although, in a given case, we can see no evidence of disease, either in the part which is the seat of pain or elsewhere, we must never forget the reflex effects produced by pathological processes. How otherwise can we explain the pain in the knee, with which surgeons are so familiar, in hip-joint disease? How otherwise, also, can we explain the varying seat of pain so frequently observed in some affections of the brain? Do we not frequently find that diseases of the brain, similar, as far as their morbid anatomy is concerned, are in some persons for a long time attended with few or no symptoms, or symptoms of a particular kind; whilst in others the symptoms are much more urgent, or perhaps even of a different character altogether? Do not these facts add much to the obscurity of these disorders, and increase the difficulty of our diagnosis? And can we explain them on any other principle than that the perverted nutrition of the part involved in the disease has given rise, in different individuals, to different reflex manifestations? These reflex effects of disease are unquestionably of the greatest possible importance, especially in reference to obscure affections. How often do we see that a serious organic disease of the brain has gone on to an extent necessarily involving a fatal issue, without giving rise to any symptoms except of so mild a character as scarcely to attract the attention either of the patient or his medical attendant; and yet symptoms have no doubt occurred—symptoms not the direct production of the diseased parts, not involving any perverted function of the organ attacked, but indirectly produced in a distant part of the body, and showing themselves there as reflex acts of nutrition, secretion, or sensation.

Facts of this kind should make us additionally cautious in our diagnosis of obscure affections, and should teach us not to regard, as a trifling matter, every superficial pain, or slight disturbance of function, the immediate bearings of which we cannot exactly see; for symptoms of this kind, unimportant as they may at first sight appear, may be no other than reflex demonstrations of some incipient deep-seated disease. And just as, in the early stages of degeneration of the kidneys, a slight anatomical change, a mere puffiness of the under eyelid, may point to the distant affection, whilst apparently health exists, so a slight perversion of physiological action may indicate the existence of an important organic malady.

Again, consider for a moment the pain in the arm and hand, and the altered circulation in the fingers, which so constantly come on in cases of fatty degeneration of the heart. This pain, and probably a large portion, if not the whole, of the pain of angina pectoris, is but a reflex manifestation of the internal disease, just as the pain in the knee is the reflex manifestation of the hip-joint disease; and the altered circulation in the hand can be ascribed to no other cause than a reflex contraction of the capillaries of the affected parts. We cannot attribute the phenomenon to the feeble action of the heart; for it is often confined to one or more fingers, and almost always to one hand. It is a symptom which always merits our careful consideration. In the late instance of death occurring to an eminent member of the legal profession, the symptom was strongly marked; in fact, it was the only prominent feature in the case. Its significance does not, however, seem to have been correctly appreciated until after the fatal result occurred.

I might further illustrate the importance of the principle of reflex pathology, in reference to various other morbid phenomena. Take, as an instance, the distressing symptoms which frequently arise, in connexion with thoracic aneurisms, before we have any physical evidence of the existence of these tumours. How often does it happen that we get a sudden accession of severe asthmatic, or laryngeal, symptoms—

a spasm involving the muscles of the larynx, or the whole, or a portion, of the muscular fibres of the bronchial tubes. Such cases most of us must be familiar with. The first impression is, that we have to deal with a severe asthmatic seizure, or a case of laryngitis. And how often has it happened that, acting on the latter supposition, the physician has directed his remedies to the relief of this supposed malady. And have not the most accomplished practitioners even thought of proceeding to the operation of tracheotomy, when perhaps the symptoms have suddenly become modified, and have thus indicated their true reflex nature?

How important is it that these facts should be well impressed on our minds, and that we should examine in all its relations this subject of reflex pathological action! It is perhaps not too much to say that, by a careful study of it, we might learn not only to diagnose with greater facility the more obscure affections with which we have to deal, when they are fully established, but, what is of greater importance still, to recognise them in their earlier stages, and at a time when remedial measures might be more successfully used.

Again, I might refer to the importance of a knowledge of this reflex principle in regard to some other diseases; and I would specially single out certain forms of paralysis which are occasionally met with. It is not every case of paraplegia which depends on organic disease of the spinal cord, or of the canal in which it is lodged. There is a paralysis which results from some peripheric irritation, which is altogether independent of any softening or inflammatory action going on in the cord, which will last as long as the exciting cause remains, but which admits often of very speedy cure, when once the exciting cause is removed. Graves relates the case of a sailor who was treated by Dr. Hutton for a stricture of the urethra. There were chills, dysuria, and loss of power over the lower limbs. "A very remarkable amendment took place in his back and lower extremities in a few days after the introduction of a catheter; in fact, it was almost sudden. The paraplegia was soon cured, together with the disease of the urinary canal."

I give this as an illustrative case; but I might refer to others of a similar kind, where paralysis has come on in conjunction with inflammation of the bladder—a case of which kind I have now under my care—abscess of the prostate, nephritis, or enteritis; and where the power over the limbs has rapidly returned without any specific treatment, but merely in consequence of the removal of the original disease.

Again, cases of the following kind must be referred to the same cause. After exposure to wet or cold, or both, loss of power over the limbs comes on, without the existence of any of those symptoms which characterise organic disease of the cord or its membranes. I have had two such cases under my care, and one quite recently. In both instances, there had been exposure to wet and cold; and this was followed by a paralysis, in one patient of the lower extremities only, in the other of all the limbs. There were no symptoms of softening, or inflammation, of the cord or its membranes, nor of disease of the vertebræ. Both cases yielded in a few weeks to simple treatment.

There is one other disease to which I would briefly refer, on which the principle of reflex action has undoubtedly very important bearings. I mean epilepsy. It is probable that the more we know of the nature of this disease, the more we shall see that it is one which will never admit of distinct, specific, and definite cure; but that, depending on various constitutional conditions, each case will require its own peculiar treatment, directed more to the general state of the individual than to any specific morbid condition of the nervous system.

The application of the principle of reflex action of voluntary muscles, to the phenomena of an epileptic seizure, was undoubtedly an important step in explanation of these phenomena; but it by no means served to explain the sudden loss of consciousness in the affection, nor why in one individual a local irritation, either palpable or obscure, should give rise to the clonic convulsions which characterise the affection, whilst in the majority of individuals no such conditions arise.

It would occupy too much time to consider the question of the exact condition of the brain in the epileptic seizure; but, passing over this point, there are some pathological views of the disease which appear to me worthy of attention, especially as I have observed beneficial results follow a treatment directed in accordance with their indications.

Admitting that the epileptic fit is a phenomenon of a reflex character, it is obvious that there must be some centre from which this reflex action proceeds. Now without dwelling at length on the subject, it seems probable that this centre is the medulla oblongata—that in epileptic patients there is some peculiar condition of this portion of the nervous system, which is the cause of the seizures. It has been shown by the pathological researches of Dr. Schroeder van der Kolk, that, in old-standing cases of epilepsy, a *post mortem* examination has revealed a vascular condition of the medulla oblongata. Even if we admit that, in the earlier stages of the disease, there is no increased vascularity, and that the vascularity in these old cases is the result of the repeated attacks from which the patients have suffered, yet the fact of such vascularity existing, shows the tendency for the medulla to become implicated; and we may fairly allow, that supposing the medulla to be the centre from which the reflex action, giving rise to the convulsions, proceeds, any increased vascularity, or alteration in its nutrition, might increase its excitability.

As I have already remarked, I am convinced, from my own observations of the disease, that no particular line of practice will be universally applicable to it; but guided by the pathological views to which I have just alluded, I have certainly found a treatment, which appears to have been very successful in the hands of Schroeder van der Kolk, followed by more satisfactory results than any other I have employed. This consists in the use of such general measures as the nature of the case may indicate, the great point being to keep the blood in a healthy condition, and to regulate the various functions of the body; and further, in the occasional application—especially in some cases where pain is complained of in the back of the head—of one or two leeches, or the use of dry cupping, or of counterirritation in some form, to the nape of the neck.

But what has appeared of more real value than any of these local measures, is the systematic and prolonged use of a tepid or cold douche to the back of the head and neck, continued for from five minutes to a quarter of an hour every night.

I have thus endeavoured to point out some of the relations of the reflex function of the nervous system, more especially as regards the vaso-motor nerves; and I have shown that we can, through the medium of the function, act on distant parts; that by irritating the skin of one part of the body, we can produce a contraction of the blood-vessels of another part. On this principle, I believe, hinges, in great measure, the value of counterirritation.

For a long time I could not satisfactorily account for the effects of counterirritation; but I now think that a knowledge of the principle of reflex action of the nerves of the blood-vessels enables us, in great measure, to explain the phenomena, and affords us a rational basis on which to ground our practice. Just as, by the application of ice to the neck, or hand, we can produce a contraction of distant capillaries, so, I believe, by the application of other counter-irritants, we may produce a like contraction of vessels, and perhaps the more so, if those vessels are morbidly dilated.

It may be thought that there is no parallel between the sudden contraction of the vessels of the nose, or hand, from the application of ice, and the more gradual effects produced on an inflamed organ by a blister or other irritant; but it must be borne in mind that, in the one instance, the cause is sudden, and produced in all its intensity at once, whilst, in the other, the cause acts more slowly, and its effects are likely to be more gradual.

Further, the vessels in the one case are in a condition of health, whilst in the other they have lost their tonicity and cannot suddenly recover it. Again, although the contraction of the vessels of an inflamed part is an important element in the cure of an inflammation, it is probably only a part; and the reflex action may not be confined to the mere diminution of the calibre of the vessels, but may influence, in other ways, the nutrition of the parts.

Before I conclude my remarks on the relations of reflex action, I wish to direct your attention very briefly to a subject which has long occupied the attention of the profession, and which, at the present time, is undergoing re-discussion. I mean apnœa. And the main points to which I wish to refer are: first, the distinctions we should draw between the apnœa of the still-born, and the apnœa occurring after respiration has been fully established; and secondly, the difference in details of treatment applicable to each.

It is somewhat remarkable that, although the distinctions may have struck those who have given attention to the subject, they have never been practically insisted on, and the same measures for effecting the entrance of air into the lungs of an infant, who has never breathed, have been, and still are, recommended, as in the case of an adult.

It is well known that I have, both in this institution and elsewhere, advocated the use of Marshall Hall's ready method in cases of suspended animation, when we meet with it after respiration has been fully established; and from the numerous instances of recovery which have been recorded, in the case of still-born children, where this same method has been used, its applicability to such cases may appear to be well established.

A little consideration, however, will, I think, serve to show us that, in these latter cases, the method can be of no avail as a direct means of getting air into the lungs. The great feature on which the value of the ready method rests, is this: *that by first compressing the chest, we drive air out of the lungs, and thereby bring into play the elasticity of the thoracic walls, by which means air is drawn into the lungs.*

By alternate compression and relaxation, a constant current of air to, and from, the lungs may be produced; but the *first* step in the process is the expulsion of air from the lungs. Now, in the still-born infants' lung there is *no* air; the air-sacs, the bronchial tubes, and the trachea, are unexpanded; in fact, they are in a perfectly solid state. It is quite obvious, therefore, that no air can be forced out of the lung, and consequently, that the primary step in the ready method cannot be accomplished. It is true, that if respiration have been established, however feebly, the method may be brought into play with benefit, but respiration cannot be commenced by this process.

The case is, however, far different in all instances where the lungs have been previously in action. Here the essential condition for the performance of the ready method exists. Air is present in the lungs.

It appears to me, therefore, that the apnœa of the still-born child and that of the adult differ very materially; and in their treatment, although the same principles may be applicable, yet they must be modified to meet the requirements of each case. In the infant, respiration has to be primarily excited; in the adult, it has to be restored. In the infant, setting aside the question of direct inflation of the lungs, a proceeding of very doubtful value, all efforts should be directed to produce such an impression on the cutaneous nerves as will result in a reflex act of inspiration. In fact, we have to imitate the process of nature; the first inspiration is the result of the impression of air on the surface of the body. If this fail, the child is still-born, and impressions of a more powerful kind must be resorted to. The alternate use of hot and cold water to the skin, the brisk application of the palm of the hand to the back, friction of the chest, even rolling the body, may produce the desired result, a reflex inspiratory act.

And does not actual experience confirm these remarks? I have frequently been told by those who have had to resuscitate still-born children, that the ready method has appeared to them of little or no use; whereas, means calculated to excite reflex action have been most efficacious. It is well that whatever plan we adopt, we should have distinctly before us the objects at which we aim. Those who are familiar with the condition of the infant's lungs before respiration has occurred, must, I think, feel convinced that, setting aside direct inflation, nothing can be of any avail to get air into them, except the expansion of the chest-walls by muscular action.

Matico. In consequence of the war in America, where matico is in great repute as a vulnerary, and where, for that reason, it is unhappily just now in great request, true officinal matico—the leaves of *Artanthe Elongata*—has become a scarce article in this country.

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Medical Superintendent of the Female Department of the Hanwell Asylum.

[*Continued from page 604 of last volume.*]

The cases of melancholia narrated in the former papers have exhibited—1. Alterations or lesions of the moral faculties as a morbid degree of depression, grief, anxiety, fear, etc.; 2. Alteration or lesion of the psychical or intellectual faculties, as false perceptions, false conceptions, illusions, delusions, etc.; and 3. Alterations in motility; but, so far as we have yet gone, only an excessive motion or restlessness has been illustrated. There are cases in which the prominent feature is a lesion of motility, but which consists in an indisposition to move—in torpor of movement. Cases of this kind are next to be detailed.

Bearing in mind that the lesion of the moral faculty appears to be, as it were, the starting point or groundwork of the disease, it would appear that cases are to be met with in which the whole of the phenomena seem to be confined to this division of the mental faculties, while in other cases this groundwork is involved with one, or chiefly with one, of the other subdivisions. On the one hand, we meet with cases in which the motility is scarcely affected; or, on the other hand, we find cases in which the psychical functions appear but very partially implicated. It is a common cause of surprise to the friends of melancholic patients that the melancholic talks or writes quite rationally or coherently; that he is quite correct in memory; or that he argues as acutely as ever. When, however, there is torpid condition of the motility, the patient, though he often retains his intellectual powers nearly intact, bears the expression of the lowest degree of dementia; the features are dull and heavy. The French call this form *melancolie avec stupeur*. The next case is of this kind, and the intellect proper was only partially implicated.

Case ix. A. K., aged 34, married, wife of a butler, was formerly a lady's maid. She lived, previously to her marriage, eleven years in one place, and married the butler. This appears to have been an unfortunate match. The family made frequent inquiries about the patient. The husband has taken very little interest about her. He attributed her disease to stubbornness; and requested by letter that she might be treated with firmness and "well routed." The medical certificate accompanying the order of admission gave the following description of the patient just prior to her reception:—"She sits weeping and miserable; says she has broken her husband's heart; that she is better without food. Her landlord and fellow-lodgers found her in a state of complete exhaustion from want of food. The children also appeared half-famished. She declares she heard voices forbidding her to eat or drink, or light fire, or go to bed."

In this hearing of voices there was evidence of distinct intellectual or psychical disturbance. It never, however, manifested itself afterwards.

On admission (Oct. 21st, date of disease uncertain), she conversed quietly and correctly, though in a weak tone of voice. She said she had been living in London with her children in a lodging. She had no headache. The tongue was much furred. The bowels were confined. She took beef-tea only for dinner. She had no thirst. Pulse 60, feeble. There was no cough, nor any morbid chest-signs. She was ordered full diet, one egg, and two glasses of wine daily.

Oct. 24th. She was up; was pale, but had considerable turgescence of the vessels of the conjunctiva. The tongue was red; bowels not open. An aloetic draught twice a day was ordered.

It will be sufficient to describe the progress of the case by entries taken at the different epochs. During the first three months, she continued constantly depressed; was always more or less indisposed to exert herself; would not dress herself. She declined in strength, but made no complaint. During my temporary absence from home, her head was shaved and blistered without apparent benefit. The bowels continued obstinate; but she would seldom take an aperient; and she occasionally refused food.

Jan. 8th (three months after admission). She varied from day to day. One day she refused all food, and said she did not require it; that she could do without it. Another day she ate ravenously. The bowels seldom acted. She refused medicine. She emaciated visibly. Pulse 70, regular. There were no cough nor chest-symptoms. She was always listless and depressed. The expression of the features was dull and heavy.

Jan. 13th. Her mind was in the same state; but she ate ravenously. She would gorge herself if not watched; she filched the meat from the other patients' plates.

Jan. 20th. She again refused food. She sat moodily in one position for long periods. Her features were dull and expressionless. She allowed the nasal secretion and saliva to dribble from her as she sat.

Feb. 10th (four months after admission). Motility was still more involved. She sat for long periods in one posture, apparently indifferent to all around, and too lazy to move. She was like a statue in immobility; but the attitude was expressive of hebetude. She hung her head; the features were relaxed, and did not change; her arms dangled by the side of the chair as she sat. The secretions were dropping from the mouth and nose, and the lacrymal secretion had dried upon her cheek. The breathing was slightly accelerated. Her bowels were confined. She was at the present date eating largely. Three grains of podophyllin were ordered.

Feb. 26th. She was moving down the gallery at a snail's pace. Her head was drooping, and her arms hanging heavily by her side. Her dress was neglected. She had not menstruated since admission. Compound iron mixture was ordered.

March 2nd. She would not take the medicine; was still more dull and heavy. She stood about in one position, obstructing the passage, and did not move to allow one to pass. She appeared motionless and statue-like. Her arms and head drooped. The saliva and nasal secretion dribbled from her. She dropped her fæces about, and wet herself as she stood. She never attempted to dress or wash herself. The pulse was 60; the circulation appeared torpid; the nose and lips were purplish; the hands cold and puffy. At times she would eat, and at times refused food for days together; she had, however, gained flesh.

March 9th. She asked voluntarily for some paper, and sat down and wrote a letter to her sister, requesting her to send her some needlework. The letter was correctly worded and spelt; but rather less neatly written towards the close; and it was without signature.

Great improvement in the appearance of the patient took place from this date, and increased. The work was sent, and she took to it at once.

163*rd day* (*or five months*). Her expression was greatly improved. She was now quite animated. The features had undergone such a change that she was scarcely recognisable. She was tidy, cleanly, cheerful, and disposed to be rather mischievous, playing tricks upon the other patients.

The sudden amelioration of the symptoms in cases of melancholia is not uncommon.

However, from the above date, the progress towards recovery was less satisfactory. The patient continued to work well at her needle. Her health improved; menstruation became re-established. On several occasions she exhibited libidinous feelings, as shown in watching the workmen and following them whenever she could get the opportunity. She wrote several times to her relations; her letters were correctly and clearly indited. She has had one or two attacks of hysterical character; and has been more than once again depressed for a short period.

She is still in the asylum; and is now, at about the 400th day of residence, passing gradually into a state of mental imbecility.

The case illustrates the degree to which the torpor may be present, giving the appearance of dementia, while the intellect is comparatively but little affected. It is also an example of the occurrence of erotism in a melancholic, which is the form of insanity in which that symptom is most frequently connected; and it illustrates also the suddenness with which the symptoms of melancholy sometimes pass off.

The following case is one in which the motility was still further implicated; but the intellectual faculties were less free than in the foregoing case.

Case x. A. L., aged 32, married, the wife of a fruit-hawker; had had two children, the youngest of whom was 12 years old. Her education had been very moderate. She was of sober habits; and was said to have been insane two years and a half at the time of admission. The affection was attributed by the parents to the ill-treatment of her husband, who, when drunk (which was frequently the case), was in the habit of beating her savagely. She had been separated from him during the same period of two years and a half. The mother, a country labourer's wife, gave but an imperfect or confused account of the symptoms. She said that when her daughter was first taken, she appeared silly or simple; and soon afterwards became slovenly and neglectful, and then very timid. She "was afraid to be left in the dark, and said she was going to be killed." These symptoms, thus described by this peasant, were probably the usual first signs of melancholy—dulness, listlessness, carelessness, and neglect of home, morbid apprehensions, and imaginary dangers. At the end of two years and a half from the commencement of the symptoms, the patient fell down in a severe fit; "she fell, foamed at the mouth, and struggled much." She begun immediately afterwards to show a further alteration in her conduct. "One Sunday she went from pew to pew and shook hands with everybody, gentlefolk as well as poor people." Her morbid fears continued; she still imagined she was going to be destroyed, and became afraid to go to bed.

Note on Admission. March. She was feeble. Her manner was strange; but she was neither depressed nor elated. She was quite quiet; appeared harmless. At times she sat listlessly for some hours. She seemed disinclined to speak.

She continued in this condition for several weeks. She had several slight attacks like syncope, at intervals of two or three days; but without convulsion. This continued through April and part of May, when she refused food for several days consecutively. In June, she had several attacks of excitement, but without any act of violence. In one of these attacks, she stripped herself quite naked in the airing-court, and appeared to be in a state of ecstasy. The features, however, expressed dulness and hebetude. At times she was taciturn; but at times, as it were by a sudden impulse, became talkative and voluble. She said, on one of these occasions, that she conversed with God; that God told her this or that; and occasionally made use of disgusting language. In some of her paroxysms, she appeared in a semi-cataleptic state. She had several of these attacks, which appeared to have at first all the characters of feigning. In one of them, however (on August 10th), their character was placed beyond suspicion; and she was removed back to the infirmary. The note, which is brief, says that on this day she lay as she was placed. She had scarcely moved since she was put to bed some hours ago. If placed in another position, she continued in it for long periods. When the hand was lifted up, it was slowly drawn back. She had passed a large quantity of urine. She drank much. Her appetite was indifferent. She took food as it was given, and answered questions when spoken to. This state of indisposition or indifference to move lasted six or seven days. It was succeeded by a state of mental excitement. She made numerous frivolous complaints, and behaved with an air of contempt towards the nurses. The cataleptiform seizure being at about the fifth month at the date of five and a half months, the following change occurred.

She was strange in her conduct to-day. She had been excited, and jumping about in a grotesque manner. She spoke in an incoherent strain, and addressed imaginary persons. Her talk was chiefly in blame directed against her husband. She was somewhat grandiloquent, and said, in a preaching kind of tone, "The water follows me," and "The sun follows me," etc.

Six days later, the entry is: "Puts herself into constrained postures, which she maintains for long periods; *e. g.*, rests on her toes and knees, and on her vertex; and says it is when she prays that she does this. At times she sings, and repeats the words of her song correctly from memory."

Seventh Month from Admission. The same peculiarity of the motility continued. She usually sat in one position and in one place, and did not move till she was told. She moved to the dinner-table only when told. She began to eat when directed, but not before. Her attitude was often very obviously an uncomfortable one, but she did not alter it unless bidden. Her bladder was one day found to be enormously distended; and when questioned about it, she said no one had told her to pass her urine; and, on being told, she passed, according to the rough estimate of the nurse, nearly half a gallon. The pulse was 84. She took her food well. Her bowels were open; but she emaciated slightly.

During the eighth month, but slight variation in the above condition took place. About the middle of the month, she complained that she could not remember her catechism, and was much annoyed and excited about it.

Ninth Month. The motor symptoms continued. She sat in an awkward posture, like an image, and without moving for very long periods. She allowed the flies to feed on her face and hands undisturbed, and said they wanted food as well as she herself. She waited to be told to pass her urine; and, if not told, she wetted the bed or her clothes. She took her nourishment well, and assisted as before, but always waited to be told.

About the tenth month, she was visited by her mother, who brought her a bible; and she was considerably excited about it; put the book on the fire, and said there were lies in it; that God was unjust; and upbraided God that she had become dirty in her habits. The statue-like immobility continued.

About the eleventh month, she fell in a well-marked epileptic fit, in which she was much convulsed. One week afterwards, she began to show a difficulty in articulation; she stammered, but protruded the tongue well. This difficulty gradually increased. She was quite conscious of the change, and complained of it. She complained also about this period of occasional headache, and a sensation in her arm which she called a jumping of the bone.

After this, she became gradually excited, and disposed to be violent. Her movements were stiff and slow. The excited conduct extended from the eleventh to the fourteenth month from her admission. Her general health was not greatly impaired; she took her meals, and retained her usual amount of flesh. She had no return of fit. On May 10th (fourteenth month after admission), she was, after a day of great excitement, taken with vomiting. The bowels were also confined. She would not take medicine, but was relieved by an enema. A few days afterwards (May 14th), she became libidinous in her actions.

May 15th. She continued very excited; threw herself about in a wild manner and somewhat indecently. The skin was moist, and emitted an extremely offensive odour.

May 17th. She had a restless night, and had a very violent fit this morning. At my visit about 2 P.M., she had a second fit, from which she did not rally. She died in the convulsion; the face being flushed, and the limbs contracted.

[*To be continued.*]

DIPSOMANIA.

By F. D. Fletcher, Esq., Liverpool.

[*Read before the Medical Society of Liverpool.*]

Among the many evils produced by drunkenness which come under our notice in the practice of our profession, not the least is the origination of that morbid state of mind and body to which the title of Dipsomania has been assigned.

I propose now to make some observations as to this condition; in reference to its characteristic features; the manner in which it is occasioned; the course which it runs; and the treatment by which we may attempt its cure.

The special symptoms which characterise this form of mania are, I think, as distinct as those which mark the individuality of any other form of monomania. The maniacal tendency to drink is as evident in the dipsomaniac as is the maniacal tendency to kill, to burn, or to steal, in the homicidal monomaniac, the pyromaniac, or the kleptomaniac. I may be asked, perhaps, what we are to understand by this general term of maniacal tendency, and I reply that I hold that tendency to be maniacal in its character which has acquired such power over an individual as to completely subjugate his will—so that in obedience to its impulses he will act in direct opposition to the dictates of his judgment, his instincts, his interests and his own desires. I do not consider a man maniacal whose conscience and judgment are simply silenced for a time by the voice of his passions, and who for a time surrenders himself voluntarily to their misguidance; but I do consider that man to be maniacal who, with his conscience and judgment alive and active, has a will so powerless that he is at the mercy of every influence brought to bear upon him.

I do not profess to be able to draw a line which shall exactly mark the boundary between that condition in which a man does evil of set purpose and that in which he does evil in spite of himself; but I think that facts bear me out when I assert that there is such a psychological condition as that which Coleridge described, from his own experience, as "paralysis of the will," and in asserting further that the place and influence of the paralysed will are usurped by other powers that act upon the mind and soul. It has often seemed to me that between our physical and psychical natures there is this analogy; that, as the physical part of us when its power is at a low ebb becomes susceptible of morbid influences which, at other times, and when its vigour is in full force, pass over it and produce no effect, so when the psychical part of us (which I take to be synonymous with the moral part of us) sinks low in depravity, it also becomes the helpless subject of forces of evil which are powerless against a nature which breathes a purer moral atmosphere and lives in a higher moral condition. Now to apply these general principles to the particular class of cases before us, I think that those who have many drunkards brought under their notice, and who inquire into their natural history, will see that they are divisible into two great general orders—those who drink because they like to do so, and those who drink because they cannot help it. I use the term drink generally, but I should of course group habitual opium eaters along with dipsomaniacs.

Inquiring into the causes of drunkenness, I find that by far the larger number of those who come under my notice at the workhouse ascribe the commencement of their debauches to drinking just because they are in a drinking company, or to drinking to drown care. A smaller number cannot say why they drink, and some acknowledge that having once begun they cannot stop.

It seems that there must be some constitutional difference of a physical nature and independent of the moral condition, which determines the desire for stimulants which we find in some people and the indifference to them that there is in others. Drunkenness does not always accompany moral degeneracy. We find some men who are neither moral in their habits nor scrupulous in their associations, who live in the society of those who drink, and who yet themselves do not drink. We find others whose moral character is good, whose associations are good, and in whom, nevertheless, there is a tendency to drink sometimes heroically vanquished, at others tyrannously asserting its power, over-mastering the most solemn resolutions and driving its victim into excesses to which he looks back with loathing and shame. Again, among drunkards themselves there is likewise discernible a fainter trace of the same diversity; there are among them the habitual deliberate drunkards, who can go to bed drunk every night and yet be up and fit for work every morning; and the impulsive, occasional drinkers, who, when once fairly launched on a debauch, can no more stop themselves than they can arrest the wind or tide.

How is this condition occasioned? At times we get clear proof of the hereditary transmission of this tendency from parent to child, coming out sometimes in the precocious appetite which some children manifest for stimulants, but more frequently evidenced by the later development of intemperate habits in successive generations of the same family. In some cases where drunken habits infest certain families, it may be difficult to say how much of the bad result is due to bad example and bad training; but we do find occasionally the drinking propensity developed where there has been no cause to blame the example offered to a child or the training to which he has been subjected. It is, however, but in a minority of cases that we can prove the hereditary transmission of this taint; far more frequently we can trace the course of the patient's drunkenness upwards to its source, and ascertain how the tendency has been acquired. We may find three distinct stages in the patient's history;

the first, in which his will had its full power and kept the passions in check; a second, in which the power of the will was impaired but not lost, and when he struggled with various alternations of success and failure against the temptations which beset him; and a third, in which the will had surrendered at discretion, all self-control had been lost, and in the full development of dipsomania he had become less amenable to reason and conscience, and more thoroughly a slave to mere appetite than a brute.

As a classical example of the inherited form of this disease I would instance the case of poor Hartley Coleridge, and of the acquired form that of the still more miserable Branwell Bronte, brother of the author of *Jane Eyre.*

Are we to consider all habitual drunkards as dipsomaniacs? I think not. A man who habitually drinks and who as a result only habitually gets drunk —whose senses return to him as often as the drink dies out of him, must be a very bad man, but may not be a mad man. Again and again I have noticed the fact that an overdose of alcohol which makes one man drunk will make another man mad. But it may be asked is not every drunken man mad—for a time in a condition of acute dipsomania? I think that the evidence points the other way. In simple drunkenness the old proverb comes true—"in vino veritas." The man's whole powers are in a state of unnatural activity, his passions are uproarious, their din drowns the voice of his conscience, and the real animal such as he is, when unrestrained by moral laws or conventional decencies, comes clearly into view. The same features which distinguished his character when sober are discernible when he is drunk, though it may be in an exaggerated and distorted form. But in another class of men there is something widely different from this. A few glasses of wine make the man truly "a man beside himself," make him a being as different from his former self as darkness from light—produce not drunkenness but mania. He does not go reeling through the streets, he does not go helplessly off to sleep. He is excited truly, but you have not the exaggeration of his own character but the development of another; "all that was intellectual has become devilish, all that was animal has become beastly." His mania may manifest itself in mere recklessness; in the manner he will stake hundreds or thousands on a game at "blind hookey," or the prodigality with which he will stand champagne all round for all chance comers. Just as frequently it shows itself in wanton destructiveness or blind ferocity. A man will go home from the public house and smash his windows or his furniture, or possibly his wife and children, if they happen to be the articles that come most readily to hand. There is further a difference noticeable in the secondary effects of prolonged excess, which results in some cases in delirium tremens, in others in fixed hallucinations without the sleeplessness tremor and depression of delirium tremens. Now though I cannot assert that the two classes of cases which I have described are divided by a sharply defined limit; still I think that evidence warrants the assertion that alcoholic intoxication eventuates, in some cases, in mere excitement, followed by corresponding depression, and that again by delirium; and in others it ends in the production of distinct mania.

It may not be out of place here to mention that analogous phenomena are sometimes met with among the effects produced in different persons by the fever poison, which occasions in most a confused delirium, but in some gives rise to acute mania; so that occasionally cases under my own notice have seemed to be those of simple mania till the appearance of the fever rash has revealed their true character. I believe, then, I may fairly assert that there are two distinct sets of causes of drunkenness and two distinct kinds of results; that one set of men drink because they like it—they are drawn into drunkenness; another set drink to appease a craving which over-masters their will—these are driven to drunkenness; and that drinking results in some men in making them drunk only, in others in making them mad as well as drunk.

As illustrations I may quote two cases that have come under my own observation. A. B., a professional man, first seen under the secondary effects of drink, had no distinct delirium tremens, very slight delusions if any, was very violent and outrageous at times, but there seemed this method in his madness, that all his extravagancies and outrageous behaviour were just means to an end, simply employed to make those about him uncomfortable until they got him something to drink. I was informed that his father drank himself to death; that the patient had many years since manifested a strong tendency to drink, becoming at times uncontrollable; that his drinking bouts had become more and more frequent since the death of his wife. He had reduced himself to the most miserable condition, could neither eat nor sleep; he simply lay in bed and drank; sometimes to the extent of a quart of brandy in a night. As the result of this he had sunk into a condition like that of a patient in pyæmia or some other blood poison disease, with a cold skin, small thready pulse, almost constant vomiting, very slight delirium, but a constant cry for drink. Under the use of small, frequently repeated doses of morphia, the superintendance of a keeper, with the disuse of stimulants and the careful administration of food, he soon recovered. I then advised, as his only chance, complete abstinence from all stimulants. This advice he followed rigidly for some time; but now it became evident that he really did get thoroughly out of condition on the teetotal plan, that he lost flesh and became subject to the development of boils and carbuncles. I dared not advise him to resort again to any form of alcoholic drink, but earnestly counselled him to get away from town and to put himself under treatment at some hydropathic establishment, where he would be away from the temptation of drink, and where the change of air and scene would soon tide him over this period of depression. Unfortunately this advice was not followed. He began to take a little porter, thinking that he could keep to that and avoid spirits. The fallacy of this idea was only too soon made manifest, the old habit reasserted its supremacy, and even with more vehemence than before; all the old symptoms were reproduced, and brought with them a new one—epilepsy, a symptom which I have learned to dread more than any other, when it comes as the result of long-continued drunkenness. It was evident that no means were likely to be beneficial while any personal liberty remained to him, and he was therefore removed to an asylum, where he speedily recovered his health and strength, and whence, after about three months, he was discharged quite well. For a time he then went on steadily; but, as before, the old feeling of want of some support besides food, the old craving for drink, returned, and again he sank into a condition like that already described. He was again committed to an asylum, but this time the epileptic symptoms gained a fuller development than before, and proved rapidly fatal.

Another case recently under my care is worth notice, as an instance of the acquired tendency to drink. A lady, aged something more than fifty, a widow, first sent for me for what she termed a bilious attack. Under very simple treatment she soon recovered from her "bilious" symptoms. These, however, returned two or three times in a manner that somewhat puzzled me and made me suspect some unacknowledged cause. At last I was surprised to find one of these attacks eventuating in distinct mania, the cause for which was betrayed by the discovery of a small battalion of empty gin bottles in her cupboard. I found that in her case no tendency to drink was perceptible, till some time after one of her confinements, when, being rather low and weak, she was ordered a certain quantity of stimulant as part of her regular diet. It unhappily occurred that her husband was a good deal out, and she therefore a good deal alone, and by degrees she unfortunately found how her solitude was rendered more tolerable, and her depression of spirits mitigated, by an extra glass or two. The habit thus acquired strengthened by degrees its hold upon her, till her reason for a time was completely unhinged, and she became for about six months an inmate of an asylum. Here she happily acquired the art of living without stimulants; for a long time never tasted a drop, and was, according to her own account, never better than during this period. In this respect especially this case differs from the former one; the patient made no excuses on the score of any alleged necessity that she felt for it, but said that a craving she could not explain, and that overpowered her strongest resolutions, drove her to drink. Happily for her, any large amount of spirit at once gives rise to considerable stomach disturbance, ending in violent vomiting and purging. In the last two attacks, both induced by brandy drinking, there have been no head symptoms, and only those referrible to the stomach. She is now, I hope, keeping well, having most strenuously promised to be a strict teetotaller. How long this reformation is to last, however, I feel no certainty whatever.

One phenomenon in fully developed cases of dipsomania is the progressive deterioration of all the faculties, physical, intellectual, and moral. Conscience seems obliterated, and nothing is more marked than the loss of all truthfulness, and the acquisition of an actual talent for lying.

What can we do to prevent and to cure these miserable cases? Their prevention is only likely to be accomplished by the gradual spread of sounder ideas than appear to be generally current as to the use and abuse of stimulants. I do not think it likely that there will ever come a time when wine and strong drink shall be banished from our dietaries and immured in the pharmacopœia; but I do think it both likely and desirable that a time should come, and that speedily, when though we may profitably use these things as we use our food, yet we shall have outgrown those barbarisms and superstitions the remnants of which keep up a few of the old drinking customs which have been the curse of this and other northern nations. As to their cure two things have to be attempted—1, to relieve that physical depression which originates in some the craving for stimulants; and 2, to rouse the will to assert its rightful supremacy over the man. With regard to the first of these I need offer no advice to an audience such as this. With regard to the second, if in the early stage of the disease we can succeed in influencing the will, *viâ* the conscience, if we can make the patient determine that he will die rather than drink, we have a gleam of hope that we may check the tendency before it has acquired the mastery which a mania possesses when once inaugurated. But suppose we fail. Well, if the patient cannot restrain himself, we must perform that necessary function for him. Here we come to one of those practical difficulties which beset every thing that ought to be done—that of deciding when it is morally right and legally safe to deprive a man of his liberty, if he is mad upon one point only, and that drink.

As the law appears to be now generally understood, we must be able to allege some overt acts of the patient over and above the mere maniacal drunkenness in order that he should be committed to the safe custody of an asylum. We are thus cut off in many cases from the possibility of enforcing sobriety in the early stages of the malady, when some permanent good might be expected to result. Under present circumstances, also, the subjects of this mania are liable to be discharged from confinement very soon after they return to apparent sanity. This is in most cases at a period when their maniacal tendency is far from being eradicated, and is only repressed by the restraint which has been enforced. What can we do, then? If we are convinced that dipsomania is as real a morbid condition as melancholia, if we believe that, like other forms of mania, it is most likely to be cured by keeping the patient from scenes and circumstances which favour the growth of the ideas whose morbid development determines the specific form of his mania, we shall claim for the victims of dipsomania the same advantages which we accord to other mischievous monomaniacs. These others are not so unfortunate as to be left at large, nor is the fatal gift of liberty thrust into their possession as soon as the obtrusive symptoms of their maladies subside. No, they are as happily for themselves as for society, secured as soon as their monomania is distinctly developed, and they are retained in safe keeping till there has been time for morbid ideas to loose their hold, and for the mind to regain its vigour. We all know that in cases of homicidal monomania especially, imprisonment during her Majesty's pleasure, being interpreted into fact, very frequently signifies precautionary confinement for life. If it be possible for us to inaugurate a wise and successful plan of treatment for these cases, we shall rescue many a life from a miserable and disgraceful close, and save many a family from the penury in which they would otherwise be plunged by the recklessness of a madly drunken parent.

I would suggest that means should be taken to ascertain what amount of dipsomania really exists, and whether it exists in such amount as would render justifiable the establishment of special legal regulations for the treatment of the victims of this mania; that the proof of an uncontrollable tendency to drink should be held by itself to legalise the confinement of the individual; that the necessity of restraint for some time after apparent recovery should be recognised by the Commissioners of Lunacy, and its enforcement authorised; that in cases of relapse this period of probation should be at least doubled every time that a patient is readmitted.

If it be objected that provisions such as these interfere with the liberty of the subject, I at once admit that they do; but, I ask, do they interfere more than humanity and common sense demand? If a man's liberty is incompatible with the well-being of society, or even incompatible with his own safety, we rightly take his liberty from him.

But there is yet one other way which has been tried, and I believe successfully in America and in Scotland.* Many a maniac is conscious of the impotence of his will to resist the impulses which sway his feeble mind and voluntarily surrenders liberty. Many dipsomaniacs may feel this too, and I believe that were reformatories for drunkards established in this country, many a one might be snatched from his doom.

Gentlemen, we all know that the cases to which I have referred are not few and far between—are not limited to any class of society. Which of us has not seen them blighting the families in which they occur, planting a sorrow more bitter than that of those who mourn for the dead in the hearts of those to whom the victim is dear? Which of us has not seen men, or still worse women, possessed by this impulse, descending swiftly, and only too surely, that easy slope which leads from one level of degradation after another lower and lower to the dark waters of a hopeless death.

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* I am informed that in the Isle of Skye and some other of the islands of Scotland, patients *who are willing to place themselves under treatment* may be kept from the temptation to obtain drink, without subjecting themselves to anything like the restraints of an asylum.

These cases come fairly within the range of our discussions. They demand, I think, our very serious consideration. Their prevention and their cure demand our most earnest efforts.

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

TWO CASES OF MEDIAN LITHOTOMY: ONE RECOVERY: ONE DEATH.

By Frederick James Brown, M.D., Rochester.

[*Read at Maidstone, Oct. 30, 1863.*]

Case i. Thomas F., aged nearly 2 years and 7 months, residing in Delce Lane, Rochester, was seen by me and sounded for stone on April 23rd, 1862. The child had been suffering for seventeen months from decided symptoms, which commenced suddenly one day after the return of the child from the fields in which it had been playing.

The sufferings were severe; so much so as to cause the child to tear its hair and to scream on the passage of the urine and of the fæces. No blood was ever passed except when the sound was used by the surgeons that were consulted on his case.

I operated on the child at 3.30 p.m., on April 28th. Chloroform was administered with excellent effect by Mr. Fayle. I was further assisted by my brother John and by Dr. La Fargue. I used Millikin's No. 1 staff and Poland's forceps. I performed Allarton's operation. The large size of the stone made it necessary for me to introduce a probe-pointed bistoury and to incise the prostate on one side. I then introduced a larger pair of forceps and extracted the stone. The child soon recovered from the effects of the chloroform, and was removed to bed. The size of the calculus was one inch and a half in length, one inch and an eighth in breadth, and thirteen-sixteenths of an inch in depth. The weight was 270 grains. The surface was tuberculated in some portions, smooth in others, and the colour was yellowish and clay-coloured. The composition appeared to be a lithic acid nucleus coated by lithate of ammonia.

At the evening visit, the child was found sleeping, waking up at intervals and crying for a few moments. There was no vomiting and no hæmorrhage.

Next day, the child was visited at 7 a.m. It had slept through the night, but had been light-headed. The urine had passed freely through the wound.

Vomiting commenced early in the morning, and was increasing in urgency. The vomited matter consisted of mucus; cold water alone was retained. The abdomen was swollen. Calomel and fomentations were prescribed. The child changed for the worse at ten o'clock, and was found in a moribund state at 3.30. Death occurred at 4.40 p.m.

Post Mortem Examination, twenty-six hours after death. The abdomen was distended by gas within the intestines. There was redness of the small intestines; and effusion of lymph on the most prominent portion of intestine near the umbilicus. The rectum was uninjured, and free from inflammation. The *cul-de-sac* between the rectum and bladder was free from injury and from inflammation. The bladder was contracted and perfectly empty. No fragments of stone were found within its cavity. There was a violet tint on some of the folds; but the mucous membrane was firm and free from laceration. The walls of the bladder were hypertrophied; but they were healthy in structure. There was a bruised opening in the anterior part of the bladder, insufficient, in the dead state, to let the calculus pass through it. There was no extravasation of blood or of urine within the pelvis. The wound in the perinæum was in excellent condition.

The death-certificate was thus worded:—Calculus vesicæ, seventeen months; median lithotomy, twenty-four hours; peritonitis, twenty-four hours. *Post mortem* examination.

Remarks. The remarks that I have to make on this case, relate to the duration of the complaint, the size of the stone, and the cause of death. The child suffered severely for the entire period of seventeen months, during which time the stone came to occupy the cavity of the bladder fully when this viscus was empty. The size of the stone was so great that it was impossible to remove it in an entire condition without injury to the fascia attached to the neck of the bladder, yet there was no extravasation of fluid. The cause of death—namely, peritonitis—and the early period of death have been noted as usual in the extraction of large calculi from children.

Case ii. William M., aged 3 years and 7 months, residing at Hoo, was brought into Rochester to be operated on for stone. I performed Allarton's operation on August 18th, 1862, at 5 p.m., assisted by Mr. Fayle, Mr. Hutchins, and my brother John. The symptoms had been present for eighteen weeks, and the sufferings had been severe. The child was in the habit of screaming twenty times in the night, or oftener, so as to disturb the neighbourhood. The rectum and bladder were very irritable. No blood was ever passed.

Chloroform was administered with good effect by Mr. Fayle. Millikin's staff No. 3 was used. When the finger was introduced into the bladder, the calculus was felt to be at the fundus. A short pair of forceps was used successfully after failure with a long pair.. The calculus was extracted without force. The child was pale after the operation, and in a state of stupor, from the effects of the chloroform. Cold water was freely used. Silvester's method of artificial respiration was employed. The child soon recovered consciousness, and was removed to bed. The calculus measured fifteen-sixteenths of an inch in length, three-quarters of an inch in breadth, and half an inch in depth. It weighed sixty-three grains. Its composition appeared to be a lithic acid nucleus coated by phosphates.

The child was visited at 8.30 p.m. He had vomited at eight o'clock. He occasionally cried out from pain in the back and in the abdomen. Urine tinged by blood had passed through the wound. Tenesmus and dysuria were present. Flannels wrung out of hot water were applied to the perinæum.

August 19th. The child was found to have passed a good night, sleeping at intervals; but he cried out when urine escaped by the wound. There was no vomiting and no bleeding. The wound presented a healthy appearance, with its edges in close approximation. Milk and arrow-root diet were ordered.

Evening. The bowels had acted once, and the urine had passed freely through both the meatus and the wound. The child had been pulling at the penis to relieve the scalding pain caused by the passage of the urine through the meatus. There was some pain in the abdomen; but there was no swelling. Mercurial ointment was ordered to be applied to the abdomen.

August 20th. The child had passed a good night, but was feverish. The abdomen was free from pain and tenderness. The urine escaped partially by the meatus.

Evening. The urine passed entirely by the meatus, causing great pain.

August 21st. He was progressing favourably, but suffered much pain. The child writhed and screamed on micturition.

August 22nd. The child was down stairs to-day. The wound was healed to within a few lines of the surface.

August 23rd. The child was running about out of doors. There was no pain on micturition in the upright posture; but considerable pain in other positions. Meat-diet was ordered.

Sept. 1st. There had been no drawback since the last report. The child was discharged cured, and returned to his home at Hoo.

CASES OF LITHOTOMY.

By Frederick Fry, F.R.C.S., Senior Surgeon to the West Kent Hospital.

[*Read at Maidstone, October 30, 1863.*]

Case i. *Metal Catheter breaking in the Urethra, leaving three inches, which slipped into the Bladder: Operation: Median Lithotomy: Successful Result.* On the evening of Sunday, June 14th, 1863, John Glover, aged 63, came to the West Kent General Hospital, having a short time before met with an accident in using on himself a metal catheter. He is a small, but strongly-built and healthy-looking man, having for very many years been employed as a huntsman. He said that for nearly twenty years he had been afflicted with stricture; for the greater portion of which time he had been in the habit of passing an instrument for himself. The portion of catheter produced by him bore traces of long usage, and had been repaired in one or two places, at one of which it had at last unfortunately given away whilst he was the act of withdrawing it. The separation had taken place just at the commencement of the curved portion, leaving about three inches behind. His perinæum was immediately examined; and the end of the piece could be distinctly felt in the first portion of the urethra; but, unfortunately, whilst his legs were being raised for the purpose of cutting down on it, the end which projected into the bladder seemed to have been tilted up and it slipped into the bladder. Its presence in the bladder did not appear to occasion very much pain or distress, so that he was carried to bed, and passed a tolerably comfortable night, being able to pass urine with tolerable freedom.

June 15th. Very little constitutional disturbance seem to have resulted as yet. The urine was passed frequently, but with very much difficulty. After standing, it deposited a thick, ropy mucus, which it seemed to have done, from the patient's report, more or less, for some time. It did not look bloody; but a small number of blood-corpuscles were rendered visible by the microscope. The bowels had acted freely.

June 16th. His constitutional condition continued much the same; though the calls to micturate were rather more frequent, accompanied by considerable mental disquietude. He was ordered an enema; and it having been decided that the fragment should be removed without further delay, the patient was put under chloroform, and Mr. Fry proceeded to perform the median operation of lithotomy, as being the operation most applicable to the case; the size of the body to be withdrawn (the weak point of that operation) here, not being a subject for conjecture. A staff deeply grooved along the convexity having been introduced, an incision of about three-fourths of an inch was made into the mid-line of the perinæum, a little above the anal aperture; and the membranous portion of the urethra opened immediately in front of the apex of the prostate; and through this opening, the finger was gradually inserted along the staff into the prostatic portion of the urethra and neck of the bladder gradually dilating these parts; the bladder proved rather difficult to reach, owing to the great depth of perinæum. This having been got over, and the piece of catheter felt lying contiguous to the neck of the bladder, with its long axis placed transversely, a slender pair of polypus-forceps were passed guided by the finger, and Mr. Fry succeeded in his second effort in grasping the end of the fragment and quickly withdrew it, when the patient was returned to bed. Very little blood was lost during the operation. The patient suffered no ill effects from the chloroform; and continued to be very comfortable till about five hours after the operation, when he became somewhat feverish, and complained of great heat of the perinæum and tenderness over the lower portion of the abdomen. This was found to be due to a stoppage of the wound by coagula; which being cleared away, and a warm fomentation applied to the abdomen, the urine passed freely by the perinæum; and an opiate having been administered, he passed a fairly comfortable night.

June 17th. Pulse 89, of fair quality. He took his beef-tea freely. The tongue was clean. The abdominal and perinæal tenderness was much diminished. The wound looked clean and healthy, and urine came freely through it. He had also passed a small quantity *per urethram.* The sedative draught was repeated.

June 18th. He passed a pretty good night. The urine came chiefly through the urethra; during the day it gradually ceased to come either way, and his discomfort considerably increased. Pulse 90, weaker. He took his beef-tea freely. He was ordered to have six ounces of wine in the twenty-four hours. He experienced a sensation as of urine passing through the urethra, but voided none.

At the evening visit, a No. 8 gum-elastic catheter was easily passed, through which about six ounces of very thick and offensive urine were evacuated, with evident relief to the patient. It having been thought that the enlarged prostate, favoured by the recumbent position, occasioned a lodgment of water at the base of the bladder, it was determined to plug the catheter and allow it to remain; taking care to empty the bladder at short intervals. The sedative draught was repeated; and he was ordered to have an aperient draught in the morning.

June 19th. His general condition was much the same. He passed a very tolerable night. The tongue was clean. He was allowed a little meat for his dinner, and strong beef-tea *ad libitum.* The bowels were freely moved. The urine passed through the catheter; was acid in reaction. The wound looked healthy; but contracted very slowly. The catheter was withdrawn, to be passed thrice in the twenty-four hours. The scrotum had almost lost the ecchymosed appearance which it had assumed the day after the operation; but he complained of great tenderness of the right testicle, which was slightly enlarged.

June 20th. He passed a rather restless night. Pulse 86, weaker. The tongue was slightly furred. The urine was very offensive, particularly that which was drawn off by the catheter. The wound looked clean and healthy, and contracted slowly. He was ordered to have two grains of sulphate of quinine three times a day.

June 21st. His general condition was much the same. The bladder was this morning washed out with tepid water through a double current catheter, bringing away a large quantity of very offensive mucus and pus. There was still a free dribbling through the wound. The right testicle was much swollen and very tender; and was ordered to be suspended. He took his food—namely, four ounces of cooked meat, eight ounces of bread, a pint and a half of beef-tea, three ounces of wine, and the same quantity of brandy—freely. The bowels were regular; the tongue fairly clean, but rather more dry. The bladder was ordered to be washed out every morning, and the catheter passed as before. A draught of ten minims of dilute nitric acid and an ounce of decoction of pareira was prescribed, to be taken three times a day.

June 22nd. The testicle was swollen and tender. The urine was still offensive. The patient's general condition was slightly better.

June 24th. He had little in the way of pain or discomfort to complain of. The wound was healthy, reduced to about the size of a crow-quill. Urine passed both ways. The catheter was passed twice daily.

June 27th. He progressed slowly, though satisfactorily; ate, drank, and slept well. The urine had improved in appearance, and was acid in reaction; but there was still some ropy mucus brought away by the tepid injection. The perinæal wound was still not quite healed, and permitted some slight dribbling through it.

July 2nd. During the last day or two, he had been permitted to get up for a short time; and had been placed on full diet, with wine as before. This morning, there was a good deal of erythema and œdema of the glans penis and scrotum, due most likely to the contact of the irritating urine, which he was unable yet forcibly to expel. Means were ordered to be tried to catch the urine more effectually than had been hitherto done.

July 6th. The erythema of the scrotum had nearly disappeared. He began to pass the urine better, and in larger quantities at a time. There was very little ropy matter brought away now by the tepid injection, which had lately been used every other day only. The urine had ceased to come by the perinæum.

July 13th. He seemed to be gaining strength and appearance considerably. There was no longer any necessity to wash out the bladder; he emptied it thoroughly. The urine was normal in appearance and in reaction, making no deposit whatever.

July 23rd. The patient had progressed favourably since the last report, and was now almost convalescent; and a No. 10 catheter could be passed without any difficulty.

Case ii. *Calculus in a Child* 1 *Year and* 10 *Months old: Operation: Lateral Lithotomy with Hutchinson's Rectangular Staff: Successful Result: Recurrence of Calculus in the same Child Two Years after: the Result.* A child, 1 year and 10 months old, was admitted into the West Kent Hospital suffering with calculus. The operation of lateral lithotomy, with Hutchinson's rectangular staff, was performed by Mr. Fry, and a stone weighing thirty grains was extracted. The child did well; and was discharged cured in a few weeks.

Two years afterwards, the same child was brought to the hospital suffering from symptoms of stone. The child was sounded by Mr. Fry, and a small stone was clearly detected, not only by him, but also by Dr. Woodfall, Mr. Prance, and the house-surgeon. The child was taken into hospital on the Monday, and on Friday afternoon was put upon the table, and tied up for operation. On this examination, no stone could be detected; and on making inquiry, the nurse explained (the child slept with her) that on Tuesday and Wednesday nights, the child was out of bed seven or eight times to make water, but she noticed on Thursday night that the child went to bed at eight o'clock and never woke up once all night. On further inquiry, it was ascertained, that on Thursday morning the child was attacked with violent diarrhœa seven or eight times in as many hours, and the efforts were violently expulsive, the child crying from pain; and the only conclusion to be drawn was that during one of these expulsive efforts the stone was passed *per urethram.* The child was removed and put to bed and kept in hospital for a week; but remaining well, was discharged, and has not been seen since.

This case is narrated as another proof that, although a calculus may have been previously detected, no operation ought to be performed, if the stone cannot be then discovered.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Development of Ciliated Epithelium. Professor Oehl of Pavia has studied the development of cilia in the *petromyzon.* On examining the ovum at the twelfth day after deposition, a large number of embryonic cells are still found, filled with the fatty matter of the yelk. The smallest of the adipose vesicles lie nearest the circumference, and are seen to possess an energetic movement, not only oscillatory, but even circulatory. Next to these cells are some, subsequently more abundant, which either become elongated transversely and enlarged, or remain spherical; presenting in common, however, the character of being free from vitelline matter in a more or less extensive portion of their periphery. The adipose vesicles are as it were circumscribed in the opposite part of the cell, and in the part which is free from these only very minute granules or vesicles are seen. At this period, it becomes possible to ascertain the presence of a nucleus.

While the embryonic cells still contain vitelline vesicles, their membrane begins to present a system of pores, either confined to a portion of the circumference in cells which are to be partially provided with vibratile cilia, or extending over the whole in globular cells which are about to be entirely covered with cilia. These pores, which at first are confined to the cell-membrane, gradually become canals, penetrating towards the interior of the cell in prolongations of its membrane, so as to give the appearance of a system of very fine short tubules.

These porous openings having then appeared, there is seen surrounding the cell, or on that part which corresponds to the pores, a very delicate amorphous semitransparent substance, which, when partial, forms a kind of hood to the cell, from the interior of which it without doubt proceeds. In some cases, this matter may be seen to be lying externally on the cell, while the vitelline matter has not yet disappeared from the interior. According to Dr. Oehl, the substance in the interior of the cells, having acquired a consistence analogous to that of sarcode or of the substance of the amœba, escapes through the canals already described; and, these being very fine and thickly set, the filaments of the internal matter which have escaped through them lie so close together as to give the appearance of an amorphous layer. By the action of alcohol, which removes the water from the external layer, a radiated arrangement, though faintly defined, is detected.

The radiated appearance is soon developed spontaneously. The cell-wall increases in extent, and the porous canals become more distant from each other; so that the cilia are also rendered more distant, and spaces are observed between them. The radiated arrangement commences at the peripheric portion of the layer of external matter, and extends gradually towards the cell-wall; so slowly, however, that the progressive stages of development may be observed with tolerable ease. In some cells, the radiated disposition begins to appear at the periphery in the form of short and very fine transparent lines, separating one filament from another; in others, these lines have advanced halfway through the external layer of matter; and in others, they have reached their limit, and the individualisation of the cilia is arrested, without quite reaching the porous wall of the cell. The deeper and apparently amorphous portion of the external matter is what is seen in vibratile epithelium in the form of a transparent subciliary zone; through which, however, it is possible, with the aid of proper reagents, and especially alcohol, to see the prolongation of the cilia into the cell-wall.

Professor Oehl has not been able to throw much light on the cause of ciliary motion; he believes it probable, however, that the first appearance of the vibration is synchronous with the escape of the material from the interior of the cell. (*L'Imparziale*, 1 Octobre 1863.)

Fissure of the Sternum: Ectopia Cordis. At a meeting of the Société de Biologie in Paris, M. Ranvier called the notice of the members to the case of a child born in M. Duplay's wards at the Lariboisière Hospital. It lived one hour. The sternum was fissured; the two vertical pieces representing that bone were separated at their lower part, so that the heart, which lay immediately under the skin, formed a projection, on which the arrangement of the anterior aspect of that organ could readily be recognised. On examination, the sternum was found to be composed of two vertical cartilaginous pieces, united by a kind of symphysis in the part corresponding to the manubrium. The parietal layer of the pericardium was intimately adherent to the skin; and was also bound down to the visceral layer, either by large patches of adhesion, or by long narrow tendinous cords, which, on microscopic examination, appeared to be formed of connective tissue without many formative cells. The arch of the aorta, the thoracic and abdominal aorta, the brachio-cephalic artery, the carotid, subclavian, pulmonary, and umbilical arteries, the pulmonary veins and the inferior vena cava, and the ductus venosus, were normally formed. The only anomalies in the conformation of the vessels that were formed were the absence of the ductus arteriosus and the presence of two inferior venæ cavæ. (*Gazette Médicale de Paris*, 21 Novembre 1863.)

Action of Digitaline on thr Urine. According to Dr. B. H. Stadion, of Kiew, the following are the results derived from a series of experiments. 1. Digitaline produces in health a diminution in the quantity of liquid secreted by the kidneys. 2. It diminishes the amount of the principal constituents of the urine, such as urea, chloride of sodium, the phosphates and sulphates. 3. The uric acid alone is increased; but the degree of acidity of the urine remains the same. 4. The specific gravity of the urine is diminished. 5. Digitaline at first increases the frequency of the pulse; it then produces a diminution in the number of contractions of the heart. 6. The rapid emaciation and the retardation of nutrition which follow the employment of digitaline are two important facts which aid us in understanding its action and proper mode of administration. 7. Digitaline acts like digitalis on the circulatory, nervous, muscular, and generative systems. 8. It is an energetic depressant of the generative system, and may for the time abolish all sexual desire. 9. Its action on the intestinal canal and digestive organs is less than that of digitalis. 10. A peculiar affection of the nasal mucous membrane, under the form of coryza, appears to constitute a characteristic symptom during the use of digitaline. 11. The power of digitaline appears to be thirty times as great as that of digitalis. 12. The ordinary dose of digitaline should not exceed one-fifth of a grain daily; in most cases, from one-twentieth to one-sixth of a grain is sufficient. (*Vierteljahrschr. für die prakt. Heilk.*; and *Gazette Méd. de Paris*, 28 Novembre 1863.)

Fatty Embolia as a Cause of Pyæmia. According to M. E. Wagner, pyæmia is in some cases accompanied by fatty embolism of the smaller arteries and capillaries. Liquid fat, proceeding doubtless from foci of suppuration, enters the blood, becomes accumulated in the pulmonary capillaries, and is transported by the systemic circulation into different organs or regions, where it produces metastatic abscesses. M. Wagner relates two cases in which he found metastatic abscesses in the muscles, in the lungs, in the tissue of the heart, in the kidneys, etc. Microscopic examination showed the presence of liquid fat in the pulmonary capillaries, even in those parts of the lungs which were not infiltrated; and also in the capillaries of the other diseased organs. (*Archiv der Heilkunde*; and *Gazette Méd. de Paris*, 5 Dec. 1863.)

Disease of the Suprarenal Capsules. Dr. J. Erichsen of St. Petersburg relates the following case. Olga, aged 21, born of healthy parents, enjoyed good health until the age of 13. In the summer of this year, her tint became browner than ordinary; the catamenia appeared once, and then ceased until the next year. At the age of 14, she had a severe attack of scarlatina; and brown patches were observed on the chest, and remained after the scarlatina had left her. From this time, the coloration increased in intensity; at first on the face and trunk, lastly on the extremities; until, three or four years before her death, no portion of her skin had its natural colour. At first the patient felt no remarkable symptoms; but in her last years she was almost constantly troubled with an indefinable *malaise*. She preserved her appetite, and digested easily, nearly to the end. The menses were at first regular; afterwards scanty and pale. During the last three or four years, she had increasing mental and bodily hebetude. She had no severe illness after the scarlatina; she vomited frequently, especially after copious meals; she never had pain in the loins nor in the head. Two days before death, she had a slight attack of angina, followed by vomiting and violent headache, with great loss of power. In the night preceding death, the prominent symptoms were syncope, convulsions, delirium, and wide dilatation of the pupils.

On *post mortem* examination, the body was found to be well nourished. The skin was of an uniform bronze colour, deeper at the joints, which appeared as if surrounded by a steel-coloured ring. There was a very vascular false membrane beneath the dura mater on the left side. The arachnoid was infiltrated, cloudy, of an iron grey appearance, and loaded with vessels gorged with blood. The brain was much injected, and had a greyish colour. The ventricles contained much serum. The cerebellum was hyperæmiated. The cavities of the heart contained coagulated blood; the mitral valve was slightly thickened. The lungs were œdematous and vascular, and presented on section a deep—almost violet—colour. The peritoneum was healthy; the mucous membrane of the stomach and intestines was tumefied; the spleen was enlarged, injected, softened, and presented the same tint as the lungs. The parenchyma of the liver was spotted with a deep brown pigment; it was injected and soft. On microscopic examination, the bile-cells were found cloudy, and there was a remarkable abundance of granular brown pigment on the centre of the lobules. The mesenteric glands were tumefied, and contained pigment. The kidneys were of natural size, but injected. The microscope showed slight cloudiness of the epithelium of the canaliculi, in the cortical layer. The suprarenal capsules were enlarged to about three times their ordinary dimensions; they were lobulated, and surrounded by a thick capsule, through which calcareous concretions were scattered. This capsule sent vertical partitions towards the interior of the organ, the interspaces between which were filled with a kind of atheromatous, cheesy, yellowish mass, like fatty *detritus*, mixed with a large quantity of calcareous granules and crystals of cholesterine. No trace of the normal elements of the suprarenal bodies could be detected. The cutaneous pigment was deposited in the Malpighian network, especially in the deepest cellular layers. The cells of these layers, and those above them, were filled with a granular brown pigment, forming above the papillæ a brown limiting membrane of very elegant appearance.

Dr. Erichsen does not find reasons for believing in a relation of cause and effect between disease of the suprarenal bodies and bronzing of the skin. He believes that the coloration of the skin, the disease of the suprarenal bodies, and the other symptoms observed, are the results of some common cause—probably a lesion of the abdominal sympathetic nerve. (*St. Petersburgh Medizin. Zeitung;* and *Gaz. Méd. de Paris,* 5 Decembre, 1863.)

British Medical Journal.

SATURDAY, JANUARY 9TH, 1864.

THE STUDENT AND HIS EDUCATION.

THE assembling together of medical students at this season of the year must naturally bring prominently to the minds of many of our readers the subject generally of medical education. Is the machinery, it may be asked, under which the student's education is at present carried out, the most effective which could be employed? Do the courses of lectures laid down by the various authorities as requisite for his proper instruction form the best programme which could be suggested for the purpose? Are the differences in the kind and quantity of lectures demanded by different examining bodies merely matters of minor significance? Have we, upon the whole, arrived at a tolerably perfect and fitting system of instruction?

No one, we take it, can at present hope to give a full and satisfactory reply to these questions; but they are, nevertheless, questions which cannot fail, at an early date, to press themselves on the serious attention of our governing bodies, and our Medical Council in particular. That we have not yet arrived at the one true solution of the difficulty is shown by the fact, that there has, as yet, been no absolute line of education laid down by the Medical Council of Education, which has been unconditionally accepted by the various examining boards. Different schools of medicine have their own opinions on the subject as well as the Medical Council, and they have also their own interests, unfortunately, to serve; and, consequently, there is, notwithstanding the fact of the existence of a Council of Education, a very considerable difference prevailing as to what should be the amount and kind of instruction imparted to the student.

One of the great functions of the Council was, we have always understood, to establish an uniform system of weights and measures in this matter of knowledge-imparting throughout the country; but, whatever be the reason, the golden land of uniformity has not yet been arrived at. No doubt, the General Council can show excellent reasons why it has not yet had the courage or the capacity to establish one uniform rule; and no doubt the different representatives of corporations, etc., forming the Council, are each satisfied that their own scheme of education is the most complete.

Perhaps, therefore, it might be of advantage if we were to ask the profession to consider the matter from a practical, not from a medical corporation, point of view. Let us ask ourselves, what are (judging from our experience as practical men of business) really the wants of a student aspiring to medical instruction.

Now what must strike every one at the outset, on reflecting on the subject, is the fearful amount of information which the student is called upon to imbibe in his few years of medical study; the number of sciences which he is called upon to cultivate, in addition and as auxiliary to the perfecting himself in his especial business, the art of treating disease.

Perhaps we reconcile ourselves in some measure to the fact, by the reflection that much of this scientific instruction is really only a nominal affair, and that we expect the student to attain merely a smattering, and indeed a temporary smattering, of a considerable part of this sort of instruction. But there is clearly something wrong in any loose, slipslop, or defective method of learning; and, therefore, considering the thing in abstract, we believe every one will admit that, if possible, the student's attention should be fixed and concentrated on certain especial objects of study, and that nothing but what is absolutely necessary to the preparation of his mind for a due comprehension of the art of medicine, and is requisite for the future practice of it, should be allowed to distract his attention during his short time of student-life. This position, theoretically, is one which, we venture to think, no one will dispute. But then comes the very important question, why do we not practically adopt the system of education here alluded to, which is so good in theory?

To this question, we will now attempt to give an answer, by quietly considering the value of the courses of instruction now imparted to the ingenuous youth in our medical schools. Are the systems adopted by us really such as most effectually economise the short period of the youth's years of study, and most effectually bring home to his understanding the most valuable things which those systems contain within them, as well as best training his mind for their reception?

And, first, as regards the systematic courses of lectures required from him, are they all equally of service in their way, equally necessary; and is the instruction contained in them always imparted in the most useful and appropriate manner?

Now, we apprehend that, as regards lectures, every one will admit that those lectures are most valuable—rather, we might say, are absolutely requisite—which, closely affecting the study of medicine, impart information by the aid of physical demonstration. In this way, for example, we acknowledge at once the necessity of lectures on anatomy and physiology, including, of course, demonstrations by the aid of the microscope; of lectures on chemistry; of lectures on surgical operations; and on pathology and pathological anatomy.

A knowledge, and a full knowledge, of these subjects, as auxiliary to medicine, are absolutely requisite; and clearly they are to be learnt by demonstration only. No man can learn anatomy from books.

But if we come to systematic courses of medicine and surgery, we find that we have a different class of subjects to deal with. The greater part of this systematic instruction is merely verbal recital, not demonstration; and it may be learnt from the perusal of the works of authorities on those matters equally well as from the written lectures of the professor himself. We willingly admit that all that part of systematic medicine and surgery which cannot be learnt at the bedside of the patient, and which cannot be imparted through clinical lectures, must be given systematically. But let our readers ask themselves how much of medicine or surgery is there which cannot be imparted by demonstration, that is, clinically? We apprehend very little indeed. Let us illustrate this view of the case by reference to any, say kidney-diseases. Is there anything to be told in a systematic lecture on this subject which may not be found equally well told in the works of acknowledged authorities on the subject? Clearly, the natural way to impress a true knowledge of these diseases on the student's mind is to show him the effects of the disease in the living subject, and to show him the nature of the disease after death; to connect the differences in symptoms observed during life, with the differences in the nature of the kidney disease as shown after death. But all this is surely the business of clinical instruction and of pathological anatomy.

Lectures, we must remember, are somewhat ancient inventions. They were, like sermons, introduced to meet a manifest need; they were things of infinite service and of absolute necessity in times when the press and its immense field of instruction was closed to the world. But no one can doubt that these ancient wants have been greatly compensated by an abundant literature.

Of what use, again, is it to describe minutely the steps of an operation, except in so far as the steps of the operation are themselves demonstrated either on the living or the dead subject? Surely, the mere reading of the instructions—the description of the "periods" of the operation—may be as well and usefully done by the student for himself as by the lecturer for him. We do not pretend to describe the course of a nerve; we demonstrate it. The student has already himself read up the subject; and he now follows our demonstration on the body to a purpose. Why should we weary him with oral descriptions of the courses, the diagnosis, the symptoms, and all the rest of it, of fevers, when we can take him, who has already learnt all he can learn in that way from his books, into the wards and the clinical theatre and demonstrate these things to his eyes?

Perhaps we may be told that students, if they attend not systematic lectures, will never read anything on the subject. To this we would venture to answer, that so long as we give systematic courses of lectures, we encourage them not to do so. But, after all, what amount of reading-preparation does the student require for clinical instruction, more than he now requires for anatomical demonstration?

The fact is, we fear, that in this matter the student's interests and the professor's interests run in somewhat divergent paths. It is, of course, to the interest of the professor that the student should attend a large number of courses of lectures. The greater the number of courses attended, of course the greater the fees of the professor. It is natural enough, therefore, that the professor should defend his chair; but it is equally necessary and natural that our systems of education should undergo discussion; and clearly, if we would act fairly towards the student in devising for him a model system of education, we must not allow the private interests of the professor to be taken for a moment into consideration.

Let any man not of the profession be asked his opinion of a system of education in which he finds the student running about, hour after hour, from one subject to another, all day long, swallowing civic feasts of knowledge. Would he say the student was capable of digesting such a compost? Rather, would he not say that such a variety of entertainments was enough utterly to destroy his digestive powers? The student, we will suppose, starts off with an hour of chemistry; and then, without time for reflection, he rushes to demonstrations; and, with oxygen and phosphorus still flashing in his eyes, finds himself suddenly engaged with the foramina and processes of the sphenoid bone. What opportunity is there here for reflection or concentration, for digestion and healthy assimilation?

Surely no professor will be found to deny the unfortunate fact that the student has a vast deal more lectures to swallow than he can possibly digest; and if so, he must surely admit that it would be very advisable to diminish the number. Now, we have no hesitation in saying that, if the professors would consider the subject solely from a patriotic point of view, they would soon discover that the lectures might in fact be most materially diminished in number. But where is the professor who is ready to commence the auto-da-fe? We know not; but, in the meantime, will venture a few suggestions on the point.

We have already spoken of systematic courses of medicine and surgery, and have suggested that they should be merged almost wholly into extended clinical courses of medicine and surgery. Evident also is it to us that under these heads should come instruction on the application and uses of therapeutical agents. The student has no time to listen to a learned disquisition on the virtues and real or supposed properties of every article in the *Pharmacopœia;* what he should be called upon to observe is the effects of the agent *in corpore vili.*

We must remember that the real question for us to consider in this matter is, not whether it is well for the student to be learned in this or that particular branch of knowledge, but how to occupy the short period of his scholastic medical life in the way which will most effectually fit him for the practice of his art. We should concentrate his studies to this one main object; and admitting, as we all must do, that in the programme laid down before him, he is required to master more matter than he possibly can, we should select out of the whole quantity that particular part which is most essential, and pass lightly over the other less essential parts. Is not the lesson of the plainest common sense?

With this idea, let us consider another branch of his required studies—for example, botany. Of botany, no doubt, every educated gentleman should possess a knowledge, as he should of natural philosophy and other like studies; but we venture to think that it is hardly necessary to call upon the student to attend a special course of lectures on the subject. No doubt, whilst doing so, he is well employed; but the question which all the while forces itself upon us is this: Could he not be much more profitably using the short time allotted to him for the acquirement of medical knowledge? The best way to test the value of the thing, it seems to us, is to ask of what service to the man of medicine—to the medical practitioner—is this knowledge of botany in after-life, *quoad* the practice of medicine? What turn does it serve him while engaged in this, the real business of his life? By the answer to this question we would try the value of the study, and apportion the amount of instruction in it.

We might apply the same kind of reasoning to lectures on materia medica and therapeutics. As far as the chemical history of medicines is concerned, we apprehend that the student has learnt enough whilst engaged in his chemical lectures. And then, in respect of the appearances and general qualities of drugs, of what service is any special knowledge to men in practice? We put it to our brethren, how often in their lives have they ever had occasion to put this knowledge into practice? When do we care to distinguish between various specimens of opium, or to select the different species of cinchona barks? This is all clearly the business of the pharmaceutist. Surely the surgeon might just as well be expected to go through a course of lectures on surgical instruments. And then, again, as far as the therapeutical actions of remedial agents are concerned, this, as we have already said, should be taught by the clinical teacher at the bedside of the patient. Indeed, we might truly say that a didactic course of lectures on therapeutics is at the present moment an impossible thing; and for the reason—to use the language of Dr. Handfield Jones—of our great ignorance concerning the effects of the weapons which we use. Surely, to tell the student systematically of the effects of every drug in different diseases is simply to deal out hypotheses—in fact, we may say, to mislead him. We have no hesitation in saying that such a course of lectures at this moment is an impossibility. How, for example, in the present distracted state of our profession on the subject of the uses of mercury in disease, can any one pretend to lay down dogmatically the effects and uses of mercury in all the diseases for which it has the credit of being of service? Let us, therefore, ascertain how much materia medica knowledge is required by the student, and give him that quantity and no more, and give it him in the most practical and effective manner.

We need not tell our readers that all these matters will shortly have to come under the consideration of the Medical Council, thanks to the movement of Mr. Syme; and we have, therefore, the occasion fitting for calling attention to this most important subject, of the student of medicine's education.

TOWNLEY, THE MURDERER.

Dissatisfaction is, we believe, felt at Derby respecting the respite of Townley. On the 6th inst., at the Derby County Sessions, Mr. Crompton strongly condemned the proceedings which had led to that result.

"He considered that the commission appointed to inquire into Townley's state of mind was improperly constituted, and had been improperly influenced. The magistrates composing it had previously, one and all, signed a memorial expressing an opinion that Townley was insane; therefore they were biased in favour of that view before being appointed a commission. The two medical men who had officially assisted them in arriving at a conclusion were also, it might fairly be assumed, predisposed to find that the murderer was insane. One of them had signed the memorial already mentioned, and the other was the partner of a gentleman who had given the strongest medical evidence in favour of the criminal's insanity. He, therefore, did not think that the commission had been properly selected; and there was a strong public opinion that this was an instance of there being one law for the rich and another for the poor. Dr. Heygate, M.D., F.R.S., stated that 'he felt it his duty to say that never during the whole course of his life had he ever known a case in which the plea of insanity had been set up or maintained on such flimsy pretexts.' Mr. Crompton concluded some further remarks by saying: 'I name no names; I merely say, that as for Townley, money has saved him; and I move that the remonstrance be adopted.'"

For our own part, we cannot do otherwise than regard this respite of Townley as the beginning of the end of capital executions in this country—a deep cry of Humanity's voice. It must be clear to every one of us, and certain as the day, that if Bill Sykes had done this murder on Jane Scroggins, he would have been already hanged on the gallows; and that Townley's life has been spared simply and solely because he was able to pay an expert's fees. We admit willingly that in all this proceeding there is distinctly shown a great and growing dislike to capital punishments; and naturally such a dislike would exhibit itself rather in favour of a Townley and his penknife, than of a Sykes with his bludgeon and bulldog. But then, where is equal law? If Townley hang not, why should Sykes? If we save Townley, we must perforce spare Sykes, who is probably, at bottom, much the more respectable character of the two. Hanging is gone; for every man, except Calcraft, who is concerned in promoting the operation, tries to wipe his hands of the business. The prosecuting counsel prosecutes most mildly; the judge sums up most mercifully; the jury condemn most reservedly; the judge sentences apologetically. "The sentence," he says to the murderer, "is none of mine; it is the law's." And then, when the prisoner is lodged in the condemned cell, philanthropists by the score plead urgently, putting severe screws on the Home Secretary. Next comes Sir G. Grey; and he, shirkingly, shifts the onus of the deciding signature on to the conscience of a couple of lunacy commissioners. So that the end of all this precious business is, that juries grand and petty, judges, British law and judgments, Queen's prerogative, and all the rest of it, are just quietly subjected to the opinion of two no doubt most learned and accomplished commissioners in lunacy!

Was ever such a trick or farce played upon British criminal law—justice so turned upside down and put to such complete ridicule? Well; it was not to be supposed, when all the apparatus of the English law—the Queen, by her representative, solemnly presiding—had been found incapable of declaring Townley worthy of the halter, or rather, had shirked the onus of finally decreeing that he should die, that the Commissioners would be so foolish as to accept the responsibility. They did what every other rational soul put in such a position would have done. They refused to make theirs a hanging commission, and decided for Townley's lunacy. Throughout the whole business, only one man stands firm to his post and ready for his business, and that is Calcraft. He never falters, nor apologises. To such a pass has "hanging" come! What can all this mean, if not that English humanity is beginning to doubt the propriety of extinguishing that light which once put out can never be re-lit?

SENSATION NOVELISTS.

Mr. Charles Dickens has appended to the sensation novel of Mr. Reade, just concluded in *All the Year Round*, a sort of general apology:—

"Note. The statements and opinions of this Journal generally, are, of course, to be received as the statements and opinions of its Conductor. But this is not so, in the case of a work of fiction first published in these pages as a serial story, with the name of an eminent writer attached to it. When one of my literary brothers does me the honour to undertake such a task, I hold that he executes it on his own personal responsibility, and for the sustainment of his own reputation; and I do not consider myself at liberty to exercise that control over his text which I claim as to other contributions.

"Charles Dickens."

We doubt of the acceptance of this apology by the medical profession. If Mr. Dickens had published in *All the Year Round* a libel recognisable in a court of law, such an excuse for its publication as that here given would hardly avail him. He would be told by judge and jury that he is responsible for what appears in his journal; and that it is neither satisfaction nor redress to the libelled to hear that he, the editor, is not responsible for the sayings of writers in his journal because they are "eminent."

Mr. Dickens fathers the "statements and opinions" of the smaller fry who shed ink for his journal; but when a great man like Mr. Charles Reade lets off sensation fireworks in it, then Mr. Dickens withdraws, and avows himself no longer responsible for the effects produced by the squibs, and crackers, and Bengal lights of his illustrious *literatus.* Now, here Mr. Dickens clearly draws an over-fine distinction between a legal and what we must be allowed to call a moral injury. His note above given would not free him from the pains and penalties, pecuniary and moral, attaching to the publication of an illegal libel. How, then, can it release him from the moral liability attaching to the publication of an injury on the medical profession, merely because it is not punishable by pecuniary fine? Mr. Dickens is assuredly morally responsible, though he is legally irresponsible; and Mr. Dickens, let it be remembered, is one of our great moral instructors. He has long had the credit of improving the intellects of the million; of elevating their sentiments; of teaching us all to tell the truth, to be honest in our dealings, to love our neighbours, and above all to keep our tongues and pens from evil speaking, telling stories, and slandering. In a word, Mr. Dickens is universally regarded by civilised spinsters of all classes, by nursery-maids, and sentimental young ladies, as a sort of literary Spurgeon.

Mr. Dickens will not take advice from us. Nevertheless, we will tell him that the medical profession has long looked with an evil eye on a good deal of his late instruction. They think it not well that Mr. Dickens should indulge the people in mesmeric novels; in true and authentic ghost-stories; that he should puff up spontaneous combustion, and other such remnants of deplorable ignorance; and, least of all, do they think it well that he should permit an honourable profession to be shamefully abused, simply to ensure the success of a sensation novel published in his lucrative periodical. They think the success of such a novel is not worthily purchased at any price.

Few men, we would remind Mr. Dickens, are more under obligation to the medical profession than *literati* in general. Dr. Johnson knew their worth, if Mr. Charles Reade does not. And, lastly, we put it to Mr. Dickens: Is it fair that a whole profession of honourable men should be travestied and evil spoken of in *All the Year Round*; even if it be true, as doubtless it is, that a certain number of black sheep are to be found amongst them. Is it fair and decent that the whole profession should be brought as criminals to the bar of public opinion, and made responsible for the deeds of these few black sheep? Because scoundrels have disgraced literature, are all literary men to be denounced as scoundrels?

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UNDER the able presidency of Mr. Prescott Hewett, the Pathological Society has reached an unprecedented height of prosperity. Yearly have its members increased in number, and yearly has its financial position become more favourable. Not only this, but much more. The attendance of members at its meetings is conspicuously and distinguishably great. No better compliment than all this could be paid to the wisdom of the founders of such an excellent Society. They manifestly supplied a professional want. The Report of the Society, after telling of its prosperity, refers to a difficulty which most of us have long foreseen would naturally arise out of the very success of the Society. The difficulty results from the abundance of pathological specimens presented at the meetings. The Council have, by alluding to the fact, clearly indicated that, for the more effectual carrying on of business, it will be necessary to subject the specimens sent for exhibition to some kind of control. Ordinary specimens of diseased products have now become so well known in the Society, that frequent exhibition of them gives to the Society too much the appearance of an elementary teaching school. The proper business of such a Society is manifestly rather to advance the knowledge of pathology, than to be a mere school for the spread of the primary facts of the study. We are sure that the Council will bestow a great boon upon the Society if they hit upon some just mean through which they may be able to satisfy the aspiration of exhibitors, as well as the desires and wants of those who go there to learn and to listen to exhibitors.

MR. SYME has, we believe, been requested to lay down a plan for carrying out the reform which he lately showed was so greatly needed in medical education. We trust that gentleman will comply with the request; and shall look forward with great interest to his proposals for dealing with the difficulties which beset all reforms of this nature.

THE following are the lecturers and their subjects of lectures, at the Royal College of Physicians of London, for 1864: *Gulstonian Lectures:* Dr. Markham—"The Uses of Bloodletting in Disease." *Croonian Lectures:* Dr. Basham—"On Dropsy, its Significance as a Symptom in Renal, Cardiac, and Hepatic Diseases." *Lumleian Lectures:* Dr. A. W. Barclay—"Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine." A course of lectures by Dr. Garrod, on "The Nature and Therapeutic Value of the New Remedies in the *British Pharmacopœia,*" will be commenced soon after the publication of the new *Pharmacopœia.*

THE Metropolitan Association of Medical Officers of Health have undertaken a most desirable investigation; viz., that of the effects of diseased meat upon the health of those who eat it. They have, therefore, issued a series of queries to which they invite replies. In this way, and in this way alone, can they ever arrive at the real facts of the case. We trust the profession at large will assist in the inquiry by supplying the required information as far as possible:—

"In the detail of any cases that may be kindly forwarded, the Association begs that as many as possible of the following particulars may be included:—

"1. The nature and stage of the disease in the animal.

"2. The physical character of the meat.

"3. The degree of cooking it had undergone.

"4. Whether kept several days after cooking, and under what circumstances.

"5. The effects on persons consuming the meat.

"6. Any *post mortem* appearances where death has resulted.

"7. Any experiments undertaken to establish the connexion between the use of the meat and the disorders supposed to be its results.

"R. D. Thomson, *President.*
"G. Buchanan, } *Secretaries.*
"J. N. Vinen, }

"Communications to be addressed to Court House, Marylebone, London.

"December 1863."

Our contemporary, the *Social Science Review*, from which we have often quoted, and which has always zealously defended the interests of medical science, appeared on the first of the present month in a new form and as a new series. It is now published as an octavo, and monthly instead of once a week. The change is, we think, a great improvement; while the addition of an abstract Review of the general as well as the social sciences gives to the journal a much wider and more useful range. The first number of the new series, now before us, commences with the first part of an essay on the Diseases of Overworked Men, written in a style fitted for lay readers, by Dr. Richardson. Then follows an excellent common-sense article on the Teaching of Elementary Science in National Schools. Next comes an article entitled Forgotten Treasures: the Vision of Hystaspes—a philosophical production supposed to have been written by a contemporary of Cyrus. The next article in the *Review* is a statistical one, on Violent Deaths and Suicides in France. The very important subject of Legislation and Prostitution then occupies five pages. A contributor, who knows how to write pleasantly, next furnishes a Talk about the Tyrol. A statistical article, on the Emperor's Recruits, is founded on a work by M. Boudin. The remainder of the number is occupied with several carefully written reviews, various scientific abstracts, notices of sundry topics of social interest that have occurred during the month, and letters from correspondents. The current number is thus exceedingly rich in subjects of deep interest to those advanced members of the profession who watch the progress of moral and physical sciences not less than the medical; and, when we add that the name of our associate, Dr. Richardson, is on the title-page as editor of the new series, we shall be sure to gain for it a favourable acceptance by the members of the Association. A Review, such as this, supported by the profession, can do much more to diffuse a correct knowledge amongst the general public of the true position of medicine than can any organ which is purely professional; for this reason, we wish the *Social Science Review* continued success.

The Bethnal Green Board of Guardians has been for some time conspicuously on its trial before the public. Its manner of treatment of its doctor is very like (only something a little worse than) the ordinary manner in such case. The Poor-law Board has even had to give the Bethnal Greenites a small hint or two. Thus, for example, we find that the Board has requested, which we suppose means ordered, the guardians "to discontinue the present form of order for medical attendance on the sick poor"; and it is added:

"The note at the foot of the form given in the case of Mrs. Ketlowe should of course be omitted."

We give this note in all its naked insolence.

"Any complaints against the medical officer for neglect of duty can be made before the Board of Guardians at the Workhouse on Mondays, at four o'clock."

Translated into plain English, this means simply, that the guardians, being at loggerheads with the doctors, absolutely invited their patient to accuse them. Such is the contumely to which our profession is ever subjected. Is there no redress for such wrong? We have never hesitated in telling our brethren that there is but one we know of, and that to set a proper value on the price of the services we render. The public estimate us at the price we accept for our work; and if we accept mechanics' wages, they will treat us as they treat mechanics. It is no use our looking up to Jupiter—to the House of Commons—and asking him to come down and help the cart out of the mire. Our help lies in ourselves; and if we apply not our own shoulders to the wheel—*i. e.*, refuse to work except for proper pay—then we must, and deservedly, stick helplessly in the mire.

The *Journal of Mental Science* is now conducted by Dr. Maudsley as well as by Dr. Robertson. The October number has several interesting articles. Dr. Skae publishes in it the address delivered by him at the annual meeting of Medical Officers of Asylums, etc., in July last—A Rational and Practical Classification of Insanity. Mr. Eastwood has a paper on Private Asylums for the Insane; and Dr. Maudsley one on Homicidal Insanity. There is also, amongst other information, a Report by Dr. Arlidge on Foreign Physiological Literature.

Specimens of exfoliation of the mucous membrane of the bladder have been presented to the Pathological Society by Mr. H. Lee, Mr. Spencer Wells, and

Dr. Martyn. Some doubts were once thrown on the possibility of such complete exfoliation; but the report to the Society on the specimen referred to them leaves no doubt of the fact.

M. Nussbaum pretends that he has discovered a supplementary anæsthetic. Whilst the patient was under the influence of chloroform, a solution of acetate of morphia was injected subcutaneously; and the result was, that the patient did not awake out of a tranquil sleep for twelve hours. M. Nussbaum repeated the experiment, and successfully, in three other cases of operation.

A young prisoner in France committed suicide by swallowing daily a little pebble of the size of a nut. After his death, 300 *grammes* of stones were found in his stomach.

"Nélaton is the model of a clinical teacher. Of an equable temper, simple in his manners and language, no one can reproach him with being vain or proud, as was said of Dupuytren. Of a calm, upright, and positive turn of mind, like Boyer, he deviates not from the path of rigorous observation and experiment. It may be said of him, as of Boyer, that he is wanting in animation. The theatre of the Hôpital des Cliniques is too small for his auditory; every seat is occupied before the lecture begins. The foreign students are very numerous, and it pleases the ear to hear their praises of the professor. His diction is easy and correct. His language is clear and limpid and measured, and its distinctive character is lucidity. Everything is sacrificed to clearness. No useless ornament is admitted. He goes straight to his object. His teaching is plain, precise, and methodical."

The following *exposé* of the situation of matters medical in France is taken, in summary, from the *Moniteur*. From the 1st of January, 1858, to the 15th of October, 1863, there have been 36,436 patients, most of them convalescent from hospitals, received into the Imperial Asylum at Vincennes; 150 beds are to be added to it. Also 10,000 convalescent workmen have been received into the Imperial Asylum at Vésinet. Five new establishments, destined for orphans, the blind, the indigent sick, and workmen out of employ, have been declared works of public utility in five of the departments. By an imperial decree, the public lunatic asylums are to be reorganised. New asylums will be opened. In the department of La Seine, two vast agricultural asylums have been commenced, and a clinical establishment, where the principal types of lunacy may be studied. The new method of teaching the indigent deaf and dumb has been adopted by the government, and introduced into the primary schools. At the Faculty of Medicine of Paris, six supplementary courses of practical medical studies have been established. The system of *concours* for *chefs de clinique* in the Faculty has also produced excellent results. The number of students has increased in all the different Faculties. In 1860, the number of diplomas delivered in all the Faculties was 7,233; in 1861, it was 7,819; and in 1862, it was 8,326. The preparatory schools of medicine and pharmacy remain stationary. The scientific collections of the Faculties and of their libraries have increased. The museums of physics and the chemistry laboratories have received considerable additions. A special laboratory of physiology has been established at the Faculty of Medicine of Paris, and new dissecting-rooms built at the Ecole Pratique, and a new chemical laboratory built at the School of Pharmacy. The Commission appointed in 1861 to revise the *Pharmacopœia* "is actively pursuing its labours, and will before long apprise the world of the results of its labours." At Tours and at Lille, a chair of physiology and a chair of natural history have been formed.

The Medico-Chirurgical Congress held at Rouen has just published a volume containing the *compte rendu* and the works of the Congress. It contains 450 pages, and its price is 5 *francs*.

M. Poggiale has found chromate of lead used in butter for purposes of coloration.

Professor Grisolle has been elected President, and M. Malgaigne Vice-President, of the Academy of Medicine. M. Béclard remains Annual Secretary; and MM. Cruveilhier and Poggiale are made members of Council.

M. Cazot, *à propos* of marriages of consanguinity, observed that the kings of Persia, having no European scruples, marry without hesitation their sisters and even their daughters; and that none of those evil results attributed to such marriages had been noted as resulting therefrom.

Mr. Lawrence, Rokitansky, and Dr. Simpson of Edinburgh, were proposed for corresponding members of the Academy of Sciences; Mr. Lawrence being elected.

M. Quatrefages announces that M. Garrigou has found in a cavern in the south of France, at a depth of about three yards, under a layer of stalagmites, a surface of earth bearing manifest signs of the residence of man. A fireplace, charcoal, bones and teeth of man, as well as bones of the raindeer, have been found by him. This is supposed to be another proof of the high antiquity of man. It is well we should remember that what are called these proofs are occasionally found out to be no proofs at all; and hence the proofs seem to be accumulative, whereas they are, some of them at least, gradually fading away under the light of better observation.

Dr. Graves considered that hæmorrhage from the bowels in typhoid fever was not, as a rule, a dangerous symptom. Trousseau also agreed in this, that the symptom was not nearly so dangerous as it was generally supposed to be by practitioners; indeed, he even went further, and considered it favourable. Dr. Boys de Loury, of Saint Lazare, has lately made a similar remark. M. Costilhes has also observed the same; but he holds that hæmorrhage is of service only in the early stage of typhoid, and as critical hæmorrhages. M. Peter, of Hôtel-Dieu, relates the case of a young woman who had been often bled in previous disease, and wished to be bled when suffering from typhoid fever. She was, however, not bled; but, at the fifteenth day of the fever, she had three abundant hæmorrhages from the bowels, and thereupon followed a notable amelioration of her symptoms. Shortly afterwards, a young man there had a considerable hæmorrhage in the third week of the fever—passing a *litre* and a half of blood, and on the second day afterwards recovered rapidly.

Dr. Callegari, surgeon-in-chief of the hospital at Venice, died there on October 4th, from the prick of a dissecting-instrument. Argenti, Dean of the Paduan Faculty, also lately died.

The Academy of Medicine has just decreed its prizes for 1863. Dr. Raimbert takes the Academy's prize of 1000 *francs* for his memoir on "Malignant Pustule in Man and Animals."—Baron Portal's prize of 1000 *francs* found no worthy competitor.—Madame de Civrieux's prize on "Dyspepsia" brought forth no less than eighteen memoirs, Dr. Guisson's carrying off the 1000 *francs*.—Baron Barbier's prize found no worthy prizeman; neither was Dr. Capuron's prize awarded; but 600 *francs* and 400 *francs* were awarded to Dr. Toulin and M. Roger, the subject of the prize being "The Comparative Advantages and Inconveniences of Pelvic Version, and the Application of the Forceps in Contraction of the Pelvis."—Dr. Lefevre's prize of 2000 *francs*, "Melancholia" being the subject, was adjudged to Dr. Colin; and honourable mention made of Drs. Motet and Voisin.—Amussat's prize was not awarded.—The Marquis D'Argenteuil's prize—a sexennial one of 12,000 *francs*—was destined for the author of the best means of "Cure of Urethral Strictures" between 1857 and 1862, or for the author of the best means of "Cure of any of the Diseases of the Urinary Organs" during that term. Twenty candidates sought this desirable sum of money and honourable prize. None of the required advances in treatment, however, were judged worthy of the prize; but the following recompenses were adjudged: 6000 *francs* to M. Bourguet; 1500 *francs* to M. Dolbeau; 1500 *francs* to M. Maisonneuve; 1500 *francs* to M. Mathieu, the surgical instrument maker; and 1500 *francs* to Mr. Henry Thompson. Prizes were also adjudged to many vaccinators, for the zeal displayed by them in the discharge of their duties.

M. Depaul, and M. Bouley the veterinary, have had a grand tourney *à propos* of the origin of vaccine virus, in the Academy of Sciences. M. Velpeau, the President, had some difficulty in restraining the language of M. Bouley—in preventing him from striking a "foul" blow. M. Depaul declares that there is no such thing as vaccine virus, what we call so being simply variegated variolous matter. The horse and cow, he says, are subject to a disease identical with the small-pox of man. The cow may be readily inoculated from the horse, and *vice versâ*. Man may also be inoculated from the horse, as well as from the cow; and the small-pox of man may be transferred by inoculation to the cow, the horse, etc. An epidemic of small-pox in man may spread by contagion amongst animals; and, on the other hand, it may commence in animals and spread to man. The dangers of inoculation of small-pox in man have been greatly exaggerated. M. Bouley's anger was chiefly raised against M. Depaul in that M. Depaul had visited the school at Alfort day after day, at M. Bouley's invitation; and had there been shown, without stint, all M. Bouley's ideas and doings in this matter; had kept his own counsel; made no remark to M. Bouley, or exposition of his own views; and then, weeks afterwards, gets up in the Academy and fires off details of many of M. Bouley's scientific properties! However, all this grand discussion will, we suppose, leave us practically just where it found us, as regards vaccination.

M. Naudin has been elected titular member in the Botanical Section of the Academy of Sciences, in the place of M. Moquin-Tandon.

Dr. Cadillot of Meurthe has addressed a note to the Academy against marriages of consanguinity. Of fifty-four marriages between relations of the third and fourth degree of consanguinity, fourteen were sterile. The other marriages furnished a very large proportion of dumb children and idiots.

Dr. Brown-Séquard's *Journal de Physiologie* is about to take the name of *Journal d'Anatomie et de Physiologie Normales et Pathologiques de l'Homme et des Animaux*, and will appear under the editorship of M. Ch. Robin and Dr. Brown-Séquard.

M. Trousseau has been elected President, and MM. Guersant and Beyran Vice-Presidents, of La Société de Médecine Pratique.

M. Maisonneuve, *le chirurgien hardi par excellence*, on the 3rd of September last performed extirpation of almost the whole of the tongue, for cancer, by means of his *cautérisation en flèches*. All other methods of operation in such cases, he says, are full of danger. "I have abandoned them all for this, of which experience has shown me the really marvellous innocuousness. It is, moreover, incomparably more simple and easy of execution." The patient was seated on a chair, and his mouth kept open by a dilator. A puncture was made immediately behind the tumour and just in front of the left pillar of the fauces, and into it was forced an arrow (*flèche*) five *centimètres* long; then another on the opposite side; a third and a fourth on the right side, and a fifth and sixth on the left side of the tongue; and then a seventh and eighth on each side of the frenum. The operation lasted three minutes. Not ten drops of blood were lost. The patient was told to keep his mouth motionless for an hour. Then food was given by the œsophagean tube. Next day the tongue was completely converted into a greyish slough; no fever, œdema, or difficulty of breathing; the patient could drink readily. On October 3rd, the sloughy mass was taken away in one piece. It consisted of the whole of the tongue to within three *centimètres* of the epiglottis, and of a voluminous mass of soft parts taken out of the space in the cavity of the inferior maxillary bone. When this "enormous sloughy mass" came away, the patient, who could previously talk and swallow, was instantly rendered speechless and unable to swallow. He was, therefore, again fed by the tube; and, considering that the enormous space left in the mouth was the cause of this loss of speech, etc., M. Maisonneuve had it filled up with a mould of gutta percha. By this means the patient was able to swallow easily, and to speak so as to make himself understood. The patient removes the artificial tongue as he pleases.

JUDGE MARTIN ON A NOTORIETY. In summing up the case of Townley, the Judge said:—"About two years ago the case of a gentleman from the eastern part of England, became the subject of a long inquiry to which great public interest was attached. There was great difficulty in deciding the question whether he was sane in point of law. But if I remember right, there was not a single thing proved to show that he was insane. It might have been proved that he was a foolish wandering person—that he squandered his property, and so on; but there was not a single thing to show that the man was not in such a state of mind as would render him criminally responsible for his acts. I have since seen the man, he was examined before me as I sat officially. He appeared to me, as far as I could tell, able to be examined—that is, he was able to give his answers in a satisfactory manner —and that so far, I repeat, as I saw him on that occasion, although he was not probably the wisest man, yet he was in such a state of mind as to cause him to be held responsible to himself and to his country." (*Derby Reporter.*)

FEMALE ARMY NURSES. Women nurses in the American General Hospitals have proved a failure, except in a few isolated instances. The failure is due to the want of properly educated and thoroughly devoted women adapted to the work. The Sisters of Charity is the only organisation that have as yet, in our military hospitals, succeeded in utilising women's labour. Miss Dix still continues to exert herself to introduce women into hospitals, but with only partial success. A recent order of the Secretary of War still gives her full power to assign women to hospitals, but it is doubtful if anything useful will result until women are thoroughly trained to this special work. (*American Med. Times.*)

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary.]	Medical Department of the Birmingham Library.	Thursday, January 14th, 6 P.M.
WEST SOMERSET. [Conversazione.]	Clarke's Castle Hotel, Taunton.	Wednesday, Jan. 20th.
MIDLAND. [Quarterly.]	Board Room of the Infirmary, Derby.	Thursday, Jan. 21st, 2 P.M.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

DECEMBER 10, 1863.

A. STOOKES, M.D., Vice-President, in the Chair.

Fracture of the Spine. Dr. NOTTINGHAM shewed two specimens. In the first case, a lad of 19 fell from the top of a building and fractured the lower part of his spine. There were the usual symptoms, paralysis, etc., and he lived a few days. The fracture was transverse and gaped on the posterior aspect, forming a cleft, while the anterior aspect shewed nothing remarkable. In the second case, a very stout man, a labourer aged 21, fell from a height of thirty feet and lit upon his head. He had a very long scalp-wound, but no fracture of the skull. When brought to the Southern Hospital the faculties of the mind were entire. There was very great difficulty of breathing. There was found to be fracture of the sternum and of the spine at a point opposite, about the fourth dorsal vertebra. There was great displacement at both seats of fracture, so that the whole upper part of the body was displaced forwards; one of the tranverse processes was broken, but the cord was not much injured. There was paralysis of the bladder, but not, to any extent, of the extremities. The patient died on the fourth day after admission.

Perforation of the Stomach. Dr. NOTTINGHAM showed a specimen taken from a boy who had been a patient at the Southern Hospital for very severe injuries caused by a fall off a pile of timber. He had serious injury to the head, followed by severe head symptoms, also a fracture of the thigh, a fracture into the elbow joint, and a wound in the perinæum very similar to that which would be made in lithotomy. The accident took place in September, and everything went on well for some time, and the boy seemed getting well and was able to move about a little, until a few days ago, when he was seized soon after his dinner with sudden collapse, and died in a very short time with symptoms of some abdominal perforation. The stomach was found to be very much dilated and to have passed up into the chest through an opening in the diaphragm, and at its upper extremity there was a perforation; part of the colon had also passed into the chest; the left pleura was full of food, sconse; the left lung was compressed, and the heart itself rather flattened. The stomach would hold without difficulty five and a half pints of fluid; its lining membrane was in parts of a brilliant scarlet colour; there was no thickening about the edges of the opening, and they were not very rough. The aperture in the diaphragm had smooth edges, from which Dr. Nottingham was led to infer that it may have been congenital rather than the immediate result of the accident, and he had ascertained that the boy had always been subject to dyspeptic symptoms, flatulence, etc. As an illustration of this malposition arising from an accident, he instanced a gentleman on whom a bale of cotton had fallen; there were a number of fractures, and the diaphragm was found to be ruptured, and the stomach lying under the left clavicle.

Dr. DESMOND thought if the opening in the diaphragm was recent, and the result of violence, we should find some adhesions.

Mr. HAKES said the mode of death in this case was curious. Looking at the nature of the perforation of the stomach, he was of opinion that it could not have existed before death, but must have been caused by the action of the gastric juice. The distended stomach itself pressing on the heart might have caused death.

Dr. NOTTINGHAM said the smoothness of the edges of the opening seemed to impress Mr. Hakes with the idea of its being the result of the action of the gastric juice, but when first seen there was some roughness and redness about the edge as if from vascular action. Besides, there was a mechanical objection to Mr. Hakes's view; this opening was elevated, and not in a part towards which fluids would gravitate. There was also the alteration in colour to be considered.

Mr. HAKES said that in the recumbent position the portion perforated would not be out of the reach of the gastric juice, and indeed that is the very part in which this post-mortem perforation is usually found.

Mr. HAMILTON thought if the rupture of the stomach was not the cause of death, the boy's death was very unaccountable; within half an hour from the first sudden collapse he became convulsed and insensible, and died. Dr. Nottingham thought the state of the diaphragm congenital, but he thought it more probable that the rupture in it took place at the time of the accident; the constant movement of the stomach through the opening might prevent any adhesions forming.

Mr. HIGGINSON said, supposing perforation of the stomach did take place, the vicinity to the heart would account for the sudden collapse.

Dr. DESMOND was disposed to agree with Dr. Nottingham as to the deficiency in the diaphragm being probably congenital from the nature of the large tendinous opening. Serous membranes readily adhere, and if there had been a mechanical rent or injury, nature would try to repair it, and we should find adhesions.

Mr. RAWDON adverted to the interest this malformation possessed in relation to comparative anatomy.

Deep-seated Pectoral Abscess. Mr. RAWDON related the case of a patient recently in the Royal Infirmary with a large abscess in the left mammary region. The matter was deeply seated, the swelling showed no tendency to point anywhere, and took the shape of the pectoralis muscle. The man's health was impaired. A trocar was introduced, and about three quarters of a pint of pus escaped; the sac was not thoroughly emptied, and a large heavy poultice was applied. Within twenty-four hours of the opening being made febrile symptoms came on, with shivering and pain in the side, and soon after the patient coughed up a quantity of pus. The purulent expectoration and the discharge from the external opening gradually diminished and ultimately ceased, and the patient went out well. The abscess was peculiar in its nature, and wherever it originated must have formed a communication with the bronchial tubes.

Mr. LOWNDES recently had a very similar case under his care at the Northern Hospital. The patient was a man of broken down constitution; the abscess formed a globular tumour firmly bound down; it was emptied three times with a trocar, and each time rapidly filled; it was then laid open; some days after a great quantity of pus was suddenly coughed up, nearly suffocating the patient, and at the same time signs of partial pleurisy presented themselves. The purulent expectoration was very copious for some time, but gradually decreased, and the man was able to get about and was improving in appearance, when he was attacked with apoplexy, and died in a few hours. No inspection of the body was permitted.

Some discussion ensued as to the nature and origin of the abscesses in these cases.

Pneumonia. Dr. GEE showed a specimen in which, concurrent with the pneumonia, there was some old deposit looking like a cicatrix near the periphery of one of the lungs. It was of a calcareous nature and the size of a hazel nut; the lung was in an advanced stage of pneumonia. The freedom of the rest of the lung from tubercle would lead one to believe that this is not tubercular.

Dr. NOTTINGHAM noticed that this white matter was surrounded by a dense cyst.

Pirogoff's Amputation at the Ankle Joint. Mr. HIGGINSON showed a cast of a stump after this operation taken from a patient in the Southern Hospital who had had disease of the tarsus and ankle joint. The stump was rather a long time before it became firmly consolidated, and the cast was taken rather more than two years after the operation. The leg is between two and three inches shorter than the other one.

Embryo of Early Date. Mr. HIGGINSON showed a specimen and gave data to prove that it was a little more than eight weeks old.

Perforation of the Skull, for which Trephining was performed. Mr. HIGGINSON showed a specimen from a patient who had died at the Southern Hospital. A rigger of intemperate habits fell from the rigging of a ship, and received a severe scalp wound, and a depression of the skull could be distinctly felt; when the flaps were turned back, this hole now shown could be seen, and several fractures around it. It looked just as if the man had been trephined before. As there were symptoms of compression, a small circle of bone was removed with the trephine, and a small gush of blood followed its removal. The man died two days after. In the portion of bone now shewn there were two natural openings, one on either side of the vertex, caused, he supposed, by the glandulæ pacchioni, and there were two other parts very thin and diaphanous. Lymph and pus were found effused on the surface of the brain. One of these natural openings it was that was seen at the seat of injury and taken for a depression.

Dr. NOTTINGHAM said it was very important to know that we might have these natural holes in these situations; this important deficiency is not generally alluded to in surgical works.

Mr. LOWNDES should have thought that when the opening was examined after the accident, the sound dura mater would have been seen and would have precluded the idea of depression; was the opening examined with the probe?

Mr. HIGGINSON said there was a firm band partially covering this opening, and on throwing back this flap he found a fracture and the dura mater in part detached. There was a piece of bone wanting that he could not find, and as there were symptoms of compression, he thought it well to trephine.

Mr. HAKES thought that under the circumstances this was the only course to be adopted.

Soft Calculus found in a Child's Bladder. Mr. RAWDON shewed a specimen. A child was admitted into the Royal Infirmary, under Mr. Long, with symptoms of stone; there was prolapsus ani, great pain before micturition, pus, etc. in the urine. There was, however, no pain after micturition. The child was sounded on four occasions; twice it was thought that a stone could be slightly felt, but on the last two occasions it could not be felt at all. The child sank and died. The kidneys were found much diseased, one extensively sacculated, and its cortical structure nearly gone; the other much enlarged. The bladder was very small, and in it lay a calculus which consisted of a hard central nucleus that lay imbedded in a thick layer of soft material, that seemed to consist of mucus and fibrine, and a little fine gritty matter deposited among these. This outer covering could be cut or torn easily, and after it had been in spirit for some time it had a laminated appearance like the contents of an aneurism. The stone was about the size of a large olive.

EPIDEMIOLOGICAL SOCIETY.

Monday, Dec. 7th, 1863.

B. G. Babington, M.D., F.R.S., President, in the Chair.

ON EPIDEMIC PLEUROPNEUMONIA IN SOME SHIPS OF THE MEDITERRANEAN FLEET.

BY A. BRYSON, M.D., R.N.

The disease was of a low asthenic or typhoid type, accompanied with great congestion, usually of the lower lobes of the lungs, and in many of the cases in the ship chiefly affected, the *St. Jean d'Acre*, with scorbutic symptoms, although the diet of the crew was in every respect as good as in the other vessels of the squadron. In the *Cressy*, too, there was an unusual prevalence of lung-disease, often of an obscure and anomalous character, which was not easy to designate. The evidences of the pulmonary tissue being congested, or even consolidated, in different parts of the chest, associated with pleurisy or pleurodynia, and with such a cachectic condition of the system as might probably lead on to tubercular degeneration in chronic cases, were the most conspicuous features of the malady. Effusion into the chest was discovered in a few instances. Diarrhœal and dysenteric attacks were common both in the early and late stages. The following table shows how very differently different ships of the squadron were affected with diseases of the lungs in the course of the year, and also with other diseases the extent of whose prevalence is usually regarded as a fair test of the healthiness or otherwise of a ship's crew. Attention should be paid to the number of the crew in each vessel, to estimate aright the marked difference in respect of the number of cases under each head in the different ships. The reader can easily calculate the ratio of attacks to the crew for himself. *a* denotes the number of cases; *b*, cases of sickness in year; *c*, diseases of lungs, etc.; *d*, diseases of bowels; *e*, fevers, continued and remittent; *f*, ulcers.

	a	*b*	*c*	*d*	*e*	*f*
Marlborough .	1145	927	129	64	10	75
Agamemnon .	840	881	241	58	17	30
St. Jean d'Acre	815	1601	401	171	136	115
Cressy . . .	720	1483	298	254	12	102

The deaths from disease in the *St. Jean d'Acre* and in the *Cressy* were twice as numerous as in the *Marlborough*, notwithstanding the much smaller crews of the former vessels; and the number invalided from the first ship was fourfold as numerous. As to the chief cause of this enormous disproportion in the sickness and mortality, etc., in two ships of the same fleet and similarly exposed, it was clearly shown that this lay in the excessive overcrowding of the men at night in the *St. Jean d'Acre* on the lower deck, while in the *Marlborough* the men were more distributed on the different decks, and greater attention was paid to ventilation of the between-decks. Only fourteen inches space was allowed to each hammock in the former ship; and so thoroughly was fresh cool air excluded from the men while asleep, that the air above the hammocks was found to be from eight to ten degrees hotter than the air below the hammocks, and so offensively impure as to cause nausea to any one going down from the open air! With such a state of things, it is not wonderful that the health of the ship was so bad during the two years while on the station, that it was at last found necessary to send her to England to be paid off. Besides several features of resemblance in the symptoms of the pleuropneumony in the *St. Jean d'Acre* and *Cressy* to the lung-disease in cattle, it is to be noted that there are good grounds for suspecting that the affection was communicated by the sick landed from the vessels to other patients in Malta hospital.

An animated discussion, in which Drs. Babington, Bryson, Dickson, R.N., Stratton, R.N., Murchison, Milroy, and Mr. Burge took part, followed the reading of the paper.

OBSTETRICAL SOCIETY OF LONDON.

December 2nd, 1863.

H. Oldham, M.D., President, in the Chair.

Eight gentlemen were elected Fellows. Dr. Gervis and Mr. Ray were appointed auditors.

Craniotomy Forceps. Dr. **Barnes** exhibited and described a new instrument of this kind. It combined the advantages of the instruments of Professors Simpson and Murphy, and by a further contrivance added by Dr. Barnes was rendered much more effective than any other instrument with which he was acquainted. The elbow on the inner blade, allowing free room for any fold of scalp at the point of perforation, permitted the duck-billed toothed portions of the blades to be pushed high up to secure a firm hold of the cranium, without the danger of straining the lock. By this means the blades were always kept in perfect parallelism, ensuring a widely diffused grasp of the cranium, and avoiding the risk of tearing away. Having properly seized the cranium, it became a point of great importance to secure the hold in a manner to save the operator the fatigue and muscular strain of pressing the handles together, whilst at the same time considerable extracting power is required. For this purpose he had adapted a powerful screw which united the extremities of the handles, setting the blades fast at any interval required. Another advantage provided for was the fitting the blades with a modification of the French forceps-lock, so that the instrument could either be used as one piece, or the two blades could be applied separately. The entire length of the instrument was fifteen inches. Dr. Barnes said he had used the instrument several times, and that its grasp and action were so perfect that he had never been obliged to take a fresh hold. It was made by Weiss.

Ovarian Dropsy. Mr. **Baker Brown** read a case which had three years and a half ago been treated by him with tapping and pressure, with apparent recovery for three years and a half. The cyst, however, began at the end of that date to enlarge, and the patient, being in good health, was recommended by Mr. Brown to submit to ovariotomy, which was performed by him at the London Surgical Home in the usual way, with a very small incision. The cyst was nearly unilocular, but was not of the ovary, which was healthy and free, but in the broad ligament; the pedicle was broad. She recovered without a bad symptom, and is now well. Mr. Brown considered the case of especial interest just now, proving that no adhesions were produced by the previous tapping and pressure.

Extrauterine Fœtation. The report of the committee

(Dr. Tyler Smith and Dr. Braxton Hicks) appointed to examine a specimen of extrauterine fœtation, in which two fœtuses were found in connection with the same Fallopian tube, was read. They considered that the smaller fœtus was the result of a former conception, and was attached to the fimbriated portion of Fallopian tube in such a manner as not to impede a subsequent conception, which also remained extrauterine about the middle of the tube, from the bursting of which the patient had died.

Combined External and Internal Version. Dr. J. Braxton Hicks read a short appendix to his former paper on this subject. He stated that in consequence of not having seen Wigand's memoir, he was unable at the last meeting to reply to the statement made by Dr. Barnes, that he had *fully* described internal and external version. Since that time he (Dr. Hicks) had been able to go over the work, and took exception to the above statement as far as regards internal version. In comparing this memoir with his own paper, he pointed out that although in regard to cephalic version there was much similarity in the two plans, still Wigand had no knowledge of the pushing on the child from within, in the direction of its head, so as to produce podalic version; that he had never adopted complete podalic version; and that he makes no mention of the way to convert a more or less cephalic version into podalic. Wigan's plan was to bring that part to present which was nearest the orifice of the uterus. Therefore he applied it only to the rectification of *abnormal* presentations. Consequently, on comparing the two methods, it would readily be seen that very many of the conditions to which Dr. Hicks applied his plan were contraindicated in the other as mentioned by Wigand himself. It was shown that the only use he makes of the internal hand is to first determine the presentation, and to receive the part as it is pressed down from above, and guide it to the os uteri. Dr. Hicks again pointed out that it was by combining the two powers, within and without, that made the plan he had brought forward much more complete and available than either employed separately.

Difficult Labour from Distension of the Fœtal Uterus. Dr. Gervis exhibited the body of a child, in whose birth, after the passage of the head, extreme difficulty was experienced in completing the delivery, owing to a great enlargement of the abdomen. It was, however, accomplished by simple traction. On dissection, this enlargement was found to be due to an enormously distended uterus, presenting two distinct cornua, and with an imperfect septum dividing its cavity. It was filled with a turbid serum containing white flocculi. The os uteri was impervious. There was no indication of an anus, and the rectum terminated in a *cul-de-sac* attached to the posterior part of the uterus.

The President remarked that it was a most interesting specimen, and suggested that Dr. Gervis should, jointly with Dr. Hicks, furnish a further report upon it.

Abnormal Condition of the Fœtus Impeding Labour. Dr. J. Braxton Hicks read three cases. In one, there were found three quarts of ascitic fluid, in combination with cystic enlargement of the pelves of both kidneys, in consequence of occlusion of the ureters. In another, the abdomen of a female fœtus was distended by the bladder, which reached to the ribs, and which was full of fluid. No obstruction existed in the urethra. Both were delivered readily after puncture by the crochet. In the third there was dropsy of the amnion to an enormous extent, coupled with a very peculiar enlargement of the forepart of the neck of the fœtus, which had to be ruptured before labour could be completed. It was partly filled with serous fluid. The mothers in all the cases recovered.

Dr. Graily Hewitt remarked that, the occurrence of cases such as those brought before the Society by Dr. Hicks favoured the idea that normally a secretion and excretion of urine from the fœtus was going on during intrauterine life. He alluded to cases recorded by Mauriceau and Depaul, similar to Dr. Hicks's case.

Dr. Hicks was invited to report further on the tumour, conjointly with Dr. Gervis.

On Distension of the Bladder Considered as a Cause of Post Partum Hæmorrhage. By J. Lumley Earle, M.D. The author pointed out this condition as one of the many causes of *post partum* hæmorrhage; and called attention to the propinquity of the bladder to the lower portion of the uterus, so that when the former was distended the latter was not only displaced, but prevented from contracting completely. He pointed out the usual symptoms which would lead to the discovery of the accumulation of urine; and gave three cases in illustration that the removal of urine caused the subsidence of the flooding.

On Pertussis: its Practical Treatment and more Rapid Cure. By R. Marley, Esq. After alluding to the history and symptomatology of this complaint, the author analysed the various modes of treatment. He laid stress upon the value, in the second stage, of conium, belladonna, and hydrocyanic acid taken internally; and also the careful inhalation of chloroform at the commencement of the attack, whereby the fit was invariably mitigated or stopped. Although he had by the use of the above treatment been led to think very favourably of it, yet he did not urge it to the exclusion of all others. As in all other diseases, the treatment must be modified by the special features of each case. He advocated warmth during the first stage, and change of air in the third.

Dr. Day thought it was scarcely safe to leave chloroform in the hands of nurses. He considered that the disease should be treated on general principles. Bromide of ammonium had been latterly much recommended, but in the few cases in which he had tried it he had not found it to possess much influence on the disease.

Dr. Holt Dunn thought that the treatment in hooping-cough was uncertain, and that we should hail with pleasure any plan which gave more satisfactory results. He had tried the last named drug, and thought he had found more success with it than with any other.

Dr. Graily Hewitt had some years ago examined carefully into the causes of death from hooping-cough. In the cases he had examined, which were for the most part children badly fed, ill-nourished, and in other respects diseased, death had occurred from collapse of the lung—a condition formerly described as lobular pneumonia. It was useless to attempt to treat such cases by specifics. In all cases of hooping-cough he had found the greatest benefit from a treatment mainly consisting of hygiene—good food, exercise, warmth, ventilation, etc. Antispasmodics and sedatives were frequently required, and were not seldom of great use; but the primary object of the treatment should be to maintain the general health of the child.

Army Medical Examinations. Mr. B. Bell, the President of the Edinburgh College of Surgeons, lately remarked upon the system of army examinations, for which young men, who had been pronounced qualified by the professors of this the first school of medicine in the world, had to undergo an immense amount of laborious cramming: a fact which showed there was something radically wrong in the public service examinations.

Correspondence.

IRIDECTOMY.

Letter from Wm. Bowman, Esq., F.R.S.

Sir,—Mr. Wilde (last vol., p. 696) refers you, for his present opinions on iridectomy, to *Medical Epidemics—Glaucoma and Iridectomy*, a review written by him in the *Dublin Quarterly Journal of Medical Science* for August 1860, and separately printed and circulated, of which he sends you a copy. If you will run your eye over its pages, you will understand why I should have expressed my regret at the appearance, from so respectable a quarter, of a production characterised by a tone so unusual in medical literature. I have no wish to recall what is painful by making any extracts from that review; but should any of your readers be inclined to peruse it, I would ask them to turn also to my reply, published at the time (*Med. Times and Gazette*, Aug. 25th, 1860), in which I defended both my friend, the proposer of the new treatment, and the method itself, in terms to which, so far as I remember, no rejoinder was attempted.*

My reply explains what is meant by the promoters of this operation, both as to the steps of its performance, the cases to which it is applicable, and the results to be reasonably expected in each kind of case. It supplies, I believe, a sufficient answer to many of the objections which are still often reproduced as novel by those who have not been at the pains to master practically the recent niceties in the diagnosis of glaucoma, and have not themselves experimentally tested the treatment.

I suppose I am doing no injustice to Mr. Wilde in supposing that he has never himself thought it right to treat glaucoma by iridectomy either before or since 1860. If so, the divergence in our views may be not unnaturally explained; and his opinions on this subject must be left to make that kind of impression which depends on high reputation, great ability, and a sincere desire to arrive at the truth, but where the full materials of a comprehensive and exact judgment have not been taken advantage of. I should hope, however, that the perusal of Mr. Critchett's admirable letter in your last number will induce him to think iridectomy at least worth a trial, and that it is neither "a dodge" nor "a medical humbug".

I now feel called on to offer a few remarks upon the letter of my colleague Mr. Dixon in your last number. Mr. Dixon, it is well known, was a strong opponent of this practice at first. He spoke and argued in opposition to it; and this makes his present avowal of its *necessity*, as *the only cure in true acute glaucoma*, all the more likely to exert a valuable influence on the minds of men like Mr. Wilde and Mr. Walton, who seem to be still, *toto cœlo*, opposed to it.

I infer from Mr. Dixon's letter, that he performs iridectomy *only* in the *acute stage* of *acute glaucoma*. But why should he not perform it also, on the same *kind* of grounds, in the *subacute period* which often precedes and ushers in the acute attack; and also in the *receding* and *relapsing* stages by which the acute attack, not having destroyed sight, but only damaged it, frequently as it were pauses in its destructive course, and when, very often indeed, much sight may still be rescued? I do not see how he can logically operate only in the crisis of that rather rare form of acute glaucoma which, as he says, "hurries the patient into utterly hopeless blindness within a few days or even hours from the onset of the attack," and withhold the same relief where the same *kind* of disease exists and the eye is equally hard, the chief difference being in *the amount of inflammation present and of sight still recoverable.*

When once he shall have experienced the pleasure of saving one-quarter, one-half, or even the whole visual power of an eye previously undergoing deterioration under the premonitory or receding stages of acute glaucoma, I am persuaded he will be ready to extend the application of the remedy to the other stages and forms of typical glaucoma, where the signs of *acute* inflammation do not yet, or do not still, present themselves; and also, perhaps, even to suitably selected cases of simple non-inflammatory glaucoma, where it is desirable to permanently lessen that undue tension which is slowly and painlessly, but not the less surely, inducing blindness.

Mr. Dixon, in his letter, insists much on what he terms the *abuse* of iridectomy; he "deplores the reckless manner in which it is so often resorted to"; "numbers of these hopeless chronic cases are now-a-days operated on by the blind—I mean the morally blind—advocates of iridectomy"; apparently wishing thus to explain to others, or to excuse to himself (unless I am mistaken) the slowness with which he took up the operation, when others around him were warmly promoting it, and were perhaps even enthusiastic in favour of what was seen by them to be so great a boon. Now, it is no part of my duty to notice these statements of his, except to say what, in simple justice to those about me, I feel bound to affirm; viz., that I do not know to what operations or what operators Mr. Dixon here refers. The charge is, indeed, a serious one, taken in the ordinary meaning of the words, and one calculated not so much, perhaps, to damage individuals, as to lower the high reputation of English science and of English humanity abroad. I have seen a great deal of the operations for glaucoma from the first. When it became early recognised that undue tension could be permanently lessened by iridectomy, some enthusiasm, on the part especially of our younger colleagues, was to be anticipated. *I would not have had it otherwise.* And when what I call *splendid cures* were accomplished in a disease which had hitherto baffled all skill, and while the disease itself, in its several forms and complications, was undergoing new investigations, both on the continent and here, under the impulse communicated to the whole subject, it may be readily conceded that occasional errors of diagnosis and blemishes in the operative procedure may have occurred, which would not now be met with.* But that anything took place, or is now being enacted, at all meriting the censure here referred to, I entirely disbelieve. I am of opinion that Mr. Dixon (I am sure without intending injustice to any one, of which he is not capable) must have formed an exaggerated estimate of the harm done and the errors committed. I incline to think that glaucomatous patients have suffered in a far greater degree from that sort of *abuse* of the operation which consists in its not being used where it would benefit, than from its having been imperfectly or inopportunely performed, where it could yield no advantage.

But it is the last two paragraphs of Mr. Dixon's letter which should especially fix the attention of all interested in this discussion, because they contain *what I regard as a fundamental error as to a plain matter of fact*, on the part of some of those who oppose, more or less, the use of iridectomy. I allude to the *phenomenon of tension.*

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* See also Dr. Bader's excellent reply, *ibid.*, p. 196.

* I remarked long ago (see *Medical Times and Gazette*, August 25th, 1860): "While the modern doctrine and treatment of glaucomatous affections are so new, it is to be expected that errors in the diagnosis may occur even among well instructed practitioners; and the operation is doubtless in some danger of being brought into discredit by being undertaken in cases to which it is not rationally applicable, or by being defectively executed. I do not see how this can be avoided; it is the necessary fate of all novel proposals, and this one must face the ordeal. It is the part of intelligent men to make allowance for these incidents of human progress, rather than to allow them to prejudice the march of truth."

Mr. Dixon quotes me correctly* as saying (last vol., p. 593) that "all diseases attended with augmented tension of the eyeball should now be embraced within the term glaucoma, and as a class should be treated by iridectomy"; and he states that "tension is present in several inflammatory conditions in which iridectomy is wholly inadmissible." "We can only judge of *tension* by its phenomenon *hardness;* and to say that all inflamed eyes which are harder than natural are to be subjected to iridectomy *will be to inflict that operation upon numberless cases of iritis, keratitis, etc.*, which can be perfectly and readily cured by judicious medical means." Here it is, in effect, stated that *numberless cases of iritis, keratitis, etc., are attended by hardness of the eyeball*, and it is argued that hardness is therefore a sign of little or no value in the diagnosis of glaucoma, or as an indication for iridectomy.

Mr. White Cooper states (*ante* p. 23) that his "views are so entirely in accordance with those so ably stated by Mr. Dixon in your last number, that it would be mere waste of time and space to enter at length into the discussion"; and Mr. Walton also expresses the same view, if possible even in more express and positive terms (that "in every acute inflammatory ophthalmic disease the eyeball is tense"), as I shall have occasion to point out next week.

Now, it may seem to many of your readers an almost inexplicable thing that, on a question of fact seemingly so simple, and so easy of determination on occasions of daily and hourly recurrence, there should be any room for difference of opinion between men (I venture to say it with diffidence as regards myself) whose competence as observers, and whose large experience and truthful habit of mind are alike unquestionable; and yet I, on my part, affirm, after having paid a great deal of attention to this special subject of eye-tension for many years (see BRITISH MEDICAL JOURNAL, Oct. 11, 1862, pp. 378 and 379) that *I am directly at issue with these colleagues on the matter of fact;* that ordinary corneitis, iritis, choroiditis, retinitis, in fact *all the ordinary inflammations of the internal tunics are not characterised, as a rule, by undue tension;*† and that if, in their course, the eye becomes tense (and in the *advanced* or *protracted* stages of some, *particularly irido-choroiditis*, it is so apt to do so that tension becomes almost a normal incident of such stages), a new element of danger is introduced depending on a new order of conditions, to be met by treatment conducted on a new principle, *though not always necessarily by iridectomy*. I may explain myself further next week. If I am right as to the fact, it will be apparent that the subject of eye-tension, all important as it is in glaucoma, has yet to be studied by some of my colleagues who oppose iridectomy, as I am, indeed, but too conscious that it still requires to be more completely studied by myself.

I am, etc., W. BOWMAN.

5, Clifford Street, January 4th, 1864.

Medical News.

APPOINTMENTS.

BURKE, William M., M.D., appointed Medical Registrar for Ireland.
CLELLAND, John, M.D., appointed Professor of Anatomy in Queen's College, Galway, and Surgeon to the Poor-House Hospital.
ILIFFE, Frank, Esq., appointed House-Surgeon to the Coventry and Warwickshire Hospital.
MAUDE, Frederick W., Esq., appointed Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate.
RITCHIE, Robert P., M.D., elected Physician to the Hospital for Sick Children, Edinburgh.
TULLOCH, James S., M.D., elected Assistant-Surgeon to the London Surgical Home.

POOR-LAW MEDICAL SERVICE.

CLARKE, Francis W., M.B., to District No. 5 of the Abingdon Union, Berks.
CROSS, John, Esq., to the Hale District of the Prescot Union, Lancashire.
HILL, Hilary, Esq., to District No. 3 of the Worcester Union.
LANE, John W., M.D., to the Norbury District, and for the Bishop's Castle No. 2 District of the Clun Union, Salop.
MACKESON, Henry S., Esq., to the Blankney District of the Sleaford Union, Lincolnshire.
NEWMAN, Augustus, M.B., to the Blackawton or No. 2 District of the Kingsbridge Union, Devon.
NEWTON, Henry William, L.F.P.S.Glasg., to the St. Andrew's or No. 1 District of the Newcastle-upon-Tyne Union.
OLDMAN, John, Esq., to the Huntingdon District of the Huntingdon Union.
RUSHER, James G., Esq., to the Upton Snodsbury District of the Pershore Union.
SECCOMBE, John T., M.D., to Districts Nos. 4 and 5 of the Wisbech Union.
SMITH, Charles S., Esq., to the Fulbeck District of the Newark Union, Nottinghamshire.
SOPER, Isabell H., Esq., to the Nant-y-Glo District of the Bedwellty Union, Shropshire.
TAYLOR, Frederick, Esq., to the Silverstone District of the Towcester Union.

ROYAL ARSENAL, WOOLWICH.

BRISCOE, Surgeon-Major, M.D., re-appointed Principal Medical Officer to the Infirmary.
CULLEN, Staff-Assistant-Surgeon, appointed Second Medical Officer to the Infirmary.

ROYAL NAVY.

ANDERSON, Charles A., M.D., to be Deputy Inspector-General of Malta Hospital, *vice* A. Armstrong, M.D.
BANKS, George T., Esq., Surgeon, to the *Rattlesnake*.
DAUN, Edward, M.D., Assistant-Surgeon, to the *Indus*.
MORTON, Charles, Esq., Assistant-Surgeon, to the *Dasher*.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

GIRDWOOD, J. M'Ewen, Esq., to be Honorary Assistant-Surgeon 3rd Stirlingshire R.V.
MUNRO, H., Esq., to be Honorary Assist.-Surg. 21st Durham R.V.

BIRTH.

SANKEY. On January 4th, at Maidstone, the wife of *George Sankey, Esq., of a son.

DEATHS.

BULMAN, Darnell, M.D., at Newcastle-on-Tyne, aged 68, on December 24, 1863.
*CORY, Samuel S., Esq., at Bridport, Dorset, on December 17, 1863.
DAVIS, John F., M.D., at Bath, aged 90, on January 1st.
DERBISHIRE, John, Esq., Surgeon, at 58, Upper Marylebone Street, aged 71, on December 31st, 1863.
GWYNN. On December 30th, 1863, at Wem, Salop, Sarah Jane, wife of *Samuel B. Gwynn, Esq.
HUTSON, John Richard F., M.D., at Demerara, aged 67, on October 13th, 1863.
SLEIGH, William W., M.D. at Brixton, aged 67, on Dec. 30, 1863.
WARD, Francis, Esq., Surgeon, late of Balham Hill, at 4, Angel Terrace, Stockwell, aged 57, on December 31st, 1863.

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* The short letter (last vol., p. 593), from which Mr. Dixon here quotes, was written in answer to a question by "a Surgeon" perplexed by a difficulty as to the supposed frequency of glaucoma in former days; and the above sentence, detached from its context, may seem to mean more than I intended it to convey. I may state that I am in the constant habit, and have been for many years, of treating some special limited forms of tension (*secondary or intercurrent complications of other ocular conditions*), and also some conditions unattended by tension, by the old, and occasionally excellent method of puncture, sometimes carried out in a peculiar manner, according to the case. Of this, more I hope at some future time. But it was the non-inflammatory and the slighter inflammatory forms of *primary* or *typical* glaucoma that I was alluding to in that sentence, as having now a recognised alliance with the acute form, and, in the present state of our knowledge, demanding like it, *as a class*, of course not absolutely without exceptions, the employment of iridectomy.

† See particularly BRITISH MEDICAL JOURNAL, October 11th, 1862, p. 378, and last vol., p. 649, in both which places the same thing is stated in express terms.

Mr. Collis's Case of Ovariotomy in Dublin has proved unsuccessful.

Smallpox in Madras. Twenty thousand persons die annually, in the Madras Presidency, of smallpox.

Dr. George Burrows has resigned his office of Physician to St. Bartholomew's Hospital.

A Portrait of the late Dr. Engledue has been placed in the Committee Room of the Gosport and Portsmouth Hospital.

Donation from Workmen to a Hospital. Messrs. Collard's workmen have made a donation of £8 10s. to University College Hospital.

Poisoning by Saltpetre. A man was lately poisoned at Oswestry by saltpetre, which had been accidentally supplied to him by a druggist instead of Epsom salts.

A Special Meeting of the Medical Council will be held on the 13th instant, in Soho Square, for the purpose of electing a president to replace the late Mr. Green.

Obstetrical Society of Edinburgh. Dr. T. G. Weir has been elected president, and Dr. T. H. Pattison and Mr. W. S. Carmichael vice-presidents, of this Society.

The Cuvier Prize, which is given triennially by the French Institute, has recently been awarded to Sir Roderick Murchison, author of *The Silurian System of Rocks*. This is the first occasion on which that honour has been conferred on a geologist.

Falling or Shooting Stars. Mr. Eaton stated at the Meteorological Society, that the velocity of these bodies amounted to sixty miles per second; and that the heat developed by their friction with the air was sufficient to render them intensely luminous, and ultimately to volatilise the materials of which they are composed.

Naval Court-Martial. On the 30th ult., a court-martial was held on Assistant-Surgeon W. C. Fairbairn, of the *Fisgard*, doing duty at the Royal Marine Infirmary, Woolwich, "for conduct unbecoming an officer in drinking intoxicating liquors to such excess as to produce illness, by which he was incapacitated for the performance of his duty on the 2nd day of December last." In support of the prosecution, Deputy-Inspector-General Salmon, principal medical officer at the Royal Marine Infirmary, was examined. After deliberating a short time, the Court considered the charge not proved, and acquitted the prisoner.

Iridectomy. A most interesting and important discussion has been, and is still being carried in the columns of the British Medical Journal, in which Mr. Bowman and Mr. Wordsworth of the Royal London Ophthalmic Hospital appear as chief champions of the operation, and Mr. Haynes Walton, Mr. Wharton Jones, and numerous anonymous writers, as well as the Editor of the Journal, appear *contra*. The subject is of too much importance to be dismissed within the limits of a short leader, but we hope shortly to devote some space to the consideration of the statements of the iridectomists which (if true) make the operation little short of a miracle, and if false should be the condemnation of the practice. (*Dublin Med. Press.*)

Whale-Steaks. In passing along the street we saw strips of whale-flesh, black and reddish-coloured, hanging outside the gable of almost every house to dry, just as we have seen herrings in fishing-villages on our own coasts. When a shoal of whales is driven ashore by the boatman, there are great rejoicings among the islanders, whose faces, we were told, actually shine for weeks after this their season of feasting. What cannot be eaten at the time is dried for future use. Boiled or roasted it is nutritious, and not very unpalatable. The dried flesh which I tasted resembled tough beef, with a flavour of venison. Being "blood-meat," I would not have known it to be from the sea; and have been told that when fresh and properly cooked, tender steaks from a young whale can scarcely be distinguished from beef-steak. (*Pen and Pencil Sketches of Faro and Iceland.* By A. J. Symington.)

Report of the Council of the Pathological Society. In accordance with the established rule of the Pathological Society, its Council presents to the members an annual report, embodying a brief account of the progress which has been achieved during the past year, as well as the position and prospects of the Society. It is a noteworthy fact that, throughout its whole career, a period of eighteen years, the Council has been enabled to furnish an annual record of progressive prosperity; no exception to this happy experience has yet been furnished, and it is with no small gratification that now, on the occasion of another anniversary, your Council is able to announce not merely that the present report maintains the character of its predecessors, but that it records an amount of success beyond that of several preceding years. To commence with the subject of finance:—The total receipts for the past year have amounted to £353 : 1 : 4, of which £12 : 8 : 1 have been realised by the sale of Transactions, and £5 : 14 : 3 as dividend from stock, leaving as the amount of subscriptions the sum of £334 : 19 : 0. Of this £45 : 3 : 0 have been received as life fees, and as composition fees from non-resident members, and will in accordance with previous practice be invested in 3 per cent. consols. Besides this, there is a balance of £190 : 18 : 5½ from the preceding year, making a total of £543 : 19 : 9½. Of this £119 : 19 : 0 have been added by order of the Council to the Society's funded property. The total expenditure amounts to £329 : 3 : 3, leaving in the treasurer's hands a balance of £78 : 2 : 6½ to be carried forward to the account of the current year. The amount of stock in consols held by the trustees for the Pathological Society is now £259 : 13 : 5. Next, in relation to numerical strength it should be stated that, the Society is at this moment constituted by a larger number of members than at any previous period of its existence. The average attendance at its meetings is also higher, a fact which demonstrates the increasing interest which attaches to the operations of the Society. The supply of pathological specimens has been more than ample, and on most evenings more than sufficient for examination, to say nothing of discussion. If any ground for complaint could possibly be alleged, it arises from an absolute superabundance of valuable examples of many forms of morbid product. The often imposing list, the reading of which commences the proceedings of each meeting, sometimes suggests such a reflection as the following:—"It is true that each of these preparations is intrinsically valuable and interesting; that it is necessarily so to the exhibitor who has watched narrowly the phenomena which have marked its development; but has it been considered whether the specimen subserves also that purpose, which is after all the higher one, viz.: to afford interest and perhaps instruction to many of the hundred members whose time will be occupied by its examination, of the four hundred who pay for its record in their annual volume? In conclusion, it remains only for the Council to state, that the energy and activity which have already signalised the career of the present session, offer the prospect of a valuable forthcoming volume as the result of those useful labours which so many of the members have prosecuted on behalf of the Society.

Varieties.

Nervous Influence over the Heart. Upon one occasion I called at the house of a gentlemen advanced in years, whom I had long known as a patient, and found him dressed, as usual, and down stairs. He had, indeed, forsaken his usual easy couch, and was sitting on a common chair at the table. He wished to go into the country, as the change, he thought, would do him good; but he complained of no inconvenience of any kind. To my surprise I found the pulse beating upwards of 120 in a minute. My patient reluctantly consented to go to bed; and in less than forty-eight hours the heart, which had sounded the alarm without any of the ordinary sensations being disturbed, had ceased to beat. (*Mr. H. Lee.*)

Poor-Law Guardians and their Doctors. The Galway Guardians have, by a majority of fourteen to twelve, passed a resolution *reducing* the salaries of their rural medical officers. The reason which actuated the Galway Guardians was, that the fees under the Births and Deaths Registration Bill would be sufficient compensation for the reduction, and that therefore they were at liberty to cut down the salaries by as much as the Act increased the incomes of their medical officers. This course is certainly an out-Heroding of Herod, worthy of no other name than a dishonest, mean, illegal, and pettifogging excuse for appropriating the just remuneration of medical officers for their hard labour to the liquidation of their own debts. (*Dublin Medical Press.*)

Medical Education in Montreal. In the city of Montreal there are two medical colleges, an English and a French one, the former being in connection with McGill University, and the Montreal General, and University Lying-in Hospitals. In the latter, "L'Ecole de Medecine et de Chirurgie," the lectures are delivered in the French language; it has the great advantage of having under its control one of the largest and finest hospitals in the Province—the Hôtel Dieu; it has also the Ste. Pélagie Hospital for Midwifery practice, and La Dispensaire de la Providence, where over eight hundred out-door patients have been prescribed for within the past three months. To the student in medicine, McGill College possesses many unfair advantages, gained by partial legislation. 1. Whilst a student attending the English college requires but three years and a half of study to obtain his degree and license to practise, the law demands four full years if he attend the French one. 2. A student in the English College has his time counted from the moment of commencing his studies; in the French school his studies can only be reckoned from his classical examination, which must be by the College of Physicians and Surgeons of Lower Canada. 3. The English college has the power of granting degrees—the French one possesses no such right. 4. The English College has the right of examining its own students, whilst those of the French are compelled to go before the College of Physicians and Surgeons even for the examination for license to practise. (*Canada Lancet.*)

The Contagiousness of Leprosy. Dr. Daunt writes as follows from Brazil:—"I see that the English Government, after consulting the London College of Physicians, and receiving information from many supposed authorities, have decided officially the non-contagiousness of leprosy! I wish to enter a solemn protest against such decision. *Leprosy is contagious!* I have seen proofs of this repeatedly. This truth is nowise attenuated by the truths that it is hereditary, and that it is also spontaneously produced by the neglect of the precepts of hygiene as to food, cleanliness, exposure, as also that syphilis is also a cause. Why does not the English Government solicit the opinion of the Imperial Academy of Medicine of Rio de Janeiro, or of the Congregation of Professors of the Faculty of Medicine of Rio? Brazil being the theatre of the development of leprosy on a fearfully vast scale, to no country could a foreign government more appropriately turn in search of valuable opinions. The disposition to deny contagiousness in disease seems to me to be a moral malady near akin to the sceptic rationalism which corrupts the intelligence of so many who think the yoke of unbelief lighter than that of tradition. The hygienic precautions as to leprosy, recorded in the Mosaic writings are an *à priori* weighty argument on the side of infection. The rage for disbelieving everything which cannot be materially and mathematically demonstrated in all its parts is a sterile, mal-efficient, and death-generating agent in all intellectual operations."

Cow-Houses in St. Pancras. Last year, a law came into operation, by which no dairyman can keep cows in London in any unlicensed place. The license is to be granted annually by the Justices of the Peace; and every cowkeeper, who wishes to obtain a license, must give a fortnight's notice to the Vestry, in order that the Sanitary Officers may inspect the places, and report on their condition to the Vestry. It then becomes the duty of the Vestry to shew cause against the granting of the license in any case in which the place appears to be unfitted for the purpose. In consequence of the short time which had elapsed since the passing of the Act, the magistrates have been hitherto lenient in their requirements. The nuisance arising from cowsheds in a crowded district is much greater than might be supposed. The food on which the cows are fed in warm weather, gives rise to very disagreeable smells; the cows are huddled together, and there is a general neglect of cleanliness. A few of the worst were shut up, by the licence being refused; but licenses were granted to eighty-eight cowkeepers for a hundred and two distinct cowsheds. In regard to a number of these, the magistrates stated, that unless great improvements were effected during the present year, the license could not be renewed. Of the hundred and two sheds, the amount of space allowed for each cow is not sufficient for the health of the animal in more than about fifteen. After deliberation and consultation with each other, the Medical Officers of Health of the Metropolis were of opinion that a cubic space of a thousand feet should be allowed for each cow. In nine of the sheds in this parish the space was between two and three hundred feet only; in eighteen it was between three and four hundred feet for each cow; in sixteen it was from four to five hundred feet; in thirty-five sheds the space for each was between five and eight hundred cubic feet; in ten it was from eight to ten hundred; and in only ten was it over one thousand cubic feet. (*Report of Officers of Health.*)

Scotch Registrar-General's Report. The Registrar-General of Scotland states in his quarterly return just issued that the marriages registered in Scotland in the third quarter of this year amounted to the average number—a fact which speaks well for the general prosperity of the country—especially as the marriages in the previous quarter were above the average, and therefore might have led us rather to expect a diminution afterwards. The births last quarter were considerably above the average, but unhappily the deaths were still more in excess. The quarter was very unhealthy. Smallpox was epidemic. The Registrar of Walls, in Shetland, states that it is always very fatal there, and that he believes that in that parish (with a population of 1,365 at the last census) there are upwards of a thousand persons unvaccinated. Of Foula, in his district, with a population of 233 at the last census, he has to state that at one time smallpox swept off almost all the inhabitants, and that at present there is hardly a person there who has been vaccinated. The Bill of last Session for compelling the vaccination of children in future was not passed without cause, and ought not to be a dead letter. Diphtheria is steadily increasing in Scotland; last quarter it seems to have been more prevalent and fatal in the northern than in the southern half of that country. One of the registrars notices that the night-air is extremely vitiated in the box beds which are still in general use in the damp, ill-aired cottages so common in Scotland; and the reports mention that fever and smallpox have in several instances clung to particular houses and not been prevalent in the neighbourhood. A child died from the bite of an adder at Kirkcowan, in Wigtonshire. One or two deaths occur every year from the poison of this snake. The weather in the last two months of the quarter is described as cold and rainy. There has been a complete absence of the usual amount of autumnal heat, and the meteorological agencies generally were most adverse to health. The registrar of Laggan, Inverness, reports that at six o'clock "on the evening of August 6th," a smart shock of an earthquake was felt throughout the district, and caused much alarm. In one place there was so much oscillation of the ground that workmen had difficulty in steadying themselves.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.--Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Palfrey, "A Case of Uterine Polypus, unaccompanied by Hæmorrhage"; Mr. W. Miller, "On Two Peculiar Properties of Chloroform, independent of Anæsthesia"; Dr. Habershon, "Abscess of the Liver."

TUESDAY. Royal Medical and Chirurgical Society, 8 P.M. Mr. Holmes Coote, "Case of Left Ovary found in the Sac of an Inguinal Hernia"; Dr. Habershon, "Effects of the Implication of Branches of the Pneumogastric Nerve in Aneurismal Tumours"; Dr. John Harley, "On Endemic Hæmaturia of the Cape of Good Hope."

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE LATE MR. THACKERAY.—SIR: Permit me to correct a statement appearing in your brief notice of the autopsy of the late lamented Mr. Thackeray. The examination was made conjointly by Mr. Seymour Haden, Mr. Reeves Traer, and myself; with the presence and aid of Mr. Merriman of Kensington.

I am, etc., HENRY THOMPSON.

35, Wimpole Street, W., January 2nd, 1864.

MAN-MIDWIFERY.—SIR: I wish to direct your attention to certain pamphlets published by Mr. Job Caudwell, 335, Strand, which, I consider, are likely to injure the status of our profession with many of the public, always ready for a hit at the doctor. My attention was drawn to an advertisement in a newspaper a week or two ago; and I was induced, through curiosity, to write for the books. One is entitled *Man-Midwifery Exposed; or the Danger and Immorality of employing Men in Midwifery Proved*, etc. By John Stevens, M.D. Another is entitled *The Accoucheur; A Letter to the Rev. Mr. Tattershall of Liverpool on the Evils of Man-Midwifery.* By A Student. Another is entitled *The Death-blow to He- or Man-Midwifery; or Hints based on Truth and Fact; Addressed to Husbands, Fathers, and Brothers.* By Hamilton Fitz-williams.

We must all allow that the subject is one requiring careful consideration, and there is a great deal of truth in the charges brought against the profession; but I should fain hope that most of the remarks made do not apply to the "man midwives" of this country, but are confined to America. I suppose no good would come of any efforts to suppress the publications in question?

I should also like to know your opinion as to the use of the "pneumoclime" and the "pneumothalp", remedial agents designed to meet the requirements of the Climatic Pathology of the Chest, by Julius Jeffreys, F.R.S., formerly of the Indian medical staff, etc. He sent me a circular by post, two or three weeks since, in the form of an address to the medical profession, on the utility of his inventions. Do you consider that his views on the subject are sound?

Apologising for the length of my letter,

I am, etc., JOHN CANDY, M.D.

Alstonfield, near Ashbourne, December 23rd, 1863.

TREATMENT OF SKIN DISEASES (SAVE ITCH).—Take of acetic acid ℥j; iodide of potassium ʒij; tincture of iodine ʒvi. Dissolve the iodide of potassium in the acetic acid; then add the tincture of iodine, and shake all together, and apply it with the tip of a feather to the diseased part every morning, and a little oxide of zinc ointment every night. The patient should take internally from one to two grains of mercury with chalk, with from four to six grains of James's powder, every night when going to bed, and some sweet whey afterwards. Of course, a light nutritious diet is absolutely necessary. Milk and vegetables are preferable to any other diet. Tea, toast and eggs, fresh butter, etc., can be used with benefit for breakfast. The tea should be strong, with plenty of cream and sugar in it. After four or five applications externally, the lotion can be left off for a few days, and then repeated again, if necessary. In five or six days, the mercury with chalk and James's powder can be left off, and repeated again, if necessary. I am, etc., J. SPROULE.

Arva, co. Cavan, December 26th, 1863.

CHLOROFORM AND CORONER'S INQUESTS.—SIR: Your article on Chloroform ought to do good, if anything will do good, in warning operating surgeons of the danger of permitting chloroform administration to degenerate into a mere trifle, like putting on leeches, shaving the pubes in a hernia case, or sponging out the adyta of a black eye or cut head, which any zealous first year's student may do. I have heard the chief lithotomist in London say to his class that he never undertakes the operation for stone, without fear and trembling for the patient. I wish we had a little of this feeling as bearing on the caution necessary in the giving of chloroform. At the last inquest, the jury and coroner, doctor and newspaper reporter, were all "at sixes and sevens" as to whether in future cases the pulse ought to be *continuously* felt during the administration, or whether it would answer for a third party standing by to "watch the pulse". At a previous inquest, a coroner's jury found that the pulse comes to the wrist from the *right*(!) side of the heart, where there was heart-congestion (Snow's cardiac syncope). Nay, verily, the coroner had a whole heap of books and the *Lancet* to charge the jury, so as to prove this. Dr. Taylor, of Guy's Hospital, too, was an authority quoted on that side; and as there was this heart-congestion present (the newspapers made it extensive heart disease), the jury were much inclined to bring in a verdict of malpraxis! I told the jury in the meekest manner, but smiling, that all that the coroner found in his authorities was nonsense; that the pulse comes from the left side of the heart, as every boy student knows; that "fatty heart", as a cause of death, was a dream; and that a malpraxis verdict was neither more nor less than fatuity. The coroner still held to his heap of books and journals; and there was a great triumph in favour of the pulse coming from the right side of the heart. "Whatever, as to the heart, was right could not be wrong", said one juryman. I said "not; and so he should rather believe me than trust to popular fallacies now exploded." I see my excellent friend Mr. Gay has got into the same muddle of the coroners and juries; but, as you remark, we are coming to a time when this thing will be a very serious matter indeed, if not discouraged. The pulse is a most valuable test *negatively* that all is going on right; *quoad* the respiration, during chloroform administration; it is of no moment in ninety-nine cases in a hundred as to the direct effect of chloroform in the heart itself. As to a third party standing by feeling and watching the pulse, it would be about as wise as when one is hungry for his dinner, if he get another person to eat it for him, and then wonder something had gone wrong, if, in testing his appetite, he found it still remained, though his friend might protest he has lost his. I am, etc., C. K.

Sackville Street, November 13th, 1863.

COMMUNICATIONS have been received from:—Dr. FREDERICK J. BROWN; Mr. F. FRY; Mr. BOWMAN; Mr. H. LEE; Mr. OLIVER PEMBERTON; Dr. A. C. ROBERTSON; Mr. H. THOMPSON; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Mr. J. VOSE SOLOMON; Mr. BRODHURST; Dr. THUDICHUM; Mr. JONATHAN HUTCHINSON; Mr. G. SANKEY; THE HON. SEC. OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. C. HOLMAN; Dr. S. H. AGAR; Mr. W. R. ROBERTS; Mr. R. HARRISON; Mr. FURNEAUX JORDAN; Mr. J. FOX; Mr. F. D. FLETCHER; Dr. ALEXANDER FLEMING; and Dr. WILLIAM NEWMAN.

Lectures
ON
ORTHOPÆDIC SURGERY.
BY

BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE VI.

ON CURVATURES OF THE SPINE.
(*Continued.*)

Symptoms of Lateral Curvature of the Spine.

It has already been said that lateral curvature may be divided into incipient and confirmed curvature. Incipient curvature exists in the erect position of the body, and it may be removed in the horizontal posture. When, however, the curve becomes permanent, it is shown both by the form of the thorax and in the gait, as well as in the inequality in the height of the shoulders and the hips. The shoulders are no longer on the same plane; one is raised, while the other is depressed. The shoulder on the side of the dorsal convexity is not only unduly raised, but the scapula is rendered abnormally prominent, and its inferior angle is carried outwards and away from the median line of the trunk. But, while this occurs on the convexity, on the opposite side the scapula is depressed; for the ribs are flattened and depressed on the side of the concavity, while they are bowed out on the convexity. The scapula changes its position only as the ribs change in form; being raised and rendered prominent as these are bowed, and depressed as they are depressed.

This change in the form of the ribs is caused by rotation of the vertebræ; and thus it is that rotation of the vertebræ constitutes one of the most important characteristics of spinal curvature. It commences so soon as curvature becomes confirmed. Hence I have dealt with it as a means of classification; namely thus: incipient curvature, or curvature without rotation of vertebræ; and confirmed curvature, or with rotation.

The angles of the ribs are rendered abnormally prominent on the side of the convexity of the curve; and the ribs themselves become more horizontal in direction, and they are separated more widely from each other than in their normal condition. On the side of the concavity, they are rendered more oblique in their direction; and they are depressed, or even they overlap one another.

The anterior surface of the thorax also presents changes consonant with those which are going on elsewhere. All the changes are due to a common cause, and they proceed *pari passu.* On the side of the convexity, the ribs are flattened anteriorly; the mammary gland becomes atrophic, and its nipple presents outwardly; and the shoulder is raised and carried forward; while, on the side of the concavity, the ribs become unduly prominent. Thus the greatest diameter of the thorax is in an oblique direction from behind forwards. These particulars are shown in the following figure (Fig. 18).

One of the earliest symptoms of spinal curvature is pain below the scapula, on the side of the convexity of the curve. It is not invariable, however. Not unfrequently pain is only felt when distortion becomes excessive. I have frequently observed this to be the case with hereditary distortions.

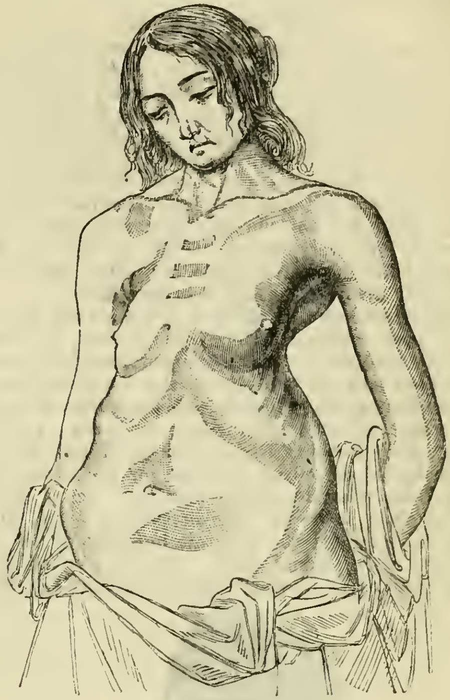

Fig. 18.

A symptom which always gains much attention is the prominence of one hip. The ilium on the side of the lumbar concavity is raised, and on the same side the loin sinks in so as to produce a striking alteration in the form; while on the opposite side—the lumbar convexity—the transverse processes project backwards through rotation of the vertebræ, and the spinal muscles are in consequence rendered tense.

With regard to the formation of the spinal curves, considerable errors exist. Thus, one author asserts that the lumbar curve is always the primary curve; while another—Pravaz—affirms with equal warmth that the dorsal must necessarily be first formed. Others (and it seems to be a prevailing opinion) teach that a spinal curve may remain single.

I trust, in speaking of the causes of spinal curvature, that I may have shown in such a manner as to carry conviction that the primary curve may be cervical, dorsal, or lumbar; and that equilibrium can only be maintained when compensating curves have been formed. A single curve can only exist in the horizontal position. Nothing more is necessary to produce compensating curves than the erect position, and the muscular force which is necessary to maintain that position.

The curves are constantly undergoing change, representing segments of smaller circles, and becoming more rigid, until the height of the trunk is considerably diminished; and, as a necessary consequence, the obliquity of the hips and shoulders is always diminishing, through the increase of the spinal curves, until they again assume a horizontal direction. And thus, through great increase of distortion, equilibrium may be restored. This position is shown in Figure 17, Lecture v.

Pathological Anatomy.

It has already been stated that scoliosis is *incipient*, or *without rotation of the vertebræ;* and *confirmed*, or *with rotation.* In the former, the muscles are chiefly affected; but, in the latter, the ligaments and intervertebral cartilages are also much implicated. But, although the muscles, ligaments, intervertebral cartilages, and the vertebræ themselves, are implicated and altered in lateral curvature of the spine, these are not the only structures which are affected, but every viscus in the cavities of the thorax and abdomen is liable to become directly or indirectly involved through this distortion.

The *muscles* on both sides of the spine are for the most part somewhat more pallid than in their healthy condition. In the commencement, they are somewhat tense on the side of the convexity; in a more advanced stage, they become prominent through the projection of the transverse processes; and at length they become atrophic through disuse. In the concavity of the curve, they are for the most part weak and relaxed—wholly inactive; yet I have known them to be so tense in the concavity, that they have formed the greatest impediment to the removal of the spinal curve. It was so in the case from which the following figure was taken (Fig. 19).

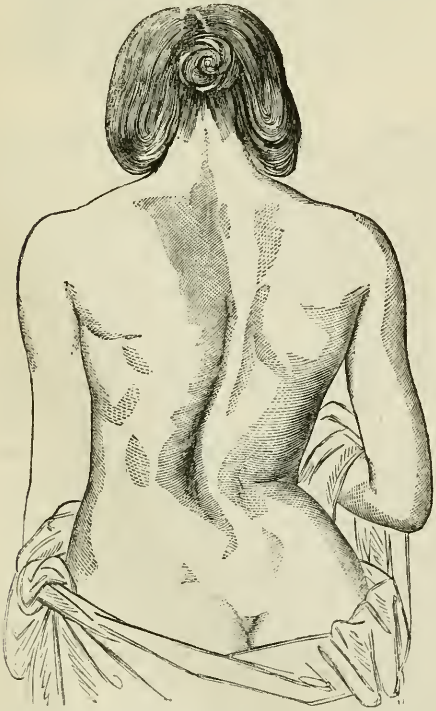

Fig. 19.

In this instance, the ordinary treatment for spinal curvature had been found ineffectual; it had been zealously pursued until the patience both of the patient and the surgeon had been exhausted, when it was determined to divide the erector spinæ. The operation was followed by the happiest result: the spine was speedily straightened, and it remained so. It is exceedingly rare, however, that such an operation is necessary, or that it is expedient to divide any muscular fibres. In France, it has been done to a very great extent, but, as I believe, needlessly, and even to the injury of the patient.

The appearances of the muscles which have been now described differ somewhat, according to the cause of the distortion. This would be anticipated by all, and therefore a general description only would be expected.

The *ligaments* constitute a greater impediment to the removal of spinal curvature than the muscles. If, for the sake of experiment, the muscles be cut through *post mortem*, it will be found that the spinal curve remains unaltered, or nearly so; but distortion may be removed by dividing the ligaments of the spine. These ligaments are shortened in the concavity of the curve, while they are elongated on the side of the convexity.

Great Discovery in Homœopathy. It is found that if all homœopathic medicines are simultaneously administered, only that one which tallies with the disease will act, and the rest will be inert. The Salt of Life contains a mixture of all homœopathic medicines, so compounded, as to prevent chemical reaction, and it *cures all diseases* by *presenting all remedies to the system*, leaving the election of the proper one to nature. Patented and prepared by Hahnemann, Williams, and Co.

Sudden Death in New York. The present state of things bearing on the point is truly lamentable. No provision whatever is made for cases of sudden death occurring throughout the city; a person may die of heart-disease on his way home from business, and, if not immediately recognised by the bystanders, is soon lodged in a lonely cell of the nearest station-house. Here the body is allowed to remain for a very short time, as the Captain of the Precinct is unwilling to have the corpse over night in the station-house if it can be avoided. The coroner is immediately summoned by telegraph to hold an inquest on the body of an unknown person just brought in, with as little delay as possible. This is soon accomplished, and in a short time a permit is made out to inter the body at the city's expense. The relations of the deceased begin to feel uneasy at his prolonged absence from home. Diligent inquiries are made, and a strict search instituted in all directions without avail. At length they are amazed to find that he lies buried in a trench, twenty feet below the surface, in the public burying-ground. It makes one shudder to think how suddenly he may be disposed of, should death overtake him on the public highway, unless the fact comes to the notice of his friends. The policeman who takes the body to the station-house is in a hurry to get rid of his disagreeable duty; the captain of the precinct is in a hurry to get the body away from the station-house; the coroner is in a hurry to get through with his part of the business; and the city undertaker is in a hurry to get through before dark. The result of all this is, that the whole affair may be disposed of in a few hours. There is no exaggeration in the picture we have drawn. It is the mode in which the great city of New York disposes of a portion of its dead. We have known instances where two hours had hardly elapsed after the death of a person, before the body was coffined and on the road to the public burying-ground. (*American Med. Times.*)

Therapeutical Inquiries.

III.—OIL OF MALE-FERN IN TAPEWORM.

Reporter, Alexander Fleming, M.D., F.R.C.P.Lond., Physician to the Queen's Hospital, Birmingham.

The usefulness or otherwise of the oil of male-fern in tapeworm, and the best mode of exhibiting the drug, were the special objects of this inquiry. The question was issued on the 22nd of November, 1862; and the schedules filled up have been returned to me by the following gentlemen.

	No. of Cases.
Anderson, Dr. W., Birmingham	20
Anderton, Henry, Esq., Wavertree, Liverpool	1
Barham, Dr. Charles, Truro	5
Beddoe, Dr. John, Clifton	15
Bennett, Dr. J. Hughes, Edinburgh	1
Bree, Dr. C. R., Colchester. [Dr. Bree's schedule contains a general statement strongly in favour of the oil of male-fern, but without cases in detail.]	
Cooper, Dr. W., Bury St. Edmunds	1
Cornbill, John, Esq., Birmingham	1
Drew, Dr. Samuel, Sheffield	2
Harris, W. J., Esq., Worthing	1
Humphreys, John R., Esq., Shrewsbury	3
Jackson, Vincent, Esq., Wolverhampton	1
Jago, Dr. James, Truro	1
Kelly, Dr. W. M., Taunton	2
Osborn, A. G., Esq., Northampton	2
Ransome, Dr. A., Manchester	4
Sankey, William, Esq., Dover	5
Spender, John K., Esq., Bath	6
Thompson, Thomas, Esq., Queen's Hospital, Birmingham	29
Total number of cases	100

Sex. Of these 100 cases, 30 were males, and 70 females.

The remarkable preponderance of the female sex among the subjects of tapeworm, here shown, and, as I believe, for the first time on numerical data, is full of interest in relation to the cause of the disease, and most deserving of further inquiry. The great majority of the cases embraced in this report are taken from hospital out-patients, among whom the women suffer frequently from dyspepsia, very much more so than do the men; and we can readily understand how the "measle" will have a higher chance of escaping death in a weak stomach, and subsequently making a home for itself in the bowels. As respects the diet itself, the risk run by men must be greater than that by women; as they eat a larger proportion of animal food, and, in Birmingham especially, of pork.

Our returns shew that the male-fern, as a remedy, is of equal efficacy in both sexes.

Age. The age of the patient is not mentioned in 8 of the cases. Of the remaining 92, the average age of all, in round numbers, is 29; of the females, 30; of the males, 28. The returns include cases of all ages except infancy, and prove that the oil of male-fern is an efficient remedy as well in the child as in the adult. A child of 1 year and 11 months is the youngest, and a woman aged 69 the oldest example. The exclusive milk diet of infants, and consequent freedom from the cause of the parasite, explains their immunity from tapeworm.

The Duration of the Disease is not given in 33 cases. Of the remaining 67, it is stated to vary from a few days, as in 4 cases in Dr. Anderson's schedule, to 36 years, as in the example reported by Mr. Anderton. There are 11 cases whose duration varies from 6 weeks to 10 months; 16 are reported of 1 year's duration; 9 of 2 years; 4 of 5 years; 3 of 7 years; 3 of 10 years; 1 of 12 years; 1 of 14 years; 2 of 20 years; and 1 of 36 years. The returns shew that the oil of male-fern has been as efficient as a remedy in cases of long standing as in the more recent.

Previous Treatment. In 35 of the cases, it is stated that there was no previous treatment. Among the remedies which had been used in the others, kousso was employed twice—once with, and once without success. Turpentine had been given on fifteen occasions—seven times with, and eight times without success. The oil of male-fern had been previously used five times—three times with, and twice without success. In one of those cases where it had failed, it was subsequently given in mixture with milk, in the mode which I have suggested, and with perfect success.

Dose, Time, and Mode of Administration. Dose. The medicine has been administered in doses of a few minims, of half a drachm, of one drachm, one and half, and of two drachms. The returns shew that one drachm is a sufficient dose; at least, in the great majority of cases. The larger doses more frequently excite sickness, vomiting, and diarrhœa.

Time. In many of the cases, the oil was given in the morning; in a greater number, at bedtime. The results of the two methods, when compared together, do not show any material difference in success. I prefer to give the drug at bedtime, because the patient should continue to fast for eight or ten hours after taking it; and it is easier to do so during sleep than waking.

Mode. In 47 of the cases, the oil was given with milk, in the manner which I had myself suggested in the observations which accompanied the schedule. The following is the formula referred to.

"Mix well of oil of male-fern one drachm, and mucilage half an ounce. This draught is mixed with one ounce and a half of sweet milk, and taken at bedtime; the patient having omitted the dinner and evening meal of that day. Taken thus, on an empty stomach, the mixture is carried speedily into the intestines, to feed, and at the same time poison, the hungry parasite which nestles there. Milk is the favourite food of the worm. Next morning, a dose of castor oil may be given. If necessary, this medication may be repeated daily, one, two, and three times, or until the worm is discharged."

In the remaining cases, the drug was given without milk, in mucilage or some aromatic water. In nearly all the cases comprised in the returns, care was taken to give the remedy on an empty stomach. The two classes of cases, therefore, or those in which the male-fern was given with milk, and those in which milk was not used, admit of fair comparison; and of the higher efficiency of the first of these methods of exhibition the returns are conclusive. So given, the drug acts more quickly, and at the same time more efficiently. The proportion of failures is nearly the same with both methods; but the length of worm discharged, and, so far as we can judge, the thoroughness of the cure, predominate in those cases where milk was used.

Physiological Effects. Sometimes the medicine operates without pain or nausea; more often, there are sickness, griping pains, and purging. Vomiting is reported in ten of the cases. Dr. Bree observes that, under its use, the urine was usually loaded with lithic acid. In one of Dr. Anderson's cases, the menses, which had been absent for several months, returned after the use of the oil. The vomiting and purging were caused frequently by the second dose, after the worm had been discharged; and must be ascribed to the action of the drug itself on the gastro-intestinal mucous membrane—not, as some have thought, to the dying struggles of the poisoned worm, though it may be that these play some part in their causation.

In five of the 100 cases, the worm was discharged alive. Except that it was expelled with unusual speed, I cannot trace any circumstance to account for the living state of the parasite in these examples.

The largest portion of tapeworm which is reported to have been passed is fifteen yards. This was in Dr. Bennett's case. No mention is made of any other species of tapeworm than the tænia solium. Large round worms were discharged in two cases.

The worm was for the most part expelled after the first dose, but in a few cases not till after a second or third dose. The worm was often passed before any purgative was taken, and separately from the ordinary evacuation. In one instance recorded in Mr. Thompson's schedule, the worm was discharged upwards by vomiting. This was the case of a female aged 40, who had suffered many years from tapeworm. She took one drachm of the oil of male-fern in milk, according to my formula; and, in the course of an hour, vomited a very long tapeworm, which was quite dead. None passed by stool. After two days, the draught was repeated; and she passed a large quantity of dead and broken tapeworm. The patient had previously taken various remedies without success. In Dr. Anderson's schedule, the case of a girl aged 18 is narrated, who became very sick after taking two drachms of the oil of male-fern in milk, and vomited a large round worm. She was afterwards purged smartly, and passed a quantity of joints of tapeworm.

The average time which elapsed between the administration of the oil and the expulsion of the parasite was six hours. It was discharged in half an hour in seven cases, in one hour in nine cases, in two hours in six cases, in three hours in three cases, in five hours in six cases. The longest interval mentioned is twenty-four hours.

In several of the cases, the worm was passed in a broken and softened state. In these cases, a considerable interval had elapsed between the taking of the oil and the expulsion of the worm, the softened condition of which was probably due to a more or less complete digestion of the already poisoned and dead worm.

The head is reported to have been found in three cases (schedule of Mr. Spender); but, in one of these, its discovery rests only on the authortiy of the patient. It is generally thought that the rarity with which the head is obtained is due to its not being killed and detached with the body; but it seems improbable that the poison should take more effect on the body than the head of the creature, and which it meets first in its passage downwards from the stomach. According to Dr. Nelson, the food is taken in chiefly by the head. I am more inclined to refer the rare discovery of the head to its solution in the digestive fluids. Thin and delicate, it must be easy of digestion. Moreover, placed higher up in the canal, it is in closer proximity to the more active solvent juices. The thin and translucent neck, though found more often than the head, is also generally absent; and probably for the like reason. I am disposed to refer relapses to the growth of other worms, which have escaped the action of the poison, and not to the resprouting of the old head.

Duration of the Cure. Though relapses often occur, there is reason to believe that the cure is permanent in a large proportion of the cases. The length of time (one year) assigned to this inquiry, and the difficulty of ascertaining the future history especially of hospital patients, render the returns in reference to this important point unavoidably of less value than we could desire. I may mention in this place, that Mr. Osborn, in a note to his schedule, states that two cases of tapeworm are known to him, both females, of 38 and 17 years of age respectively, where the oil of male-fern was used with success, and where the patients remained, to his knowledge, well for many years.

In concluding this report, it is only just to remember, in connexion with our subject, the early labours of Peschier of Geneva, and dating so far back as 1830, but which had been almost overlooked in England until Dr. Christison, in 1853, gave the sanction of his authority to the results of Peschier's trials. The later experiences of Drs. Gull, Jenner, Bennett, Willshire, Ransome, and others, have abundantly confirmed their observations, and, conjoined with the results of the present inquiry, establish beyond doubt the great efficacy of the oil of male-fern in tapeworm, and its superiority to the other known remedies of this disease. Further, our report points very decidedly to the most efficient mode of exhibiting the drug; and the whole inquiry has, as I have reason to know, rendered excellent service to therapeutics by making the virtues of the oil of male-fern more widely known and employed throughout the profession.

It remains only for me to offer my best thanks to all the gentlemen who made returns to me for their valuable aid in this inquiry.

Appended Cases. For the better illustration of the nature of the results obtained in this inquiry, I subjoin the histories in detail of six of the cases.

Case i. Alison Robertson, age 26, had suffered from tapeworm for five years, and had already used castor oil and turpentine. One drachm of the etherial extract of the male-fern was given six hours after a dose of castor oil, which cleared out the bowels. No food was allowed to be taken in the interval. The worm was expelled in fragments of various sizes, the longest piece being fifteen yards in length. In some portions, the joints must have been very close to the head; but that could not be found. Eighteen months have since elapsed, without any return of the parasite. The patient is a domestic servant in my own house. (Schedule of Professor Bennett, Edinburgh.)

Case ii. J. C., a female, aged 40, had had tapeworm for many years, and had taken various remedies for it with little or no success. After fasting, she took one drachm of the oil of male-fern in mucilage and milk, according to Dr. Fleming's formula. No purgative was given. In an hour after taking the draught, she vomited a very long tapeworm, which was quite dead. No worm nor joints were passed by stool. Two days having elapsed, the draught was repeated; and she passed a great quantity of tapeworm, broken and dead. (Schedule of Mr. Thompson, House-Surgeon to the Queen's Hospital, Birmingham.)

Mr. Thompson's schedule includes the cases of tapeworm which have occurred among my own patients at the Queen's Hospital. The disease prevails to a wide extent in Birmingham, and is often seen in its more severe forms among the out-patients of the Queen's Hospital. As compared with Edinburgh, the greater frequency and severity of the disease are very marked. The patients may often be recognised on entering the consultation-room by their worn, vacant aspect—their trembling gait and hands, staring eyes, wide pupils, and hesitating manner. Many suffer for years, with alternate periods of aggravation and improvement. Of the relation of cause and effect between the "measle" of the pig, or *cysticercus cellulosæ*, and tapeworm, this town affords ample evidence. I have ascertained that large quantities of "measly" pork are sold and used as food in Birmingham. It is not exposed for sale in the public markets, but is disposed of privately, and much of it is employed in the manufacture of sausages, in which one of my pupils (Mr. Lloyd) and myself have found portions of the "measle" with the microscope. These are made use of to a large extent by the working classes, and are frequently eaten imperfectly cooked or nearly raw. Although the worm must be for the most part destroyed in the mincing, it may frequently escape sufficiently intact to renew its life in the bowels.

Case iii. Ellen Mills, age 24, had had tapeworm for seven years. She had already been treated for it, but she could not tell what remedies were used. They had no effect. She had no solid food for twenty-four hours, and then took two drachms of the oil of male-fern in mixture with milk, according to Dr. Fleming's formula. No purgative was given. The male-fern operated in five hours. Half a basinful of joints were expelled with the first stool. The bowels were moved three times. The patient complained only of pain in the stomach. (Schedule of Dr. Anderson, Resident Physician to the General Hospital, Birmingham.)

Case iv. H. B., a female, age 30, had had tapeworm for one year. The treatment comprised first salt-fish diet for three days, then fasting, then three grains of calomel at bedtime, and castor oil at 5 A.M. next morning. At 6 A.M., one drachm of oil of male-fern was given; then at 8 A.M. another dose of castor oil; and at 10 A.M. a second dose of one drachm of oil of male-fern. This plan of treatment was followed twice, once without success; but the second time large masses of the worm were expelled, broken into pieces. Some portions were very thin and tapering, but the head was not found. Ten months have passed since this treatment, and no relapse had occurred. (Schedule of Dr. Arthur Ransome, Manchester.)

Case v. J. P., a female, age 42, had had tapeworm for one year and a half, and had taken for it castor oil and turpentine without benefit. She fasted a whole day, and took at bedtime one drachm and a half of the oil of male-fern in mucilage; next morning, an ounce of castor oil. The worm was passed in its entirety during the night, and before the castor oil was taken. She felt a slight sickness before the worm was expelled. All her unpleasant symptoms were removed. (Schedule of Mr. Humphreys, Shrewsbury.)

Case vi. Ellen Davis, age 2 years, had had tapeworm for six weeks. No previous treatment. On June 14th, a draught composed of fifteen minims of oil of male-fern in one ounce of mucilage was given in a teacupful of gruel, and followed by a dose of castor oil in half an hour. In two hours after the exhibition of the oil of male-fern, several fragments of tapeworm were expelled. No uneasiness was complained of in the interval. On the 16th, the same treatment was repeated; and, eight hours after the oil of male-fern was taken, more fragments of tapeworm were voided, but of smaller size. During the interval, the child was ill, refused food, and complained of pain in the bowels. On the 18th, 20th, and 24th, the draught of the oil of male-fern was repeated. Under the last date, it is stated that there were no worm-symptoms whatever; and the child's appetite, which was formerly capricious, was now uniformly good. (Schedule of Mr. Cornbill, Birmingham.)

Original Communications.

COMA FROM CHLOROFORM INHALATION (SUICIDAL): GALVANISM: RECOVERY.

By William Newman, M.D.Lond., St. Martin's, Stamford.

On October 10, 1863, I was hastily summoned to a man who was said to be dying. I went at once (1.45 P.M.), and was shown to a bed-room on the first floor, where I found my patient lying on a bedstead in the dark corner of the room, insensible to all external impressions. He was lying on his right side, partially undressed, with a woollen comforter wrapped round his head, and his face pressed down into the pillow; not so much so, however, as to prevent a view of the left side of his face, or to interfere with respiration.

The window was at once opened, and the bedstead dragged out into the room. On turning the man from his position, the face was found to be very much congested, almost black; the eyes closed as if in sleep, the irides widely dilated, and the pupils fixed; the mouth partially open; the tongue lying within the teeth. The whole skin was dark to a degree, and moist with cold sweat. The respirations were from six to eight in each minute, and irregular in force and rhythm. The pulse was about 52 in the minute, very feeble, yet regular. The heart's action was very faint, but regular in beat. The breath smelt of chloroform; and a little search discovered a basin with about three ounces of the drug still in it, and some oily matter floating on the surface of the liquid. This was at some distance from the bed; and there was no handkerchief nor cloth near the face on which it seemed that chloroform had been poured.

I sent a messenger to get my stomach-pump and galvanic apparatus; and meanwhile I employed cold affusion and cold sponging, rubbing the chest vigorously afterwards with a dry towel. This had no perceptible effect; the intervals between the respirations were so long, that after each one, it seemed that the last breath had been taken. Then, for about five minutes, a trial was given to Dr. Silvester's mode of performing artificial respiration. The arms were raised from the sides above the head, etc.; but, although with each upward movement air audibly entered the chest, there was no increase in the rapidity of the respirations when the arms were left to lie still on the bed.

2 P.M. I introduced the stomach-pump tube into the stomach. Nothing but a very little glairy fluid escaped. A pint or more of water was injected, and then withdrawn, smelling faintly, yet very decidedly, of chloroform.

2.5 P.M. The galvanic apparatus (Kemp's of Edinburgh) was set in action. The sponges, previously moistened in salt and water, were applied; one about the lower end of the sterno-mastoid muscle to excite the phrenic nerve, the other pushed deeply into the scrobiculus cordis so as to stimulate the diaphragm. Occasionally, the latter sponge was moved about over the surface of the chest so as to excite the pectoral and intercostal muscles. Several minutes passed over before the influence of the current made itself strongly evident, and then the muscles were thrown into action very readily.

2.15 P.M. The respirations were 12 in the minute; the pulse 65, and more powerful. The heart's action was much more evident. The face was possibly not quite so dark. There was no return of sensibility whatever.

2.40 P.M. The face was certainly not so dark. The respirations were 15 in the minute, deeper and more prolonged. The pulse was of better volume, about 65 per minute. The pupils acted now under the stimulus of light, and tended to remain more contracted. He was still insensible to the voice or to pinching; but moved slightly when the position of the sponge was changed on the chest.

3.15 P.M. He had found his voice. He objected suddenly and forcibly to the galvanism, and had just raised himself up in the bed.

When the man had thoroughly recovered, I made further inquiry, and was at once answered, that he had inhaled the chloroform with the full intent of destroying himself; that he was quite uncertain either what quantity he had employed, or for what length of time he had breathed the drug; and lastly, he was very emphatic in his statement that he had not swallowed any.

It is probably not too much to say that, but for the remedial measures employed, this man would certainly have died. The profound insensibility to stimuli, the infrequent respirations, with the slow and flickering pulse, were sufficiently reliable indications of impending death. The impression on my mind certainly was, that he had swallowed the drug in some quantity; the odour about his breath, the absence of any arrangement for convenient inhalation, etc., tended to mislead me; the fluid, too, with which the stomach was just once washed out gave very sensibly the smell of chloroform.

The case simply tells us the use of galvanism, persisted in with but few intermissions, for very nearly an hour before sensibility returned; and having this ultimate satisfactory result only, it would seem, from the rendering more active the respiratory movements; so eliminating with greater rapidity the poisonous agent, and counteracting the tendency to death by paralysis of the medulla.

For the treatment of dangerous symptoms occurring at a much earlier period of chloroform inhalation, distinctive rules are as yet wanting; and these, it is much to be hoped, will result from the inquiries of the Chloroform Committee of the Royal Medical and Chirurgical Society. If in the mean time any reader of the BRITISH MEDICAL JOURNAL, who has practically put the matter to the test, would state the best mode of using galvanism, with the most convenient apparatus, in the treatment of syncopal seizures in patients under the influence of chloroform, he will confer a positive benefit on his professional brethren.

SEVERE DYSMENORRHŒA—SUCCEEDING PROFUSE MENORRHAGIA—CURED BY THE RUSSIAN VAPOUR-BATH.*

By JAMES WILLIAMS, M.D., Accoucheur to the Malvern Lying-in Charity.

H. M., æt. 25, of fair complexion, small but well developed, commenced menstruation at 15; after a few months regularity she removed to a neighbouring town, when the catamenia entirely disappeared, but at the usual periods she suffered from bad headaches, nausea, backache, etc.

On her returning to Malvern, the discharge reappeared and continued with great regularity, but became excessive in quantity, and in the course of two or three years produced so much languor and debility as to seriously interfere with her duties. At this time she was induced to place herself under hydropathic treatment, which in this case was not so successful as is ordinarily reported. She was directed to use tepid, and afterwards cold Sitz baths during the continuance of the discharge. The effect of this treatment was to check the discharge; to render it gradually more painful, clotted, shreddy, bright red, and inflammatory in appearance.

The pain frequently extended down the legs, rendering walking impossible, and also induced great irritability of the bladder. This symptom became peculiarly distressing, the patient being unable to retain the urine more than half an hour at a time, even after the menstrual period had passed away; she also experienced pains for days before the discharge appeared, and then the agony was such as frequently to induce vomiting, and also to confine her to a couch or bed for the remaining four or five days of the period.

As I have stated, headache and languor remained, so that the patient scarcely recovered from one attack before another ensued. I determined, under these circumstances (the patient having been under a long previous course of medical treatment without benefit or relief), to give her the chance of recovery by the vapour bath. Her period being due in nine or ten days, she had only time to take three baths on alternate days. The discharge came on while she was in the third bath (two or three days earlier than usual), and with only a slight spasm; but, from the patient's having to walk some little distance, the pain became severe, requiring opium, hot mustard fomentations, etc, to render it tolerable. She recommenced the vapour bath on alternate days, but the next period was, nevertheless, a very painful one, and required an opiate injection, with morphia internally and saline aperients.

The vapour bath was recommenced on alternate days, followed by a tepid (and at first) warm shallow bath. This plan I invariably adopt now, as I find it generally approved by the patients, and it seems to brace up the skin more effectually than the shower bath, which I formerly used; and the shock of the latter is undesirable also, particularly in nervous subjects.

Her next period was decidedly easier, and came, as before, in the bath with little pain; the discharge was darker in colour. She went home in a carriage, and was quite well in a few days, except the irritability of the bladder, which still continued. It occurred to me that alkalies, etc. would relieve this symptom, but I feel bound to confess that medicine had no influence upon it.

I now made a local examination, suspecting vascular tumour of the orifice of the urethra (as described by Sir C. M. Clark), and found this to be the case. I therefore applied a weak solution of nitrate of silver, which gave obvious relief, and by continuing it occasionally for a few weeks, the patient was enabled to retain the urine several hours.

By continuing the use of the baths on alternate days, the pain at each period was reduced to a moderate degree, and became quite tolerable; and with this change the discharge became dark coloured and natural, and free from the shreddy and coagulated state. She now regards herself as *cured;* she has become four pounds heavier during the three months she has been under treatment, which is sufficient evidence that the vapour bath has not reduced the patient's muscular tissue.

In this case I made an early examination of the os uteri, but from the extreme irritability of the external parts, it was by no means easy to do so. The orifice of the uterus was contracted, but permeable and healthy in appearance. It did not, therefore, appear desirable to apply leeches, as I have formerly done for dysmenorrhœa; and the conclusion to which I came was that the case partook more of the nature of rheumatic neuralgia, particularly when I remembered its early treatment by cold sitz-baths, etc. I had also in mind the views of quaint, clever, observing Gooch, who even recommended the use of colchicum, guiacum, etc., in similar affections.

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* The vapour bath, to which I refer, encloses the whole person, and is sufficiently large to allow the patient to recline or move about, if he wish to do so. It is also heated by *superheated vapour*, which acts upon the whole mucous membrane of the lungs, as well as upon the external surface of the body. By this arrangement, the temperature is seldom required higher than 108° or 110°, or about 30° less than the Turkish bath; and, at the same time, the unpleasant dryness of the latter is avoided. The patients are never in the slightest degree liable to take cold after its use.

I think it must be evident that the treatment in this case has been eminently successful, and it must be also granted that in all cases of a like nature (particularly in unmarried females) the remedy deserves a trial, especially where no evidence of ulceration or other organic symptoms exist.

This patient continues to take an occasional bath, as a luxury, perhaps; but she always remarks that the succeeding period is easier, particularly if used a short time previously.

It may be imagined that the caustic application had some influence in curing the uterine spasm, but it was only applied occasionally to the external urethral orifice; moreover, the vesical irritation had only been superinduced from local association, and entirely disappeared with the dysmenorrhœa. Altogether the case is illustrative of what may be effected by general influences on the whole cutaneous and nervous surface, rather than by leeches, dilatation, etc. in cases and persons where such treatment should be obviously avoided.

The above case continues a complete success, more than twelve months having elapsed, during which time I have tried the remedy in several less severe cases where a few baths have been sufficient to give decided relief, particularly where the affection has been connected with "spinal irritation" and tender vertebræ.

Miss Nightingale, whose continued delicate state of health, we regret to state, causes her many friends much uneasiness, has expressed her intention, through Dr. Foote, of training, at the expense of her fund, properly recommended persons to serve as nurses in Constantinople. The want of such attendance has been long severely felt in our locality, the only existing provision of the kind being that afforded by the Sisters of Charity, the Prussian deaconesses, and a few ill-trained midwives, who afford but a very inadequate supply for the demand for their services. (*Levant Herald.*)

Singular and Important Surgical Operation under Difficulties. On Saturday last the eminent surgeon of Weymouth, Dr. Scard (being on a visit to George Wallace, Esq., of this town), accidentally met a gentleman named Peckham, a resident Christchurch. The latter had been suffering from a tumour, commonly called a "wen," formed over the occipital artery. It had assumed an unsightly form, nearly as large as an egg. On the suggestion of Mr. Wallace, Mr. Peckham agreed that the doctor should at once operate on it; but the latter being without his instruments, except a common lancet—no forceps or other instruments usually used on such occasions—what was to be done? However, by the aid of a silver spoon, the talented doctor totally eradicated the tumour with his lancet, and then showed it to his patient! The operation lasted two minutes only, and Mr. Peckham is now doing well, to the gratification of a large circle of friends, who join him in much deserved gratitude to his kind-hearted and unexpected benefactors, Dr. Scard and Mr. Wallace. (*Southern Times.*)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

ON THE NATURE AND TREATMENT OF NON-SYPHILITIC PSORIASIS.

By John Kent Spender, Esq., Surgeon to the Eastern Dispensary, Bath.

[*Read October 22nd, 1863.*]

I have chosen *non-syphilitic psoriasis* as the subject of a short paper this evening, because observation has led me to believe that we have still something to learn about its ætiology, and a good deal to learn about its successful treatment. I do not profess to offer anything particularly new on the first topic; but the experience gathered from about two hundred cases which have come before me in private and dispensary practice during the last six years, has enabled me to verify certain methods of treatment, some of which are not noticed at all by writers on the subject, or noticed only in a most casual way.

I hope most of us will remember that a schedule of "therapeutic inquiry" about non-syphilitic psoriasis has been issued by our Association under the superintendence of Dr. Handfield Jones, than whom a more qualified "reporter" could not be found. But a plain person may bluntly ask, How am I to know what psoriasis is syphilitic, and what is not? Syphilis is the most subtle of hereditary diseases; vital pathologists are more and more inclined to trace its hidden workings in the malformations and deteriorations of even the third or fourth generation from the original sinner; and Mr. Erasmus Wilson boldly declares that all psoriasis, as well as lupus and kelis, are to be traced to some syphilitic contamination. I cannot see how we are always to eliminate every source of fallacy—how we are to obtain those simple naked data which shall entitle us to affirm with rigid precision that a given specimen of cutaneous disease is non-syphilitic —that is to say, that it has nothing to do with syphilis whatever. Patients sometimes conceal their delinquencies even to their own hurt; and even when we have all the facts before us, we must sometimes be at a loss whether or not to attribute an individual case of psoriasis to an acknowledged primary syphilitic sore contracted fifteen or twenty years before. The action of remedies may help to remove the difficulty, but an *à posteriori* diagnosis is not a very remarkable triumph.

After we have decided, at least to our own satisfaction, that a particular example of psoriasis is of non-syphilitic origin, we shall naturally proceed to examine its anatomical characters, and try and satisfy ourselves beyond all contradiction, that it *is* psoriasis, or that psoriasis has some generic affinities with it. A formal dermatologist will be uneasy until he has classified it with specific nicety, but Mr. Erasmus Wilson has cruelly demonstrated how one variety of skin disease may be scratched and irritated into another, and how a score of trivial casualties may determine the predominance of pustules, vesicles, or scales; and there are abundant other contingencies which have their influence. And thus it comes to pass that to construct, demolish, and reconstruct systems of cutaneous diseases, is as old as nosology itself; and the exercise of doing all this will never end until the morphology of the skin occupies a higher place in our physiological studies.[*] "Our little systems have their day," the poet says.

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[*] Those who desire that their physiological knowledge shall not lag behind their practice, will read an admirable (though rather dry) article on the Anatomy and Functions of the Skin, in the current number of the *British and Foreign Medico-Chirurgical Review.*

Next, the questions are suggested—how is this non-syphilitic psoriasis caused? What error of "nutritional forces" has brought this large patch, or these large patches, of inflammatory "squamous" affection? And what made those "nutritional forces" first go wrong?

Here we are at once landed into speculation. The most favour has ever been shown to the "poisoned blood" theory, that dear old humoral hobby, which has been ridden so hard. It has been supposed that these is a *materies morbi*, which the system strives to eliminate, and selects the skin as the most convenient instrument for eliminating it. Now, Dr. Handfield Jones wrote a capital series of papers in our JOURNAL more than a year ago on cutaneous affections, and he remarked very pertinently that there was no proof whatever of any *materies morbi*, or of any eliminating process at all. In acute psoriasis, the visible phenomena are: redness, and a slight effusion of serous or of sero-purulent fluid, which may dry into crusts; in fact, closely resembling eczema. In chronic psoriasis, the visible phenomena closely resemble lepra, and this will be sufficient to describe it. The sthenic and asthenic qualities of these two forms respectively, are analogous to acute and chronic catarrh of a mucous membrane; the difference arising from the varying intensity of the "tissue irritation." This phrase is a convenient one, because it expresses simply that the nutrition of certain portions of the skin is disturbed. To use Dr. Handfield Jones's words, the blood may irritate parts, not because itself unhealthy, but because the tissue has become unduly irritable. And Dr. Jones quotes the memorable case from Bateman, of the man who was always attacked by lepra whenever he took spices with his food; consequently to him the spices were a poison, irritating his susceptible skin after being received into his blood; but no one will assert that spices always contain a poison capable of producing lepra, as the scarlet fever poison produces scarlet fever.

Experience leads me to believe that Dr. Jones's doctrine is almost unqualifiedly true; that the real error in most skin diseases lies in the tissues and their nerves, not in the blood nor in the *ingesta*. I shall show presently how acute psoriasis, representing "tissue-irritation" in its highest form, may sometimes be perfectly and permanently cured by soothing local applications, without the internal use of any "specific" medicine whatever; those local applications relieving hyperæmia and pain partly by chemical contact, and partly by being absorbed. And we must never forget the absorptive function of the skin in the propagation of disease. The ducts of the sudoriparous and sebaceous glands are not merely channels of secretion, but surfaces of absorption; by their means medicines are sometimes introduced into the system; and by their means the exudative cutaneous affections are sometimes self-propagated.

The *constitutional symptoms* which accompany severe acute psoriasis are of various nature. There may be pyrexia, with loss of appetite and wakefulness. Reflex sympathies may be evoked in spare nervous persons. I have observed the urine to be occasionally of higher specific gravity than usual;[*] and a fat child now under my care for a grievous affliction of psoriasis, passes a large quantity of limpid non-albuminous urine.

Our next inquiry relates to the successful treatment of psoriasis in its supposed non-syphilitic form.

And firstly, with regard to *acute sthenic psoriasis*. Six years ago I discovered the remarkable properties of the common black wash (made of calomel and lime-water) in allaying the special local symptoms of this disease, in cases in which ointments are clearly unsuitable, and in which the "wet sheet" and "wet packing" are recommended by Dr. H. Jones. Remember that I am speaking of instances not legitimately traceable to syphilis. Supposing that I have before me a case of acute psoriasis on the leg, I proceed in the following way. With black wash, made as above, I mix about a tenth or a twelfth part of glycerine by measure, and let it be well shaken. A small quantity of this mixture being poured into a wide shallow vessel, such as a saucer, strips of linen rag are soaked in it, and, after being lightly squeezed, are placed evenly and smoothly round the affected part of that limb, a portion of the black oxide of mercury adhering to the linen. A bandage of domette flannel secures the dressing in its place, and the work is done. It must be repeated twice a day, and if the surgeon does it the first time, the patient will understand its application afterwards. Two precautions are necessary: the dressings must always be moistened with water before removal, and no impervious covering, such as oil-silk, must be used, for the repressed (or rather the non-evaporated) perspiration would cause an eruption of another kind.[*]

When the *subacute* stage of a patch of psoriasis has to be treated, no local remedy can for an instant be put into competition with the tar ointment. By tar ointment I do not mean the dark fiery stuff which goes by this name in the *London Pharmacopœia*, but that compound diluted with a large percentage of chalk to give it consistence, and finally, with a moiety of zinc ointment to give it astringency. When thus prepared, and spread thickly and smoothly on lint, it forms a very soothing application, and has the special property of stopping the extension of the skin disease: while a fresh healthy epidermis forms under the chalky incrustation made by the ointment. In our present imperfect therapeutic knowledge, we are obliged to speak of "specifics," and tar is an undeniable "specific" for psoriasis. The dressings of tar ointment just described, may be secured on a limb by a domette flannel bandage, and renewed every other day; in warm weather every day. It must be distinctly understood that recent acute psoriasis will very seldom bear treatment with tar ointment, or with any other ointment; but the active tissue-irritation must first be subdued by black wash, wet packing, or other suitable method.

Dr. Hughes Bennett and many foreign writers have advocated the external use of tar in psoriasis, and analogous skin-affections; and my father used it twenty-five years ago. I am aware that some dermatologists have a great aversion to tar, and one author of repute piteously contemplates the tortures of those who are "tarred outside and inside;" and he even objects to all external applications in skin diseases. But I am convinced that, the judicious use of ointments is of the utmost value; and any objection must arise, as Mr. E. Wilson has pointed out, from the unfavourable qualities of the particular specimens employed. Mr. Wilson's benzoated zinc ointment (I may remark in passing) is a pattern of what an ointment ought to be.[†]

But while I maintain that all real acute, and many cases of subacute, psoriasis are curable by external remedies alone, provided that the health be good, I am equally prepared to allow that the internal administration of arsenic is required for the cure of much of the subacute and all the chronic forms. To Mr. Hunt we are indebted, not only for introducing this metal in the treatment of skin-diseases, but for a great deal of our knowledge of its therapeutic action. But my experience does not lead me to obey the precept on which he lays so much stress—that of beginning with the *maximum* doses. As susceptibility to the agency of arsenic varies as much as the susceptibility to mercury and opium, so we are sometimes compelled to increase the doses of arsenic in order to obtain testimony of its physiological influence; for not till then usually will its curative properties be developed. Dr. James Begbie lays down the same principle in his Essay on the Physiological and Therapeutical Effects of Arsenic. (*Contributions to Practical Medicine*, p. 270.) Then Dr. H. Jones relates cases in which he was obliged gradually to increase the dose of arsenic, until in one instance he reached the quantity of twenty-five drops of the *liquor potassæ arsenitis* three times a day; and not till then could he cure. But probably no one would dare to begin with such doses. It seems more reasonable, and more in accordance with the principles which govern the administration of other medicines, to prescribe medium doses of arsenic at first, and continue them for a week or ten days; if no steps towards cure be gained in that time, one drop of the solution may be safely added to each dose; and, again, at the end of another interval, we may repeat the same process, if necessary. Such is the simple result of my own experience; and many of my cases must have been unsuccessful if I had acted on any other principle.*

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[*] Dr. L. Beale has called attention to this fact. It appears to illustrate the vicarious function of the skin and of the kidney; for it would *à priori* have been expected that when large tracts of skin are diseased, and in a physiological sense annulled, the kidney would excrete a *pro tanto* increase of solid material.

[*] Since reading this paper, my friend Dr. Falconer informs me that, when a pupil at the York Hospital, he learnt the use of the black wash in some cutaneous diseases. I have failed to discover any published statement of the remedy in psoriasis.

[†] I might refer to the case given on page 68 of the first edition of Mr. Hunt's *Practical Observations on the Pathology and Treatment of Certain Diseases of the Skin*, as conclusively proving the necessity of external applications, though not related for that purpose. To disparage those applications, is to confess the inefficiency of our art and to do only half our duty.

Dr. H. Jones's theory of the action of arsenic is, that it gives tone to the vaso-motor nerves, and thereby removes tissue-irritation. This is the natural explanation of a neurologist; a humoralist might have something to say on the other side. What seems certain is, that we are as yet only on the threshold of learning all the wonderful powers of this medicine. We hear constantly of its efficacy in diseases and disorders in which its curative influence had never been suspected, because there had been no *à priori* ground for supposing that it would do good. Accident and experiment must always have much to do with such discoveries. Dr. Jones's views possibly approximate the truth; for arsenic has a notably astringent action on all the tracts of mucous membrane. The following case tells its tale. A person well known in this city suffered for many years from pityriasis of the scalp, and large daily fluxes from the bowels. He came under my care a little more than three months ago. Opium had not cured his diarrhœa; arsenic alone seemed inadmissible from the irritable state of the intestines; but the triple combination of opium, iron, and arsenic, soon relieved both the pityriasis and the diarrhœa; and he is now nearly well.

There is another interesting point in the therapeutic history of arsenic. In anæmic persons, its properties will sometimes lay dormant, or almost dormant, until combined with some preparation of iron. Give me two scrofulous persons, both marked with patches of chronic psoriasis; let one be treated with arsenic only, and the other with arsenic and iron; the latter will, in nine cases out of ten, get well by far the first. There are other circumstances which endow iron with the power of quickening the curative agency of arsenic; and the same fact is conspicuously observable of its non-metallic analogue, iodine. The following case is interesting. A gentleman, living about twelve miles away in the country, requested my opinion about his cook, who had been ill for seven months with severe psoriasis on the thighs and legs. She had been under medical treatment, and had taken arsenic; for she brought to me a phial containing Fowler's solution in an undiluted state; and her doctor had told her that she could not get well without taking the "drops." Now, her medical adviser was quite right; but he had forgotten the iron and he had forgotten the tar; and when these were added in their proper mode and measure, she rapidly lost her skin-disease.

It deserves remark, that children are often tolerant of (comparatively) large doses of arsenic.

Let us liberate ourselves from the phraseology of arsenic being a "specific" in the treatment of skin-diseases. It cures skin-diseases; and we are so impressed with this fact because we *see* it, that we are prone to forget the identical effect of the medicine on those inner regions of mucous membrane which we do *not* see. Here is a large field of therapeutic research for those who like to sow there; and the harvest will be both rich and large.

With respect to the Bath waters, my impression as to their negative properties in the treatment of most skin-diseases is distinct and positive. But I find that the results of my own observation do not correspond with those of the medical staff of the Mineral Water Hospital; and their aggregate experience must be much greater than mine. Of the sulphur fume, and of the galium aparine, I have no experience whatever; neither do I discover any use in the internal administration of tar. The dietetic and hygienic management of psoriasis is, of course, very important; but on this topic it is not necessary to enlarge.

Finally, I will recapitulate the arguments and facts of this paper:

a. Non-syphilitic psoriasis, so far as it can be proved to be non-syphilitic, presents itself under the three forms of acute, subacute, and chronic.

b. Psoriasis, like its congeners, probably arises from "tissue-irritation", which may be aggravated or perpetuated by an unhealthy state of blood.

c. The acute form requires to be treated locally by black wash and glycerine; the subacute and chronic forms are relieved by tar-ointment.

d. The internal administration of arsenic is generally necessary for the cure of psoriasis when it has passed into the chronic stage.

e. In doubtful cases, when arsenic, single-handed, seems to fail, the union of arsenic with bichloride of mercury will sometimes produce the most satisfactory result.

New York Asylum for Inebriates. It is officially stated that up to December 31st of the past year, the applicants for admission into the Reformatory Inebriate Asylum, in the State of New York, at Binghampton, already approached very near five thousand names, coming from all circles of society, some from foreign lands. Nearly two thousand of these are women from the upper classes—women who, by their position, refinement, and culture, reached superior social distinction. And yet all these, by this very application, confessing that, without assistance, they feel asured they will sink into a premature grave. (*Hall's Journal of Health, America.*)

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* Mr. Hunt has announced the superior certainty of the *liquor arsenici chloridi*, and I can fully endorse his views. In the autumn of 1859, I requested a gentleman to consult Mr. Hunt, who had been under my care for several months on account of chronic (and very irritable) psoriasis of the feet. He did not get quite well, though he had taken *liquor potassæ arsenitis*, but probably in inefficient doses. Mr. Hunt prescribed ten drops of the *liquor arsenici chloridi* three times a day. The patient soon recovered, and has continued well ever since.

Reviews and Notices.

On the Immediate Treatment of Stricture of the Urethra by the Employment of the Stricture Dilator. By Barnard Holt, F.R.C.S., Senior Surgeon to the Westminster Hospital, etc. Second Edition, pp. 110. London: 1863.

Some twelve years ago, M. Maisonneuve introduced into practice an instrument for the sudden dilatation of strictures, and he insisted at that time upon the necessity of rupturing the strictures in the cases in which he employed his instrument, and of not merely dilating them. M. Maisonneuve's instrument was composed of two blades like a lithotrite, but the blades could be separated by means of a series of little metal bars, connected by hinges to the blades, to the extent of almost a quarter or a third of an inch. M. Maisonneuve was in the habit of introducing this instrument, and then by a sudden motion of forcibly opening the stricture.

Mr. Holt's dilator is manifestly a great improvement upon M. Maisonneuve's, inasmuch as with Mr. Holt's instrument the stricture is dilated, without the blades moving at all over the surface of the urethra. Mr. Holt's plan, like that of M. Maisonneuve, is to split the stricture. The forcible distension is intended to affect the morbid obstruction only: "the healthy position of the canal not being disturbed, the slightly vascular character of the structural deposition at the same time gives rise to but very inconsiderable bleeding, and perfectly obviates infiltration into surrounding tissues." This last is a most important point in the treatment of stricture; for it must be obvious that, if a mode can be adopted which will deal with the thickened part only of the urethra, the chances of infiltration of urine are very much less than where an instrument has to be moved along the canal, and where, if it once deviate from the proper passage, it soon passes into unadherent parts and structures not consolidated by effusion of lymph.

Mr. Holt says that he has operated upon above two hundred and fifty patients, without any complications or unfavourable symptoms having followed. The instrument used by Mr. Holt is now sufficiently well known not to require any lengthened description. It consists of two grooved blades, fixed in a divided handle, and containing between them a wire welded to their points; and upon this wire a tube is quickly passed, and by forcibly separating the blades splits or ruptures the stricture. The urine should be drawn off after the operation, and again after an interval of four hours. The object of this is to prevent the urine from being brought in contact with the newly lacerated surface; a point which, perhaps, was not sufficiently attended to when this mode of operating was first introduced. The introduction of the catheter should be repeated every other day for a week after the operation, when the patient may be taught to pass his own instrument.

"In simple strictures, however narrow, the relief will be immediate; but in the more complex forms of these maladies, the size of the stream is not increased so directly as might have been anticipated from the immediate enlargement of the canal. Notwithstanding, however, that the size of the stream may for a short time remain somewhat restricted, the patient is able to empty his bladder much more quickly and effectually than before, and has less frequent micturition. The limitation of the jet evidently depends upon the thickening of the surrounding textures, and swelling of the mucous lining; these morbid states speedily subside, and in a short space of time the patient can void his water in a normal manner." (Pp. 12-13.)

Mr. Holt concludes that the process which he describes is facile, speedy, prompt in its effects, and free from every danger, immediate or remote. We doubt not that in Mr. Holt's hands the operation which he advocates has been attended with the best results, and we regard it as a great improvement in this branch of surgery; but we should be unwilling, at the same time, that our readers should believe that any one may practise this proceeding without any risk. This would be to take it out of the category of surgical operations. We have known a patient die within a very few days from the period of the dilator having been used, but in this case the instrument may not have been kept strictly within the limits of the natural passage; and we have good reason to believe, that at present there is, in a well-known metropolitan hospital, a case in which the most severe symptoms followed dilatation of the stricture by Holt's dilator; at the time we write, we believe that this patient's life is considered to be in the utmost jeopardy. We are not sure whether, in this particular case, the plan of drawing off the urine after the operation above alluded to was adopted. In the same hospital, we believe, there is another case in which, after the operation, the patient is in rather a worse plight than he was before. We adduce these instances, not in any way as detracting from the merit of Mr. Holt's operation, which we regard as one of the most important surgical improvements of the day, but in order that a really good operation may not be damaged by being, in the first instance, unduly lauded.

Military Surgery. By George Williamson, M.D., Surgeon-Major, 64th Regiment. Pp. 255. London: 1863.

The author of this work has availed himself largely, for the purpose of illustration, of the specimens of gun-shot and other injuries received in warfare, which are contained in the Museum of the Army Medical Department—formerly at Chatham, and now at Netley. The book consists of an Introduction; a Descriptive Numerical Return of Gun-shot Injuries received in Action during the Mutiny in India; and twenty-one chapters on Gun-shot Wounds in General; Gun-shot Wounds of the various parts of the body; Sword, Lance, and Bayonet Wounds; Miscellaneous Wounds and Injuries received in Action; Amputations; Excisions; the Numbers that are Wounded, and the proportion that Survived under the different classes of Gun-shot Wounds; and the Transportation of Sick and Wounded.

The contents of Dr. Williamson's work will be found very interesting, and no doubt instructive, by military surgeons; and those, too, who are engaged in civil practice, have an opportunity here afforded of studying some of the very varied injuries which are inflicted by gun-shot. In understanding the nature of the various lesions, much aid is given by the insertion of several plates.

The last chapter, that on the Transportation of Sick and Wounded, contains some remarks which are at least worthy of attention. Dr. Williamson believes that, for the proper removal of the sick and wounded without interfering with the effective strength of the army by the removal of men for this purpose,—

> "It would be of advantage to have an *Ambulance Corps*, and a certain number of men, under a permanent military officer, belonging to the Military Train, and appointed specially for this particular duty, so that he might be held responsible for the proper equipment of every description of conveyance for the sick and wounded under all circumstances."

Among the various modes of conveyance, he appears to give the preference to *doolies* and palanquins, which are almost universally employed in India, both in peace and in war. He would, indeed, have them adopted, if possible, in European countries. The best bearers are certain of the natives of India; and a supply of these, he suggests, might be procured from that country, "who should be selected, have extra pay for foreign service, and be entitled to a pension on being sent back to India disabled by diseases or injury." Whether the Indian natives would be able, in general, to bear an European climate, would be a matter for experiment. Dr. Williamson thinks they would be; that a native from the country about Cawnpore and the Lower Provinces is "surely as able to serve in the capacity of bearer in an European climate, as the British soldier is able to serve as such in the Bengal climate." But is this comparison, made by Dr. Williamson, very encouraging to his suggestion? One remark of his we must notice, as being founded in justice and good sense, viz., that "the best way to secure the services of these bearers is, to give them the same pay as that given to the fighting portion of the army... When they receive only four rupees a month, with one rupee extra in the field, they are certain to desert when their duties become in any way arduous or dangerous, or when the price of provisions becomes high, as it usually does in a distant campaign; but when seven or eight rupees per month are given, their services may be depended upon under all circumstances, and there need be no fear of their ever deserting."

As to sanitaria, Dr. Williamson agrees with Dr. Muir, that all such institutions in places midway between India and England—as at the Cape or in Australia—will fail of their object. To the Indian hill sanitaria he makes no objection; but, as to the intermediate stations, they fail, in his experience, in reestablishing the health of the sick soldier, for the reason that his mind is set upon a return home.

> "At the Cape," he says, "I found it almost impossible to keep the sick really in good spirits and contentment, even when they had every comfort, accommodation, and a good climate for the cure of disease; also, that the convalescents out of hospital were very irregular, and caused great trouble to the commanding officer. According to my experience, when an officer or soldier is really sick on foreign service, send him *home at once*, and not to an *intermediate sanitarium*; for the best sanitarium is home. *England* is a grand word for a sick soldier on foreign service."

It seems to us that the title of Dr. Williamson's book, *Military Surgery*, is somewhat too comprehensive. Compared with other works, such as Dr. Macleod's *Notes on the Surgery of the War in the Crimea*, it shows an omission of several important topics. Nevertheless, as a practical and pathological work on various injuries received in military service, it is valuable; and thanks are due to the author for its production.

OBSTETRIC APHORISMS: for the Use of Students commencing Midwifery Practice. By JOSEPH GRIFFITHS SWAYNE, M.D., Physician-Accoucheur to the Bristol General Hospital. Third Edition. Pp. 134. London: 1864.

IT is by no means surprising that so useful a little work as Dr. SWAYNE's *Obstetric Aphorisms* should in a comparatively short time reach a third edition. Many of our readers are probably by this time acquainted with it; but, for the information of those who have not seen it, we may state that it consists of a properly arranged series of brief but clear rules as to what the incipient accoucheur should do in the various circumstances that present themselves to him. The rules, or aphorisms, are arranged in three classes; viz., those relating to the Management of Ordinary Labour; those relating to Cases which the student may undertake without Assistance; and those in which the Student ought to send for Assistance. Such a work, drawn up as it is by Dr. Swayne, is well fitted to fulfil the author's object, that of keeping students, when placed in situations of difficulty, "from the opposite extremes of temerity or timidity".

In the present edition, the author has made some additions to the text, and has added three woodcuts to illustrate the mechanism and treatment of breech-presentations.

A SYSTEM OF INSTRUCTION IN QUALITATIVE CHEMICAL ANALYSIS. By Dr. C. REMIGIUS FRESENIUS. Sixth Edition. Edited by J. LLOYD BULLOCK, F.C.S. Pp. 353. London: 1864.

NEW editions of this work appear with great rapidity, and each time with improvements. On the present occasion, the author has introduced such new matter as was suggested by the progress of chemical science, and has especially made two important additions. The first of these is the introduction of processes for the preparation and detection of all the known elements; whereas, in former editions, all notice of many of the rarer ones was omitted. In order, however, to prevent beginners from becoming confused, or the size of the work from being unduly increased, many of the directions respecting them are printed in small type. The other additions—without which, indeed, no work on qualitative analysis would now be perfect—consists in the introduction of full directions for the performance of spectrum analysis. The spectral colours of various elements are shown in a coloured figure which forms the frontispiece to the book.

BIRKENHEAD HOSPITAL. This hospital, erected by Mr. Laird, stands on about one acre of land. It is two stories high; it has four wards, each of the same size and shape, and capable of holding about a dozen patients. To each bed is allotted 1,430 cubic feet of air. All its arrangements appear to be most excellently adapted for the object required—the curing of diseased, *tuto, cito, et jucunde*.

British Medical Journal.

SATURDAY, JANUARY 16TH, 1864.

MEDICAL EDUCATION.

Mr. Syme has been requested by the Scotch Branch of the Medical Council to produce his plan for remedying the imperfections admitted to exist in the present system of medical education; and he has responded to the call.

It is necessary, as he tells us, that a change in the Medical Act should be made; and that some of the ordinances of the University Commissioners should be rescinded, for the purpose of effecting the object desired.

In the first place, Mr. Syme would have no person registered who did not possess a degree or license showing that he was capable of practising both medicine and surgery; and every registered person should have power to practise his profession in all its branches in every part of her Majesty's dominions.

He would next have those ordinances removed, under which the preliminary examinations are accepted during the period of professional study. This preliminary qualification should be ascertained before professional study commences. He would, also, have done away with the two present stages in medical graduation of Bachelor and of Doctor of Medicine; the first of these degrees being attainable at 21, and the second at 24.

As regards the student's education, Mr. Syme gives 18 as the earliest age at which professional study should commence. The student should have a good previous start in English, Latin, arithmetic, mathematics, and physics, and show proof of his knowledge in these things, before he is allowed to commence his medical studies proper.

Of professional subjects, there are five, Mr. Syme says, which should be studied during at least five months, and with four lectures a week—viz., Chemistry, Anatomy, Anatomy and Physiology, Principles of Surgery, and Principles of Medicine; and there are three which ought to be studied at least three months with four lectures a week—viz., Materia Medica, Midwifery, and Medical Jurisprudence; Practical Anatomy and Clinical Instruction in the Hospital being extended nearly, if not entirely, over the whole period of study. Studies as proposed would require at least three years, each with a winter and summer session, for their proper completion.

To allow of time for reflection, and for the proper digestion of this mental aliment, Mr. Syme would admit no examinations of a kind to clash with the subjects of study, or which would admit of scope for the exercise of the grinding system. Let the teacher have regular class exercises, and ascertain the progress of the student by obtaining answers to written questions, and so supersede the present deceptive system of stated formal investigations which favour the grinding process. And let Corporations and Universities take action so as to be sure that the teachers follow out this proper method of examination.

Lastly, adds Mr. Syme, the Medical Council are considering clauses for a new Medical Act; and, therefore, if they have the will they can readily find the way for making the alterations required. Practically, therefore, the difficulties which stand in the way of putting medical education on a better footing are not so great as they, at first sight, may seem to have been.

We will only add, that whatever may be the differences of opinion held by teachers as to the reforms suggested by Mr. Syme, we are certain that the whole profession will feel greatly indebted to him for having initiated so important and so necessary a reforming movement.

UNFORTUNATE PROPHETS.

The breaking-up of the frost has put to flight the speculations of the weather- and other- wise ones of the day. That *sages hommes* of the M. de la Drôme calibre should be found to calculate the characters of forthcoming heat and cold, wet and dry, we can readily understand; but it certainly is almost curious psychological study to observe grave medical critics, who are for ever boasting of their facts and experiments, swell the throng of visionaries of the sort. But such is the case.

Men of science of the calibre of Admiral Fitzroy assure us that they are unable to see beyond the next thirty-six hours or so into the futurity of the weather; but their dry science is a stupid bore, and we live in an age when men make fortunes by speculation, and millions change hands on the luck of a Derby day. Hence, in this matter of weather, Admiral Fitzroy notwithstanding, Mr. X, Y, or Z, or some other unknown number, assures the world he has the perfect knowledge, from the most infallible source, that we are about to suffer a winter like that of 1813. Thereupon, all the world unhesitatingly agrees that we are to have such a winter; and, even before the prediction is tried, laud the predictor. This is all very well. But what surprises us is, as we have said, that grave medical critics should be found to take up the running where the weather sages have left it.

The critics we allude to, not only accept the prediction, but they also admit the results; and then calmly set to work to calculate the change in the type of disease which we must expect as the consequence of this long severity of winter. We are told that diseases underwent a change of type in consequence of the severe winter of 1813; and, therefore, that we must begin and look out for the changes in type of diseases which will shortly be upon us, the result of this predicted forthcoming hard winter. It would be hard to find a more curious specimen of heaped-up conclusions based upon a series of purely imaginative data. We doctors are called hard, dried-up, matter-of-fact men of science; but we can certainly at times give way to the wildest delusions, as well as the best of the earth's deluded ones.

JUSTIFIABLE VIVISECTION.

The conditions under which, and under which alone, vivisections may be justifiably performed, seem to us to be clear, and easily stated. We believe a little plain common sense and an ordinary attention to the dictates of humanity will explain the matter just as perfectly as, or, rather, much more satisfactorily than, the long discussions of learned French academicians. We would say then, in the first place, that those experiments on living animals, and those alone, are justifiable, which are performed for the purpose of elucidating obscure or unknown questions in physiology or pathology; that, whenever any physiological or pathological fact has been distinctly and satisfactorily cleared up and settled, all further repetition of the experiments which were originally performed for its demonstration are unjustifiable; that they are, in fact, needless torture inflicted on animals—being, in such case, performed, not for the purpose of elucidating unknown facts, but to satisfy man's curiosity. For example, experiments made at this day to demonstrate the function of the portio dura, or of the branches of the fifth pair of nerves, are in this sense unjustifiable.

In the second place, we would say, that only those persons are justified in experimenting on living animals who are capable experimentalists; that is, who are fully master of the matter they have taken in hand; who are good anatomists and physiologists, and able to appreciate all the facts which their experiments may reveal to them. All amateur performances in this way, and all experiments made by inexperienced and incapable observers, are unjustifiable; and for an obvious reason. The pain in such case suffered by the animals is suffered in vain, because the observer is incapable of seizing upon the facts which a wiser observer would be able to gain from them. Pain so inflicted is manifestly cruelty.

Under the above head of permissible experiments, we, of course, include those practised for the purpose of ascertaining the unknown operations of poisons or remedies; and those experiments, also, made to advance our knowledge of the unknown consequence of surgical proceedings.

All vivisections practised for the purpose of demonstrating or practising ordinary surgical operations are, in our opinion, utterly without excuse. Our best and greatest surgeons have been able to learn their art thoroughly without resorting to any such practices. And, we will venture to say, no one will be found openly to contend, that greater information is obtained from amputating the leg of a living dog than may be obtained from practising amputation on a dead human thigh. Such practices, therefore, as we see them, come under the head of torture.

The same remarks will apply to the vivisections practised by veterinary surgeons in Paris—the sixty-four classical operations practised on one horse, who is kept alive under the torture for ten hours of an end. If, as has been truly argued, a surgeon can learn his art efficiently by practice on the dead human body, surely the veterinarian may be contented to learn his efficiently enough by practice on the dead body of the horse. The pretence that the veterinary surgeon is exposed to great dangers on account of the animal's struggles if he do not learn his business on the living horse, is nonsense—in fact, a mere pretence. He may surely learn how to prepare a horse for every kind of operation without actually operating upon him.

We may add, that no one ought, under any circumstances, to undertake the performance of any kind of operation on living animals without a feeling of the responsibility that rests upon him in doing so—the consciousness that he is doing an act for the benefit of humanity, and that he is properly prepared for an effectual performance of the act.

GEORGE TOWNLEY.

George Victor Townley has been removed from the Derby Gaol to the Criminal Lunatic Asylum in St. George's-in-the-Fields, London. There is, therefore, an end of him as the subject of legal inquiry. But most important changes in our manner of inquiring legally into the mental condition of supposed criminal lunatics will and must spring out of this *cause celèbre*. The chief and main lesson which we read from the incident is this: that the law which throws upon a lunatic the burden of proving himself to be a lunatic is, on the face of it, an absurd and a most unjust law. Townley had friends of wealth, and thereby he was enabled to obtain a high expert's services; and we may add, thereby, and thereby alone, was his life saved from a gallows-ending. Bill Sykes, of whose case we last week spoke, had neither friends nor relatives, and only a few farthings in his pocket. He could fee no expert; and, *therefore*, he died on the scaffold. If justice is to do equity, then, it must henceforth, in such-like cases, place at the disposal of the court impartial experts cunning in lunacy, whose duty it shall be to instruct and guide the court through the impenetrable mazes and awful mysteries of a diseased mind.

Another lesson which we read from the tale is this: that the public are now at last informed by demonstration that there is a lunatic state of man which is not altogether cognisable by a common jury; and that the opinion of men of large experience in lunacy is as necessary for the clear exposition and interpretation of certain lunatic conditions of the mind, as is the opinion of other skilled men of science in ordinary matters scientific.

The last lesson which we gather from this murder-episode is, that the public are beginning to learn how feeble often is the line of demarcation between a sane and an insane mind; and how hard, therefore, must it often be to have the full assurance that, in hanging a murderer, we are not hanging a lunatic. And the result of the whole lesson will, we believe, be to advance one step the position of those who affirm that hanging should be abolished, through showing the uncertainty which must so often attend the fatal experiment.

THE NEW PRESIDENT OF COUNCIL.

Dr. Burrows was, on the 13th instant, elected President of the Medical Council, having been proposed by Mr. Syme and seconded by Dr. Sharpey. We stated, on previously referring to the vacancy created by the death of Mr. Green, that the eyes of the whole profession naturally turned towards Dr. Watson as his fitting successor. And had Dr. Watson felt it consistent with the due performance of his many duties to accept the chair, there is no doubt that he would have been unanimously placed in the seat of honour. His non-election, therefore, it must be understood, coincides with his own expressed wishes.

Equally clear, it appeared to reasonable people, that if Dr. Watson did not accept, Dr. Burrows would be the man; and certainly a better choice could not have been made. A thorough man of business is Dr. Burrows; well-up in medical politics, of good address, an excellent speaker, and, above all, gifted with the authority required to rule the conflict of diverging and—if it should unfortunately be so—hostile opinions.

Of course, the claims of our Scotch and Irish Councillors to a seat in the president's chair are as great as is the claim of our English Councillors; but it is necessarily admitted, that the President of the Council must reside in London. It was, therefore, an act of indiscretion to propose the name of Dr. Stokes in opposition to Dr. Burrows; and we have no doubt that Dr. Stokes himself considered it to be so.

We may regard this election of a physician to the office in question as the inauguration of a new policy in the Medical Council. We may now hope that the influence of the Royal College of Surgeons of England, which has heretofore been made felt in the Council much more to the furtherance of the ends of the College than of the great interests of the profession at large, will be diverted into a happier and more patriotic direction.

One thing touching the election, we deeply regret to learn; and it is this, that an attempt was made to elect a non-professional man—in fact, Mr. Walpole—to the chair; and, if we are rightly informed, the attempt would have been successful had not Mr. Walpole himself declined the proposed honour. Is the Medical Council blind? Does it really mean to declare to the world that there is no member of the medical profession capable of filling the office? What does Mr. Walpole know about the profession and its wants? To put in that high position, as a sort of medium between the Council and the Government—as the exponent of the medical profession, of legitimate medicine—a man who may, for all we know, employ Mr. Globule the homœopathist as his medical adviser; or have a firm belief in any one of the thousand delusions touching the cure of disease, with which the upper classes are especially tainted—would, in our opinion (we must say it), have been a most grievous and humiliating error. We much regret to note so great a want of discretion, or so great a display of jealousy, as the proceeding seems to us to indicate. However, the attempt has, we are happy to say, for a second time failed.

The appointment of Dr. Burrows creates a vacancy in the representation of the Royal College of Physicians at the Council. A successor to Dr. Burrows will, therefore, have to be found. Dr. Alderson, the Treasurer of the College, at once presents himself to our notice as having the strongest claims to the appointment; and he is undoubtedly most excellently qualified to perform its duties. His knowledge of the affairs of the College, his known devotion to its interests, and his remarkable business habits, designate him as the right man for the place.

The Medical Council will meet for dispatch—we hope not delay—of business on April 25th; and if we are not mistaken, reporters will be admitted to their meetings.

THE LATE PETER MARTIN, ESQ.

The following advertisement, inserted in the *Reigate Journal* of December 8th, 1863, has, we learn, already brought in subscriptions amounting to more than one thousand pounds.

"At a meeting of several friends of the late Peter Martin, Esq., held at the White Hart Hotel, Reigate, on the 30th ult., for the purpose of considering the best and most effectual mode of perpetuating his memory, it was resolved, after a full discussion of the various projects submitted to the meeting, 'That as a memorial to the late Peter Martin, there shall be an exhibition founded at the Reigate Grammar School, to be called 'The Martin Exhibition'.' And also, 'That a Bust of the deceased be placed in the Reigate Public Hall.'

"The Committee, referring to the aforegoing report, beg to solicit contributions to the funds necessary for the promotion of the ends in view, so that they may be carried out in a manner worthy of the memory of him to whom Reigate and its vicinity are so much indebted, and who was so deserving of the esteem and affection in which he was held by all who had the privilege of his friendship."

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As some incorrect statements have been current touching the accouchement of the Princess Alexandra, our readers may be glad of a few authentic particulars of the important event. The Princess, on the morning of the birth of her infant, had some slight indication of what happened in the evening; but it was too trifling to be considered by her as worthy of any notice. She took no exercise on the ice, beyond that of being drawn about on a sledge. To the rapid confinement we need not allude. So unexpected was it, that no preparations had been made for the coming event. It is not, however, true that no medical man was present at the birth. Mr. Brown of Windsor was there, and Dr. Sieveking arrived very shortly afterwards. The maternal knowledge of the Countess of Macclesfield stood the Princess in good service on the occasion, in the absence of the skilled nurse. The statement made in the *Times*, that the child weighed nine pounds, is utterly untrue. In the first place, the child was never weighed; and, being probably only little more than seven months old, did in reality not weigh more than about six pounds. Though prematurely born, the young Prince is, however, in excellent health, and perfectly formed in all his parts, and is said to resemble strongly his father. We may, we think (all these things being considered), rather rejoice at the prematureness of the birth; for, as every one knows, the Princess is of small and delicate frame of body, and cannot be yet considered as fully developed in her organisation. By this premature birth she may possibly have been spared much suffering.

The profession will be glad to hear that the *British Pharmacopœia* is now actually in existence as a *bound-up volume.* As such, it was laid before the Medical Council on the 13th inst. It will, therefore, immediately be presented to the profession. The introduction into the Medical Act of a clause providing for the publication of a national *Pharmacopœia* was, we believe, the result of a resolution passed nearly ten years since at a meeting of the Metropolitan Counties Branch of our Association.

Mr. Husband has resigned the office of Alderman of the City of York, which he has held for more than twenty years; the grounds of his retirement being the increase of his professional labours, whereby he felt himself unable to fulfil his aldermanic duties conscientiously. At a large meeting of the Council, great regret was expressed at the loss of Mr. Husband's services; and the following resolution was passed unanimously.

"That the letter of W. D. Husband, Esq., announcing his resignation of the office of alderman, be entered on the minutes of the day's proceedings. That whilst this Council cannot, in justice to Mr. Husband, do otherwise than yield to the force of the reasons set forth in the communication now read, and therefore reluctantly accept his resignation, they do so with sincere regret, and record the deep sense which they entertain of the able and efficient manner in which Mr. Husband has for so many years fulfilled the duties of councillor and alderman of this city. They would, at the same time, desire to convey to him their earnest hope that he may be spared for many years in the active exercise of his profession; and, while deprived of his presence and co-operation in this Council Chamber, they express their confidence that he will yet continue to give to the city, in his more private sphere, his hearty aid in every work which may promote its welfare. The Council also, feeling that it would ill become them to put in operation the bye-law exacting a penalty upon Mr. Husband's resignation, determine that such bye-law be suspended, so far as the same is applicable to such resignation; and the bye-law is hereby suspended."

A Medical Protection Society was some time since formed, for the purpose of protecting the rights of the profession, especially in reference to registration. Of this Society Mr. John Lavies was President and Treasurer, and to it he devoted his earnest attention and much time and labour. This Society is now in debt about £200; and for this sum Mr. Lavies is, it appears, legally responsible, and has been sued on account of it. Some of the late members of the Society, to their credit, are endeavouring to rescue Mr. Lavies from this most unjust position; and now call upon each member of the Society to subscribe a small sum in order to free Mr. Lavies from the liabilities referred to. It seems to us that the members of the late Society are bound in honour to come forward and close their accounts without prejudice to their President. A subscription has been already opened, and sums may be forwarded to John Lavies, Esq., 5, Great George Street, Westminster, and will be duly acknowledged in the journals.

The Pathological Society considers that the Medical and Chirurgical Society charges them too much money for the accommodation afforded at the rooms in Berners Street; and Mr. Henry Thompson, in consequence, suggests that the Pathological Society should apply to and ask of the Royal College of Surgeons the accommodation required. The College, however liberal its present intentions, will, we fancy, scarcely venture on such a step of liberalism as this. If it do, why may not other societies equally knock for admission at its portals ?

THE medical men of Perth suggest, and with much reason, that it would be fair to the profession, and of benefit to the public, that the offices of surgeons and physicians to hospitals should be held in rotation by those members of the profession who live in the district where the hospital is situated, and who are duly qualified for the performance of the hospital duties. The Perth medical men make the suggestion on the occasion of the retirement of Dr. Frazer, who has held office in the county hospital for twenty-five years. The move, it is suggested, is in the right direction, because it would give all the practitioners of a town an opportunity of exhibiting their skill and scientific tendencies. We believe it would have another excellent effect; viz., that of leading to the payment of hospital physicians and surgeons; that assuredly it would enable the governors of hospitals to carry on their institutions on the provident system.

DR. JAMES WATSON has lately tried some of the many "new remedies" which are daily being puffed into a temporary celebrity. In the January number of the *Edinburgh Monthly Journal*, he tells of *Veratrum Viride*, of *Tinctura Boleti Laricis Canadensis*, of *Sarracenia Purpurea*, and of *Carbolic Acid.* Of *Veratrum Viride* he says, that he distinctly denies it to have sedative properties. It is a drug potent in inflicting pain, but has no arterial sedative quality. Its influence on the circulation results from its painfully depressing influence over the vital powers. The *Tinctura Boleti*, etc., used in one case, was inert. *Sarracenia Purpurea*, also an American importation, has been a well-puffed article, as we all know. Its reported virtues in curing smallpox sent its price up in a few weeks from three to twenty-eight shillings a pound. The only virtue recognised in it by Dr. Watson was that of being perfectly innocuous. *Carbolic Acid*, as a local application, has been found of service in sloughing and favus ; and it is an antiseptic.

M. FOLLIN gives the following case of iridectomy. A woman, who had lost the sight of the left eye several years, consulted M. Follin for glaucoma of the right eye, supervening on a sudden chilling of the body when in a state of perspiration. The left eye was atrophied, irritable, and painful; and, as it might affect the other eye, it was in the first place removed. The right eye was as hard as marble ; the pupil widely dilated ; the humours not transparent ; the cornea slightly dull ; and the patient could scarcely see even the largest objects. On November 25th, 1861, M. Follin made a large excision into the iris ; and, at the end of ten days, the patient began to see pretty clearly the window-bars. Since that time, the state of the eye has gradually improved ; the ocular tension diminished ; the sclerotic redness has disappeared ; and the patient, on leaving Salpêtrière in February 1862, could distinctly see and read large characters. Two years after the excision, the eye could read No. 9 of Jäger, and the patient do all her work.

"As regards the treatment of diabetes," says M. Monneret, "we must be modest. We all know that experience has not justified the pretensions of chemistry, which flattered us with the assurance that it had discovered the cause and the remedy of the disease. Chemistry has usurped the place of medicine here, and has deceived us. The alkaline treatment, founded on an hypothesis, has utterly failed. The part which medicine plays is, alas ! still a modest part. We know not the real cause of the disease ; and must, therefore, content ourselves with treating the symptoms of it. To keep up the strength by good diet, wine, and tonics ; to increase the cutaneous functions by vapour and sulphur baths, and especially by hydrotherapeia ; in a word, to regulate the functions,—is our chief business in the cure of this disease. The true path of progress in therapeutics is to apply hygienic rules in the treatment of diseases. We shall never escape from the difficulties which have overwhelmed us for centuries until we have more thoroughly recognised this principle, and applied it in practice."

The Academy of Sciences has bestowed its prize for Experimental Physiology on Dr. Moreau, for his researches into the air-bladder of fishes. MM. Philipeaux and Vulpian also receive a prize for their works on the Nervous System ; and M. Batailhe honourable mention. Under the Montyon foundation, M. Chassaignac takes a prize of 2,500 *francs* for his method of *écraseur linéaire ;* and four mentions, with 1,500 *francs,* are accorded to MM. Debout, Gallois, Bourdon, and Cahen. Other works are recommended as worthy of the attention of the Academy. The Commission presiding over "Unhealthy Occupations" has given a prize of 2,500 *francs* to M. Grimaud for his work on *Public Waters and their Application to the Wants of Large Towns and Rural Habitations.* M. Guignet takes a similar prize for the preparation of a healthy green chrome colour, which may be used for colouring papers ; and M. Bouffé 1,500 *francs* for having substituted a green, resulting from a mixture of picric acid with the green of Guignet, for the arsenical green used in artificial flowers. The Section of Organic Chemistry has given to Dr. Hoffman the Jecker prize of 5,000 *francs* for his works in organic chemistry.

RECENT OUTBREAKS OF FLESH-WORM DISEASE, OR TRICHINIASIS, IN GERMANY.

[*Communicated.*]

A FEW months ago, there was a festive celebration at Hettstädt, a small country town near the Hartz Mountains, in Germany. Upwards of one hundred persons sat down to an excellent dinner, and, having enjoyed themselves *more majorum*, separated, and went to their homes.

Of these 103 persons, mostly men in the prime of life, eighty-three are now in their graves; the majority of the twenty survivors linger with a fearful malady; and a few only walk apparently unscathed among the living, but in hourly fear of an outbreak of the disease which has carried away such numbers of their fellow-diners.

They had all eaten of a poison at that festive board, the virulence of which far surpasses the reported effects of *aqua tophana*, or of the more tangible agents described in toxicological text-books. It was not a poison dug out of the earth, extracted from plants, or prepared in the laboratory of the chemist. It was not a poison administered by design or negligence. But it was a poison unknown to all concerned; and was eaten with the meat in which it was contained, and of which it formed a living constituent.

When, about thirty years ago, the then demonstrator of anatomy at Guy's Hospital, Hilton, observed a little speck on a muscular fibre, and suspected it to contain a worm, he little dreamed that he had before his eyes the puny specimen of a race of parasites more fatal to man and animals than the virus of the blackest pestilence. When the student Paget sent to the Hunterian conservator Owen that specimen of speckled muscle taken from a body in St. Bartholomew's Hospital, he probably knew that he was sending a curiosity; but did, perhaps, not imagine that it was an example of a disease which might be carried in a living pig from Valparaiso to Hamburg and kill the entire crew of a merchant vessel. When Owen registered trichina spiralis in the Latin terms of zoology, whatever idea he had formed of the generation and life of his parasite, he certainly could not have dreamed, in the keenest flights of his imagination, that of the acute disease caused by this parasite in 103 healthy persons, eighty-three would have to die a most painful and melancholy death, and the remainder be brought into imminent danger.

When the festival at Hettstädt had been finally determined upon, and the dinner had been ordered at the hotel, the keeper of the tavern arranged his bill-of-fare. The introduction of the third course, it was settled, should consist, as usual in those parts of the country, of *Röstewurst und Gemüse*. The *Röstewurst* was, therefore, ordered at the butcher's the necessary number of days beforehand, in order to allow of its being properly smoked. The butcher, on his part, went expressly to a neighbouring proprietor, and bought one of two pigs from the steward, who had been commissioned with the transaction by his master. It appears, however, that the steward, unfortunately, sold the pig which the master had not intended to sell, as he did not deem it sufficiently fat or well-conditioned. Thus the wrong pig was sold, carried on a barrow to the butcher, killed and worked up into sausages. The sausages were duly smoked and delivered at the hotel. There they were fried and served to the guests at the dinner-table.

On the day after the festival, several persons who had participated in the dinner were attacked with irritation of the intestines, loss of appetite, great prostration, and fevers. The number of persons attacked rapidly increased; and great alarm was excited in the first instance by the apprehension of an impending epidemic of typhus fever or continued fever, with which the symptoms observed showed great similarity. But when, in some of the cases treated by the same physician, the features of the illness began to indicate at first acute peritonitis, then pneumonia of a circumscribed character, next paralysis of the intercostal muscles and the muscles in front of the neck, the hypothesis of septic fever, though sustained in other cases, had to be abandoned with respect to these particular cases. Some unknown poison was now assumed to be at the bottom of the outbreak; and an active inquiry into all the circumstances of the dinner was instituted. Every article of food and material was subjected to a most rigid examination, without any result in the first instance. But when the symptoms in some of the cases invaded the muscles of the leg, particularly the calves of some of the sufferers, the description which Zenker had given of a case of fatal trichinous disease was remembered. The remnants of sausage, and of pork employed in its manufacture, were examined with the microscope, and found to be literally swarming with encapsuled trichinæ. From the suffering muscles of several of the victims small pieces were excised, and under the microscope found charged with embryonic trichinæ in all stages of development. It could not be doubted any longer, that as many of the 103 as had partaken of *Röstewurst* had been infested with trichinous disease by eating of trichinous pork, the parasites of which had, at least in part, escaped the effects of smoking and frying.

This awful catastrophe awakened sympathy and fear throughout the whole of Germany. Most of the leading physicians were consulted in the interest of the sufferers, and some visited the neighbourhood where most of the afflicted patients remained. But none could bring relief or cure. With an obstinacy unsurpassed by any other infectious or parasitic disease, trichiniasis carried its victims to the grave. Many anthelmintics were arrayed to destroy, if not the worms already in the flesh, at least those yet remaining in the intestinal canal. Picric acid was employed until its use seemed as dangerous as the disease; benzole, which had promised well in experiments upon animals, was tried, but was unavailing. As case after case died off, and the dissection of each proved the parasites to have been quite unaffected by the agents employed, the conviction was impressed upon every mind that a man afflicted with flesh-worm is doomed to die the slow death of exhaustion from nervous irritation, fever, and loss of muscular power, in systems essential to existence.

But medical science had only just unravelled a mystery; and if it could not save the victims, it was determined, at least, to turn the occasion to the next best account. The cases were, therefore, observed with care, and chronicled with skill. All the multifarious features of the parasitic disease were registered in such a manner, that there can hereafter be no difficulty in the diagnosis of this disorder. A valuable diagnostic feature was repeatedly observed; namely, the appearance of the flesh-worm under the thin mucous membrane on the lower side of the tongue. The natural history of trichina in man was found to be the same as that in animals.

All observations led to the conviction that the trichina encapsuled in the flesh is in the condition of puberty. Brought into the stomach, the calcareous capsule is digested with the flesh, and the trichina is set free. It probably feeds upon the walls of the intestines themselves; for the irritation of the intestines begins before the bringing forth of young trichinæ has taken place. Copulation is immediately effected; and within a few hours, or a short portion of days, from sixty to eighty live embryos leave the female, and begin their own career of destruction.

This consists, in the first instance, in an attempt to pierce the walls of the intestinal canal. Great inflammation of the entire surface ensues, ending not rarely in death of the villous or mucous membrane, or in the formation of masses of pus on its surface. Sometimes there are bloody stools. But these severe symptoms only ensue when much trichinous meat has been eaten. When less has been consumed, pain and uneasiness in the abdomen are produced, accompanied, however, in all instances, by wasting fever and prostration. The embryos actually pierce the intestines, and are found free in the effusion, sometimes serous, sometimes purulent, which is always poured out into the abdominal cavity. Thence they again proceed towards the periphery of the body, pierce the peritoneum, causing great irritation, and sometimes peritonitis, to the extent of gluing the intestines together to a coherent mass. They next proceed to the muscles nearest to the abdomen; arrived at the elementary muscular fibres, which, under the microscope, appear as long cylinders with many transverse striæ, they pierce the membranes, enter the fibres, eat and destroy their striated contents, consume a great part of the granular detritus, moving up and down in the fibres until grown to the size necessary for passing into the quiescent state. They then roll up in spiral or other irregular windings, the bags of the muscular fibres collapse, and only where the trichinæ lie a calcareous matter is deposited, perhaps by the trichinæ themselves, which hardens into perfect capsules round the parasites. A muscular fibre may harbour one or several parasites; but every fibre invaded by a single parasite loses its character entirely, and becomes a bag of detritus from one end to the other.

If it be remembered that one ounce of meat filled with trichinæ may form the stock from which, in a few days, three millions of worms may be bred; and that these worms will destroy in the course of a few weeks not less than two millions of striated muscular fibres—an idea of the extent of destruction produced by these parasites can be formed. We are not in a position to say to what proportion of the fifty or sixty pounds of muscle required for the performances of the human body these two millions of elementary fibres actually amount. In the muscles nearest to the abdomen, the destruction is sometimes so complete, that not a fibre free from parasites can be found. This amounts to complete paralysis. But death is not always produced by the paralysis; it is mostly the result of paralysis, peritonitis, and irritative fever combined. No case is known in which trichiniasis, after having declared itself, became arrested. All persons affected have either died, or are in such a state of prostration that their death is very probable.

Most educated people in Germany have, in consequence of the Hettstädt tragedy, adopted the law of Moses, and avoid pork in any form. To some of the large pig-breeders in Westphalia, who keep as many as two thousand pigs, the sinking of the price of pork has been a ruinous—at the least, a serious—loss. In the dining-rooms of the hotels in the neighbourhood of Hettstädt, notices are hung up announcing that pork will not be served in any form in these establishments. To counteract this panic, the farmers' club of the Hettstädt district gave a dinner at which no other meat but pork was eaten. But it has had no appreciable effect. The raw ham and sausages of Germany are doomed to extinction. The smoked and fried sausages must necessarily be avoided. What parts of the pig can be eaten in the form of sausages with any degree of safety remains to be ascertained. The Germans think not any. They have ceased to believe in roast pork, sausages, pork-cutlets, and the like; and admit pork only in the form of thoroughly cured, well-smoked, well-seasoned, tender boiled ham, and in that of long kept, well-cured, well-fried bacon. The rest is believed to be tainted with the danger of trichina. So lively is the popular panic, that when pigs are being driven through the streets, the boys shout after them: "Trichinæ! trichinæ!" This has the effect of making the drivers angry, and causing them to hit the boys if they can, and if the urchins are too quick for them, the stripes fall upon the poor pigs.

In the South of Germany, some people now say that the Hungarian pigs are most frequently affected with trichinæ. This rumour, like the famous pork dinner of the farmers' club, may, however, have been set up with the intention of quieting apprehension about the native pigs. We have already mentioned the accident which befel the crew of a merchant vessel. They shipped a pig at Valparaiso, and killed it a few days before their arrival at Hamburg. Most of the sailors ate of the pork in one form or another. Several were affected with trichinæ and died. Of those whose fate could be inquired into, one only seems to have escaped the parasites. Another outbreak in Saxony has carried away twelve persons. A fourth wholesale poisoning by trichinæ is just reported from Offenbach, the Birmingham of Hesse-Darmstadt. Of upwards of twenty persons infected, three had already died when our correspondent's letter left. Numerous sporadic cases of fever, and epidemics of inscrutable peculiarity but referred to an anomalous type of fever, are now claimed by medical authors, and with much show of reason, to have been outbreaks of trichiniasis, or flesh-worm disease. Several German physicians experimentalise with a view of finding a cure for this terrible disorder. Professor Eckhardt at Giessen, we are told, has obtained permission to try the disease and supposed remedies upon a murderer under sentence of death. We have not been told whether his reward in case of success is to be a commutation of his capital sentence; but should hope this to be the case. The experiment, even if it should not have the romantic character indicated, will probably teach some curious details of the life of these parasites.

Almost everywhere the commonest rules of cleanliness are disregarded in the rearing of pigs. Yet pigs are naturally clean animals, avoiding, like dogs and cats, all contact with ordure. Though they burrow in the earth, and in summer wallow in the mud, they abhor the heaps of excrements mixed with straw in and upon which they are frequently kept. A due regard to cleanliness will prevent trichinæ in the pig. In wild boars, of which many are eaten in the country round the Hartz Mountains, trichina has never been found. Neither has it been met with in sheep, oxen, or horses. Beef is the safest of all descriptions of meat, as no parasites have ever been discovered in it. They have also never been found in the blood, brain, or heart, of those animals in whose striated muscles they love to reside.

As it would be useful if the medical profession, as the natural guardian of public health, were to put people on their guard against eating pork in an underdone condition, and otherwise than in the form of thoroughly boiled or roasted meat, we propose to our readers to use the word *flesh-worm* for popularly designating trichina. The word seems to express, to some extent, the horrors of the disease. Lastly, we would recommend to every medical man to make himself thoroughly acquainted with the symptoms and characters of the disease; as it does not seem to be very uncommon, but rather hitherto to have escaped observation.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
West Somerset. [Conversazione.]	Clarke's Castle Hotel, Taunton.	Wednesday, Jan. 20th.
Midland. [Quarterly.]	Board Room of the Infirmary, Derby.	Thursday, Jan. 21st, 2 P.M.
Bath and Bristol. [Ordinary.]	York House, Bath.	Thursday, Jan. 21, 6 P.M.

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, DECEMBER, 3RD.

W. ADAMS, Esq., Vice-President, in the Chair.

Intractable Menorrhagia. Dr. GRAILY HEWITT related a case which was traced to the influence of lead poison. In 1860, Paul, of Paris, drew attention to this influence of lead in causing abortions and profuse menorrhagia. Since that time, Dr. G. Hewitt had observed one case of repeated abortions, traceable to this cause; and the following case proved its power in causing menorrhagia. A woman, aged 35, had three children by her first husband. He died, and she married a painter, by whom she had one child, four years old. For three years past she suffered from most intractable menorrhagia; the discharge appeared every fortnight and lasted from six to eight days. No disease of the uterus was found, but a blue line on the gums, slight weakness of the wrists, and pains in the abdomen all pointed to lead in the system, which she had probably received from washing her husband's clothes; on giving this up and taking mineral acids and opium, the menorrhagia ceased completely.

Dr. GREENHOW observed that there are large numbers of women in this country employed in lead, but he had no experience on the question raised by Dr. G. Hewitt. In all cases of lead-poison seen by him, the lead-line was visible on the gums. Cleanly workmen usually escape; it is the young and uncleanly who suffer most.

Mr. ERNEST HART said that Dr. Graily Hewitt's remarks tended to prove that lead is not a styptic; and his own experience led him to a similar conclusion.

Astigmatism. Mr. ZACHARIAH LAURENCE exhibited two cases of astigmatism, which he had remedied by cylindrical lenses. In the first instance, the patient had himself mistaken the case for one of progressive myopia, at last wearing concave glasses as deep as five inches. The ophthalmoscope, however, disclosed no morbid appearance of the fundus, nor refractive power of the humours, sufficient to account for so high an apparent degree of myopia. Further examination disclosed an abnormal increase of curvature in the cornea in the vertical meridian, an astigmatism of one-twentieth. With a combination of a ten-inch spherical concave with a twenty-inch cylindrical concave (axis horizontal) his vision was exactly double that obtained by his former glasses. With these a luminous point appeared as a horizontal line, vertical lines as a blurred mass; but with the above combination these appearances vanished. In the second instance, the phenomena was very similar; the case, however, presenting three peculiarities:—1. The axis of the astigmatic meridian was inclined at about thirty degrees from the vertical. 2. It was limited to the right eye. 3. The retinal veins exhibited an extraordinarily distinct and extensive pulsation.

Mr. HART observed that the discovery of this condition of the eye required much care, and, though not so commonly met with as Donders said, (one-thirteenth of all cases) it was often seen.

EVIDENCE AGAINST THE INTERNAL USE OF MERCURY IN SYPHILITIC AND OTHER DISEASES.

BY C. DRYSDALE, M.D.

The debate on this paper was resumed.

Dr. MENZIES was of opinion that, notwithstanding all that has been said by Dr. Drysdale, the cure of syphilis will frequently be promoted by the moderate use of mercury. Its good effects were best seen in the Hunterian chancre, and he also thought it would often prevent secondary symptoms. He had often perceived the value of the mineral in secondary symptoms and iritis. If a sore would not disappear with black-wash, he used mercury. In tertiary cases he used the bichloride of mercury and iodide of potassium. Mr. Syme did not object to mercury in syphilis under proper management. He (Dr. Menzies) thought mercury should be avoided in irritable habits and phagedæna.

Mr. CURGENVEN considered the evidence adduced by Dr. Drysdale perfectly satisfactory only as far as hospital practice went, because the patient's after-history could not be known so well as in private practice. He had recently seen a soldier, who had been treated without mercury in the Crimea, and had now superficial ulceration of the nostrils. This man recovered under doses of iodide of mercury. He did not believe that mercury caused disease of the bones. In another case, a man had indurated sores and gonorrhœa. No mercury was used, and he had secondary symptoms and also syphilitic children. This was a proof that syphilitic children were not due to the mercury. In acute hydrocephalus, Mr. Curgenven had found great benefit from a grain of calomel given every two hours, which had often effected a cure of this disease.

Dr. SISSON said that there were three classes; 1. Mercurialists, who said the disease could only be cured by mercury; 2. Anti-mercurialists; 3. Moderate mercurialists. The position of the first class was untenable; since it was certain that Mr. Weeden Cooke, Dr. Drysdale, and others, had cured cases of syphilis without a particle of mercury. The anti-mercurialists however, had not proved that small quantities of mercury might not prove beneficial, which he believed. It was a mistake to call Mr. Syme an anti-mercurialist. *His* attacks were levelled against the *abuse* of mercury, and he (Mr. Syme) considered mercury the grand remedy in iritis. With regard to the evils done by mercury much had also been said against the chlorate of potash. His line of treatment was to support the system and give purges, etc.; if this did not suffice, he ordered one-sixteenth of a grain of bichloride of mercury for about three weeks. He thought mercury would stand its ground against Dr. Drysdale's attack.

Dr. G. DE GORREQUER GRIFFITH said that his own experience completely corroborated the evidence brought forward by the author of the paper against mercury in syphilis. A gentleman patient of his had chancre, which was treated by mercury. Secondary symptoms appeared, and he again took mercury. As he received no benefit, he placed himself under Dr. Griffith's care, who gave him chlorate of potash and bark. The eruption disappeared, and the corona veneris. During the years he had been abroad, he had never found it necessary to administer mercury for the primary or other forms of the disease, believing that the patients got more rapidly well when mercury was not admitted into the system. A brother officer had been treated by several courses of mercury, very much to the deterioration of his health. Dr. Griffith made him give up mercury, purged him, and afterwards gave chlorate of potash and bark. The eruptions faded, the ulceration soon healed, and the patient recovered perfectly, and had continued well for some years. In all the patients—and they were not a few—whom he had treated in India, China, and other tropical regions, he never saw those untoward results, which he knew too frequently arose from mercury. However, the Chinese, who take no mercury, seemed to suffer from the disease in a frightful manner. This was an interesting remark in connection with the natural history of the disease. The treatment which he adopted was to powder the ulcer with powdered chlorate of potash, and afterwards dress it with a weak solution of that drug. He then alluded to the inutility or rather inadvisability of using calomel and opium, or even the latter alone, as a prophylactic in ovariotomy; Mr. Baker Brown considered them unnecessary, as well as Mr. Spencer Wells.

Dr. Pollock believed he was only delivering the general opinions of the profession, when he said that mercury was now considered quite unnecessary in all internal inflammations, such as pleurisy, pericarditis, pneumonia, and bronchitis. When he was a student in Dublin, there was a great contest between the disciples of Colles and Carmichael, on the matter of mercury in syphilis: so that the students did not know what to think. Dr. Pollock thought that tertiary symptoms were benefited by the drug; but that none of the other symptoms required it. As to mercury in bilious attacks, it was unnecessary; as he had first remarked when in Italy, where the natives get well on low diet and lemonade.

Mr. Ernest Hart remarked, that all that had to be done by statistics on the question of the treatment of syphilis seemed to have been done already; and yet the question was not settled. But it was by observation and thoughtful interpretation of results in particular cases that the value of mercury could be best seen. He had recently had two examples of its value in syphilitic iritis. 1. A gentleman came under his care with syphilitic iritis. He had been treated by "rational" means at first, and six months afterwards with chlorate of potash, etc. Thirteen months after this he still had induration at the side of the chancre and iritis, which was cured by Mr. Hart by blue pill. This seemed a practical argument for the drug. 2. A child, the offspring of syphilitic parents, had one eye lost by iritis, and the other had commencing interstitial keratitis. He had the "notched teeth" of Hutchinson. The syphilitic nature of the disease he had to treat had not occurred to the practitioner, and one eye was lost and the other nearly sightless when he was seen. Mercurial injection acted wonderfully in arresting the corneitis and clearing the cornea, previously obscured by interstitial effusion. The child, previously sightless, now saw.

Mr. Zachariah Laurence disagreed with the views of the last speaker. He (Mr. Laurence) had treated a large number of cases of interstitial corneitis by local sedatives, counter irritation and depletion, and general tonics, without ever having found it necessary to resort to the use of mercury. He believed that there was no connection between this form of corneitis and syphilis, as asserted by a recent author, and that the occasional quasi-concurrence of the two diseases was rather a natural consequence of the prevalence of syphilis among hospital patients. In the treatment of iritis, Mr. Laurence never found it necessary to employ mercury; he had treated a great number of cases successfully by opium and belladonna, and instanced the case of a medical man, who found the greatest benefit from such a line of treatment for recurrent iritis; having formerly employed mercury fruitlessly,

Dr. Graily Hewitt thought that the action of mercury in syphilis was useful. The wife of a patient of his, an Indian officer, had two dead children, and he had suffered from sore throat, and had not been treated by mercury. He (Dr. Hewitt) administered mercury to both, but did not know the result. Here, then, were the results of the disease without mercury. As to acute hydrocephalus, his experience made him consider this a fatal disease, whatever was the treatment adopted. Mercury was of no benefit in such cases. He did not believe that mercury was of any service in puerperal peritonitis, in puerperal fever, or phlegmasia dolens.

Dr. Ballard considered the use of mercury injurious in acute hydrocephalus, which is usually seen in delicate children. The best treatment is to apply leeches and nourish the child. When coma supervened all he had seen died.

Dr. Camps thought that all the opinions he had heard pointed to the conclusion that syphilis did better without mercury in warm than in cold climates.

Dr. Drysdale replied to and commented on the remarks of the previous speakers. In conclusion, he remarked, that the result of the evidence, given by the different members who had spoken, tended to strengthen him in the course he had now followed for several years, viz., of *never* using mercury as an internal remedy, under any circumstance whatever. With regard to chlorate of potash, he had no belief in its virtues, but thought external applications and rational medication of symptoms were all that we could at present use, with propriety, for the treatment of syphilis, or, indeed, of most other diseases.

December 17, 1863.

H. W. Fuller, M.D., President, in the Chair.

IMPETIGO CONTAGIOSA.

BY W. TILBURY FOX, M.D.LOND.

The author first commenced by objecting *in toto* to the further use of the term porrigo in dermatology. It had been so variously applied at different times as to render it a matter of impossibility to disentangle out an applicability which could be accepted with any degree of satisfaction. The generic term *tinea* would be a proper substitute in the parasitic class of cases, and impetigo contagiosa in the form of scalp disease more *recently* known as porrigo (Startinii). A description was then given of the disease as it affects the different parts of the body; on the scalp as isolated, circular, flat, yellowish granular-looking scabs, without any inflammatory areola, developed as a *primary* disease from a small pustule; on the general surface as small red points isolated most usually, becoming pustular, then quasi-bullous (always umbilicated), and presenting a circular form with more or less redness around, attaining the size of a shilling or more, and then breaking out into superficial wet leather looking ulcerated surfaces. The contents of the pustules were shown to be made up of puriform material (a plastic lymph), pus, fat, epithelial cells, and parasites—animal (*steatozoon folliculorum*) and vegetable resembling the *trichophyton*, and also bodies resembling amyloid corpuscles. The parasites are only found occasionally and are accidental components of the disease. Dr. Fox then noticed certain deviations from the normal standard. The disease is essentially and highly contagious, and the specific contagious quality resides in the secretion of the pustule, and is not parasitic, as shown by microscopic examination. Cases were quoted to show that the disease was inoculable by the introduction into the skin of a sound person of some of the discharge. Dr. Fox then proceeded to point out the similarity between cases of impetigo contagiosa and so-called "bastard vaccinia." That so-called "bastard vaccinia" was in many cases simply impetigo contagiosa; that impetigo contagiosa mostly followed vaccination, or could be traced by contagion through a series of cases to some one subject in whom the disease had followed close upon vaccination; that impetigo contagiosa of the scalp often co-existed with so-called bastard vaccinia of the surface; that inoculation produced a pustular condition closely resembling vaccinia, and Dr. Fox just touched upon the explanation of the relation of this disease to vaccination, and asked what, if any, is the modifying influence of the universal practice of vaccination upon existing disease? Some of the cases appeared to be impetigo modified by the vaccine virus. Mr. Ross's observations were referred to as illustrative of the subject. The author felt sure that vaccination had a great deal to do with the disease, and asked the members to sift carefully any evidence that might turn up. The diagnosis between this disease, ecthyma, pemphigus, rupia and eczema impetiginodes was dwelt upon in full detail. The treatment and the narration of cases followed. The author had described the disease as he had lately seen it, in a quasi epidemic form, among the patients in his department of Diseases of Women and Children at the Farringdon Dispensary.

The PRESIDENT observed that a large field of inquiry was opened out by the question of the connection between vaccination and scrofula. Vaccine matter might cause eruptions, either by constitutional irritation or by specific poison. At Southampton children that were vaccinated had had a remarkable epidemic of skin-disease, caused by the vaccination.

Dr. HILLIER thought that the author of the paper had included several diseases under one head. He was fully satisfied that impetigo was sometimes contagious, and that some of these cases appeared to have all the anatomical characters of ordinary non-contagious impetigo; whilst others had the character well described by Dr. Fox; they differ from ordinary cases in the character of the secretion and in the extension of ulcerations under the raised cuticle; the existence of inbilication was generally due to the cuticle dipping down into a sweat duct, and might be present or not. Dr. Hillier had not been able to make up his mind as to whether there was a distinct disease such as that described by Dr. Fox, or whether several skin diseases, especially impetigo, rupia and ecthyma in children, were under several conditions contagious. Pustular scabies, causing ecthyma, had been mistaken by some for porrigo; this disease may certainly attack the scalp in children. Pediculi were, in some cases, the medium by which impetigo was communicated. This term *porrigo* was an inconvenient one, on account of its having been applied to all contagious diseases of the scalp. Dr. Hillier stated that Willan and Bateman's porrigo favosa was not favus, but the contagious impetigo; whilst porrigo lupinosa answered to favus, and porrigo scutulata to *tinea tonsurans*. He had several times heard from practitioners that their supply of vaccine lymph appeared to have become impure, and vaccination had been followed by skin disease. Was this caused by lymph being taken at too late a period, or deteriorated by passing through unhealthy subjects? As to splitting of hairs, Dr. Hillier said it was by no means constantly due to parasitic growths, as he had found by experience, and as one would *à priori* conclude.

Dr. CHOWNE remarked that he thought the author's assertions with regard to the spread of disease by vaccination was a dangerous one to promulgate, and not sufficiently logically deducible from the facts observed. Boils had been very prevalent in London some years ago, and if there had been any connection drawn between them and vaccination, it would have, he thought, been a rash one; and so with the other cases mentioned by the author and the president, he considered the eruptive diseases to be merely coincident with the vaccination, not an effect of it.

In reply to a question by Dr. DRYSDALE, Dr. FOX said that his treatment of the cases mentioned consisted in application of sulphur ointment and internal administration of cod liver oil and iodide of potassium.

Dr. FOX, in reply, said that he had been very careful in drawing logical conclusions in the matter, and had avoided all "will-o'-the-wisps;" the connection of the disease with vaccination was one which deserved due consideration for the comfort of both patient and medical man. He had been obliged to admit the connection from noticing how directly and frequently it followed in the wake of vaccination; that bastard vaccinia co-existed with impetigo contagiosa of the scalp; that great similarity obtained in some instances between the disease and some cases of abnormal vaccinia; and that there appeared to be gradations as it were between the two cases. The extension of the disease though no doubt effected after the manner of epidemics generally, was nevertheless in great part due to direct contagion. Dr. Hillier thought that several diseases had been mixed together, but great care had been taken to make the diagnosis clear between pemphigus, ecthyma, impetigo (which was never on the scalp a primary disease, but secondary to eczema) and rupia. Willan's porrigo larvalis, no doubt included, among other things, impetigo contagiosa. The contagious character of ecthyma and rupia was unsupported by proof. Dr. Fox said he should like to be furnished with instances of the kind. Then as to pediculi and vegetable parasites being causes of contagion, there was direct proof to the contrary. These were altogether absent in the majority of cases. The impetigo produced by these, and also "the festering of scratches," had nothing in common with impetigo contagiosa. The splitting up of the hairs into their ultimate fibres was thought by Dr. Hillier not to be characteristic of parasitic disease, but a condition of fungus (the stromal or granular form which had been observed by Dr. Fox to develope into the typical form) capable of producing the lesion, was generally overlooked (a drawing handed to the president showed this distinctly). The umbilication in this disease was a mark of very decided significance; it was brought about not as Dr. Hillier stated (by the central part being held down, so to speak, by a sweat or sebaceous duct), but by the peculiar pathological behaviour of the diseased derma. The secretion was not free, as in pemphigus, so as to distend the bulla, but scanty, and the centrifugal enlargement of the bulla was accompanied by a secreting process forming a raised ring as it were, while the secretion diminished at the centre, which consequently became depressed.

WESTERN MEDICAL AND SURGICAL SOCIETY.

DECEMBER 4TH, 1863.

M. BAINES, M.D., Vice-President, in the Chair.

AFFECTIONS OF THE THROAT, WITH THE PRACTICAL USE OF THE LARYNGOSCOPE. BY G. D. GIBB, M.D.

Dr. GIBB descanted briefly upon the various instruments in use for examining the throat, the larynx, and the nose; all of which were present on the table. Of the various kinds of laryngeal mirror now employed, he condemned those made of steel, as they required constant re-burnishing; and, although glass was the most convenient and the best, he occasionally made use of plated and gilt metal of a circular form.

How to proceed in examining the throat and larynx; the various parts seen in health; their colour, situation, shape, and action; the production of sound; and the appearances presented by the singing voice; were all described. The natural colour of the fauces, the parts about the upper larynx, the larynx itself, and the trachea, Dr. Gibb particularly dwelt upon; because mistakes were frequently made of confounding what was really natural with diseased conditions. The voluntary action of the muscles of the larynx, he said, he had conclusively proved by experiments made upon himself, which were pointed out in a series of diagrams, and elsewhere brought before the scientific world. The behaviour of the glottis in coughing, expectoration, choking from particles of dust or other substances, and swallowing, was explained, and the order of sequence given in which the action of the true and false vocal cords and depression of the epiglottis occurred. The proof and confirmation of what he stated in relation to these was explained by diagrams in the form of a mathematical proposition. The cartilages of Wrisberg and Santorini were particularly described; many anatomists confounded them as synonymous, and others wholly ignored the existence of the former; although he would not deny that those of Wrisberg were wholly rudimentary, and sometimes actually wanting, in man, as he had proved by some of his dissections in earlier years. The physiological part of the lecture was concluded by a description of the subglottis seen through a tracheal fistula; and of autolaryngoscopy and rhinoscopy. No aurist at the present day should be unacquainted practically with the use of the rhinoscope to determine the state of the Eustachian tubes.

Dr. Gibb now entered into a brief consideration of the various diseases of the throat and larynx, and the light thrown upon their nature and pathology by the use of the laryngeal mirror. In some cases, with urgent symptoms, the diseased condition was found not to possess the importance that the symptoms, at first sight, would have warranted; in others, again, with comparatively slight or mild symptoms, very important pathological conditions were observed. The value and importance of the laryngoscope was becoming, every hour he might say, more apparent.

The commonest form of throat-disease was, he said, the follicular affection of the mucous membrane involving sometimes the throat alone, and at others the larynx; but generally existing together, and seen in a variety of persons, not unfrequently associated with pendency of the epiglottis, and now and then with ulceration more or less extensive. The impediments offered sometimes by a pendent epiglottis were most inconvenient, and interfered much with treatment, as must be the experience of most of those accustomed to investigate the throat with the laryngoscope. Ulcerations of the larynx were, he said, most abundantly illustrated in the London museums, and showed to what a fearful extent they sometimes proceeded before destroying life. Impaired action of the vocal cords, from mechanical or other causes, hoarseness, the varieties of aphonia, modifications of the voice in speaking and in singing, were all briefly considered and explained by reference to numerous diagrams. Acute laryngitis, supra- and sub-glottic œdema, specific affections of the larynx, diphtheria, the sore-throat of the exanthemata, dyspnœa, and deformities, were likewise noticed at such length as time would permit of. The pathology of the subject was concluded by a reference to diseases of the trachea, the tongue-bone, foreign bodies, injuries, and nasal affections.

In conclusion, Dr. Gibb remarked that laryngeal affections were now much more curable than heretofore; for we were now not working in the dark, and were made aware of the exact conditions present within the larynx. He also stated that it would have been quite impossible to have described all that he had mentioned without the aid of diagrams, as they at once appealed to the eye, and quickly conveyed to the mind what he would have taken hours to mention. An autolaryngoscopic demonstration concluded the business of the evening.

Correspondence.

IRIDECTOMY.

Letter from James Dixon, Esq.

Sir,—In replying to my letter, Mr. Bowman wishes, he says, to fix especial attention upon my last two paragraphs, because "they contain what he regards as a fundamental error as to a plain matter of fact." And after quoting my statement that "numberless cases of iritis, keratitis, etc., are attended by hardness of the eyeball," he goes on to say that "ordinary corneitis, iritis, choroiditis, retinitis, in fact, all the ordinary inflammations of the internal tunics are *not* characterised, as a rule, by undue tenison." I never said that "ordinary" inflammations of the tissues I named were always attended by hardness of the eyeball; but I stated, and I reaffirm, that *very many* cases are so. Of course I used the word "numberless," not in its absolute sense of innumerable, but, as we often use it in conversation, to signify very numerous. I could never be supposed to assert that increased hardness of the globe was a necessary concomitant of every simple case of inflamed iris or cornea; but inasmuch as in the severer forms of what we, for want of a better word, term iritis, and in those inflammations of the cornea where the sclerotic and other tissues are implicated, a considerable amount of hyperæmia of the globe is induced, it is impossible but that the hardness of the organ should be increased beyond its normal standard. Is not this the case with every congested organ,—with a swollen testicle or a lymphatic gland?

Mr. Bowman is anxious lest my statement with regard to the abuse of iridectomy should "lower the high reputation of English science and English humanity abroad." Really I think we need not trouble ourselves on this head. "Abroad" is a wide term, and no doubt there are many foreign surgeons who are as conscientious as they are skilful; but those who have seen as much as I have of continental schools of medicine, know how frequently patients are regarded as mere illustrations of a clinique, the *corpora vilia* on which experiments may fitly be made. So I think "English science and English humanity" may be safely left to defend themselves.

The "enthusiasm of his younger colleagues," (by this term of course he means his juniors in the profession generally) with which Mr. Bowman professes himself to have been so much pleased at the period of the first announcement of iridectomy,—"among whom it may be readily conceded that occasional errors of diagnosis or blemishes in the operative procedure may have occurred,"—is just an euphuistic way of saying what I, in plainer terms, asserted as to the reckless proceedings of some of the over-hasty iridectomists; and I can no more excuse "young enthusiasts," who, without manual skill or previous operative experience, undertake iridectomy as a means of notoriety, than I could pardon an older surgeon, should he habitually operate on cases which were either not threatened with glaucoma at all, or were already in a hopeless condition of confirmed glaucomatous blindness.

This is just the question which the public and the lookers-on of the profession are at present so anxious about, and which in fact has given rise to the present iridectomy controversy. Sufferers from failing sight exclaim—"We want, if possible, to save our eyes, not to offer them up as subjects for needless operations." They say to the surgeon, as the frogs in the fable said to the boys—"Though sport to you, this is death to us." I am, etc., James Dixon.

Portman Square, Jan. 11th, 1864.

Sir,—After reading Mr. Dixon's letter on Iridectomy, published in your Journal of the 6th of November, 1863, I sent to London and got his work; and judge my surprise when I read the following passage:—"The facility with which the operation of 'iridectomy,' as it has been called, can be performed, has led to its being practised in an immense number of cases; and were we contented with the array of so-called cures which have resulted, we should indeed believe the glaucoma, hitherto so helpless a disease, had been brought as much under control as cataract itself. But a careful criticism will convince us that many of the cases of acute glaucoma cured by operation were simply cases of acute inflammation of the sclerotic, implicating to a slight extent the iris and cornea, and attended with severe neuralgia and impairment of vision,—cases which would have yielded to judicious treatment if no iridectomy had been performed. A few cases, supposed to be chronic glaucoma, were probably nuclear cataract in an early stage, and the removal of a portion of the iris by exposing the still transparent periphery of the lens, improved (of course only temporarily) the patient's sight. Of other instances which have come under my own observation, where the operation has been unsuitably performed or proposed, I forbear to speak. There remains a mass of cases of glaucoma diagnosed by careful and competent surgeons, and skilfully operated upon by them, sufficiently numerous to enable them to draw their own conclusions as to the real value of the 'new operation.' For myself, I may state that, although I could not recognise as sound the theory upon which the operation was brought forward as a cure for glaucoma, I tried it in a series of carefully-selected and well-marked cases of the following forms of disease:—Amaurosis with excavated optic nerve—as Gräfe has termed a peculiar morbid condition; chronic glaucoma, where the lens had not yet lost its transparency; and in cases of acute glaucoma, characterised by sudden impairment of sight, rapidly followed by inflammation of the eyeball, dilated and fixed pupil, severe neuralgia, and total loss of vision.

"In neither of the two classes did I find, nor had I expected to find, any improvement to result. Nor in the third class was sight restored, but the inflammation seemed to be arrested, and the neuralgia was either very much lessened, or it wholly ceased. I cannot, however, attribute this result to the removal of a portion of the iris, but mainly to the evacuation of the aqueous humour through the large corneal wound."

Wishing to know what surgeons at other schools are doing with regard to iridectomy, I have been inquiring into the working of the Westminster Ophthalmic School. There I find iridectomy rejected altogether for glaucoma, etc., and incision of the ciliary muscle, which is said to be a superior operation, substituted. I find, however, that there is a division of opinions among that staff respecting the *modus operandi* of this operation.

Where on earth are we country surgeons to go to get orthodox opinions to guide us, when we find our London "pures" so much divided? I was fortunate enough, as I thought, to get a view of a paper by Gräfe on "Iridectomy" in the *Ophthalmic Hospital Reports* just published. I am puzzled more than ever by it. In the first part of this paper, which is devoted to the results of iridectomy, I find a great deal more to scare me away from the operation than to encourage me. When I come to the second part, which treats of the disadvantages of iridectomy, I am lost in fear. I had no conception that so many mishaps attended it. What, sir, do you think of such a sentence as this, when he is discussing the point as to whether iridectomy injures the other eye or not? "In a few years, however, my observations on these cases multiplied to such a degree, that I ascertained and can uphold the fact, that iridectomy, when performed upon one eye, may tend, under certain circumstances, to accelerate the process of disease in the other." He continues: "According to this we see that the second eye has been attacked quickly in more than one-fifth of the cases; this is very different to what we have observed in cases of no operation." He adds: "This agrees with the opinions of most of those of my colleagues who have directed their attention to the point in question." I might quote many extraordinary remarks from this paper, but I will only make one more abstract. "These facts need not prevent an intelligent practitioner from making use of iridectomy in cases of acute glaucoma, but only serve to recommend to him some degree of prognostic circumspection. When I operate on patients for acute glaucoma, I always inform them of the possibility of the disease speedily attacking the second eye; so that if this actually happens, they are not taken by surprise, but sometimes even welcome gladly the acceleration of the second operation, of which they have already experienced the success of the first eye."

I am, etc., A Country Surgeon.

Dec. 28th, 1863.

Letter from Furneaux Jordan, Esq.

Sir,—As the correspondence at present appearing in your pages will constitute an important epoch in the history of iridectomy, it is desirable that the experience and evidence on both sides should be as ample as possible.

The degrees of severity of the inflammatory process in most tissues and organs are almost numberless. The language of pathology affords, however, in the terms acute, subacute, and chronic but three rude inadequate landmarks for the guidance of the surgical pilgrim.

From the rarity of very acute glaucoma, my experience (which at the Birmingham Eye and Ear Hospital and in private practice has not been scanty) in iridectomy has been chiefly in the more subacute and chronic forms. It has led me to the following conclusions.

1. The ophthalmoscope has rendered the diagnosis of the glaucoma more precise and the pathological conditions more comprehensive. As Mr. Bowman has observed, many affections which were formerly considered amaurotic are now recognised as glaucomatous. There is *still* no remedy for amaurosis.

2. For the first time in the history of ophthalmic surgery, a remedy has been devised for glaucoma. Many cases iridectomy cures, in many it arrests the otherwise too certain progress of this disease.

3. Where it fails to relieve, if performed with ordinary care, it does no harm. I have frequently performed the operation, in many cases with striking—in most cases with marked success. I have never known a single evil result from its use.

4. Although the manner in which the operation affords benefit is not so susceptible of explanation as in the operations for lithotomy and strangulated hernia, yet when we consider that no inconsiderable portion of a large solid structure (a structure, too, which is intimately connected with the production of one of the glands of the eyeball) is removed from a globe already too distended and tense, we may regard it, if only a mode of paracentesis, as certainly *the most permanent and efficient mode of paracentesis* which has yet being devised. On this ground simply I am well content to rest the utility of iridectomy—the more so when I find that modern experience and past history alike reveal the miserable failure of every other so-called remedial means.

I am, etc., FURNEAUX JORDAN.

16, Colmore Row, Birmingham, Jan. 5th, 1864.

LETTER FROM JOHN WOOLCOTT, ESQ.

SIR,—Considering my experience in ophthalmic diseases to be as large and extending over as long a period of practical observation as that of most of the oculists who have addressed letters to you on Iridectomy, I venture to give my opinion on the subject. I may briefly state at once, that I have seen more harm accrue from the operation than benefit; and that I consider it, as performed by the greater number of advocates in its favour, as a meddlesome proceeding. But I read the following sweeping denunciation:—

"If in a numerous class of eye-affections the vision cannot be saved except by iridectomy, those gentlemen who do not perform iridectomy must sacrifice a large number of their patients' eyes to the non-performance of it. Indeed, Mr. Bowman tells them that they do in fact, by not performing iridectomy, leave their patients thus untreated, and so subject them to irreparable loss of vision." (BRIT. MED. JOUR., Dec. 19th, 1863.)

I therefore feel, for the sake of humanity's vision, that it is my duty to investigate the subject further; and if Mr. Bowman will kindly make me the same offer as he did to Mr. Walton, viz., to show me his patients "*before* and after an iridectomy properly performed," I will promise him to go in an unbiased condition, and shall only be too glad if he can convert me to iridectomy as a cure for glaucoma, as for some time I have abandoned the operation, and if I remain unconverted, my conscience will then be easy; having satisfied myself that the patients under my care with this disease have not been consigned to blindness through my excluding them from this operation, as the advocates for iridectomy would have the profession believe that vision suffers, or is permanently lost, through the non-performance of iridectomy.

I am, etc., JOHN WOOLCOTT,

Surgeon to the Kent County Ophthalmic Hospital.

11, Brook Street, Grosvenor Square, Jan. 11th, 1864.

MR. SKEY has formally retired from the office of Surgeon to St. Bartholomew's Hospital.

LUNACY CERTIFICATES. Last week, a gentleman appeared before a magistrate in London, asking for protection against a relative who was violent. There was, it appears, no doubt of his being deranged, but the medical men who had seen him declined to give certificates of his lunacy in consequence of the actions lately brought against medical men. We recommend the above fact to the consideration of Mr. Charles Reade, and of Mr. Charles Dickens.

Medical News.

APPOINTMENTS.

*BURROWS, George, M.D., F.R.S., elected President of the Medical Council.

CLARKE, William F., Esq., elected Surgeon to the West London Hospital.

EADE. P. M.D., appointed Physician to the Jenny Lind Infirmary for Children, Norwich.

FERNANDEZ, Albert L., Esq., appointed Resident Medical Officer to the Sheffield General Dispensary.

GIBSON, Robert E., Esq., appointed Surgeon to the Jenny Lind Infirmary for Children, Norwich.

*GUY, Tom, M.D., appointed Deputy Coroner for Doncaster.

*LOGAN, David D., M.D., elected Physician to the West London Hospital.

*MAUDSLEY, Henry, M.D., elected Physician to the West London Hospital.

*PAGET, George E., M.D., appointed Physician to Addenbrooke's Hospital, Cambridge.

PATERSON, William, M.D., elected House-Surgeon to the Chorley Dispensary.

SEABROOKE, William, Esq., appointed House-Surgeon to the Brighton and Hove Lying-in Institution.

WHITE, Charles, Esq., appointed Surgeon to the Dispensary, Warrington.

POOR-LAW MEDICAL SERVICE.

CAMPBELL, Alexander, L.F.P. and S. Glasg., to the parishes of Bracadale and Durinish, Inverness-shire.

HUBBARD, John P., Esq., to the Sixth District of the Bury St. Edmund's Incorporation of the Poor.

HUGOE, William P., Esq., to the West Kenwyn and Kea Districts of the Truro Union.

MAHOOD, George, M.D., to the Workhouse and Fever Hospital of the Enniskillen Union.

MOORE, David, M.D., to the Dock Dispensary District of the Belfast Union.

ARMY.

COCKBURN, Assistant-Surgeon J. B., M.D., Royal Artillery, to be Surgeon Royal Engineers, *vice* J. Summers, M.D.

GIRAUD, Assistant-Surgeon B. T., M.D., Supernumerary 31st Foot, to be Staff-Assistant-Surgeon, *vice* C. D. Madden.

MACPHERSON, Staff-Surgeon F. M., to be Staff-Surgeon-Major, having completed 20 years' full-pay service.

MADDEN, Staff-Assistant-Surgeon C. D., to be Assistant-Surgeon Royal Artillery, *vice* J. B. Cockburn, M.D.

SUMMERS, Surgeon-Major J., M.D., Royal Engineers, to be Staff-Surgeon-Major, *vice* W. A. White, M.D.

WHITE, Staff-Surgeon W. A., M.D., to be Surgeon Royal Artillery, *vice* T. Rhys.

ROYAL NAVY.

LITTLE, John, Esq., Surgeon, to the *Duncan*.

MAXWELL, H., M.D., Assistant-Surgeon, to the *Duncan*.

MILNE, James G., Esq., Acting Assistant-Surgeon, to the *Duncan*.

NELSON, Thomas, Esq., Staff-Surgeon, to the *Wellesley*.

POTTINGER, Robert, Esq., Staff-Surgeon, to the *Formidable*.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

ELY, J. J., Esq., to be Assistant-Surgeon 9th Kent R.V.

TYRER, R., Esq., to be Honorary Assistant-Surgeon 2nd Lancashire Light Horse Volunteers.

DEATHS.

ARMITAGE. On January 5th, at Upper Montagu Street, aged 10 months, James L., son of T. R. Armitage, M.D.

BROWN. On January 6th, at Rutland Street, Edinburgh, Catherine Scott, wife of John Brown, M.D.

GEORGE. On January 10th, at Bath, aged 22, Florence, daughter of *R. F. George, Esq.; and, on January 11th, aged 51, Elizabeth, his wife.

GREGORY. On January 10th, at Leigh, Kent, aged 56, Martha, wife of *C. F. Gregory, sen., Esq.

HANNAH, James L., M.D., of Brighton, on January 10.

HARMAN, Edward B., M.D., at Weeting Rectory, aged 61, on Jan. 6.

JAMES, Joseph W. W., Esq., Surgeon, at Nelson Terrace, Stoke Newington, aged 37, on January 9.

NEWBIGGING, Patrick S. K., M.D., at Edinburgh, on January 10.

PAXTON. On January 5th, at Oxford, Anne, widow of the late *James Paxton, M.D.

REEVE. On January 10th, at Brompton, aged 76, Susanna, widow of Henry Reeve, M.D., late of Norwich.

STAIG, James A., Esq., late Surgeon Bengal Medical Staff, at Clifton Terrace, Maida Hill, aged 51, on January 8.

TAPSON. On January 5th, at 35, Gloucester Gardens, Anne E., wife of Alfred J. Tapson, M.B.

An English Student. Mr. Alan Herbert has this year come out first in the *Concours* for the appointment of Dressers to the Paris Hospitals.

Royal College of Physicians. Dr. G. Johnson, during the present session, will deliver lectures at the College of Physicians on the Laryngoscope.

Ice, in Sea-Sickness. Ice is recommended as a sure remedy as well as a prophylactic against sea-sickness. *(Phil. Med. Reporter.)*

A Memorial has been presented to the Free City Hospital of Boston, by eight hundred persons of all professions, asking that a part of the hospital may be devoted to homœopathy.

Mr. Green's death has caused three vacancies in the College of Surgeons, viz.: in the Council of the College; in the Court of Examiners, and at the Dental Examining Board.

Rights of Registered Doctors of Medicine. Dr. Sumpter states that, a County Court judge has ruled that registered M.D.'s could recover for surgical as well as medical attendance.

Mortality of Publicans. The mortality betwixt the ages of 45 and 55 amongst the whole population of England is at the rate of 18 in the 1,000; while amongst publicans it is 28. (*Tweedie's Temperance Almanack.*)

Mistaken Identity. Dr. Parigot has met with what turned out to be an amusing *episode de voyage.* Travelling through Ohio he was arrested by the Provost-Marshal, and his aids, as *John Morgan*, and his two travelling companions as John Morgan's officers. The Doctor, after considerable trouble, proved his identity.

American Medical Schools. Everywhere, the medical schools of our country are entering upon a prosperous winter. There are between four and five hundred students at each of the old schools of Philadelphia, and we have a like report from the schools at New York city. The Bellevue Hospital Medical College will, we learn, have a class of about three hundred. (*Cin. Lancet and Obs.*)

The Famous Medium, Mr. Home, is, we learn, at present engaged at Rome in practising the art of the sculptor. Having, we must suppose, failed in the trade of evoking the spirits of the departed by the aid of table-rapping, or having worked the trade out, he now turns to the more rational business of attempting to evoke "living" likenesses of the present generation out of the bowels of the earth by marble-rapping. This is certainly a descent of his genius.

A Chiropodist's Business. Last week, at the Sheriff's Court, Red Lion Square, a claim for compensation was made for £4790 for the loss of the business of a "Chiropodist," in the Marylebone Road, through the obstructions caused by the Underground Railway. According to the evidence of the claimant, she made £15 a week, in the season of four months, by corn-cutting, and averaged £8 a week for the remainder of the year. For two years and more the works of the company had obstructed her business, and prevented her carriage people from coming to her house. She, in consequence, became bankrupt, and had passed through the court. The chiropodist business was carried on in the name of "Hayward," and the income had been about £800 a year. The jury retired, and on their return assessed the damages at £850.

The Battle of the Chlorodynes. Browne *v.* Freeman. In this case, on January 11th, his Honour the Vice Chancellor said that, in this case the simple question was, whether the defendant had infringed the right of the plaintiff as the inventor of a medicine well known as Dr. John Collis Browne's "Chlorodyne." It appeared that subsequently to 1844, when the plaintiff first made his medicine known, the defendant published advertisements intimating that he was selling "Freeman's Chlorodyne," on a large scale, upon which the plaintiff filed his bill, but subsequently abandoned it. The defendant afterwards advertised for sale "The Original Chlorodyne," and the plaintiff now complained that this was a clear invasion of his rights, as the medicine first became known as his (the plaintiff's) invention. His Honour said that he had very great suspicion as to the motives and views of the defendant in the course which he had adopted, but that the evidence on the part of the plaintiff was defective in many material respects. He should, under the circumstances, order the motion to stand over until the hearing of the cause.

Health of the Federal Soldiers. Statistics published by the United States, confirm the fact that no general is able to kill by the sword as many of the enemy as there will be killed by disease of his own men in a prolonged campaign. The deaths occasioned by wounds in this civil war have amounted to only 17·2 per 1000 in a year; but the rate of mortality from sickness has been 50·4 per 1000. Thus for every man killed by the enemy nearly three die of disease. If soldiers were struck down at the rate of 67 in the 1000 annually, the loss would be very far less serious than that which proceeds from sickness and wounds. The man who cannot move from his tent is, for the time, more than dead, since he requires others to wait upon him. Napoleon, perhaps, more than any other General paid the greatest attention to the health of his troops. But when his men fell sick, he would rather leave them to die than stay to treat them, once the real work of the campaign commenced. In round figures, if the United States had an army of 300,000 in the field, they may calculate upon having to doctor each man three times over during the 12 months, exclusive of the treatment needed by the wounded.

Insane Paupers. An annual return just issued by the Poor Law Board shows that on January 1st, 1863, there were in England and Wales (exclusive of seven Gilbert's incorporations making no return) 36,158 insane paupers—3·17 per cent. of the whole number of paupers—namely, 23,032 lunatics and 13,126 idiots. 15,790 were males, 20,368 females; 19,127 were in county or borough lunatic asylums, 1,418 in registered hospitals or in licensed houses, 9,208 in workhouses, 973 in lodgings or boarded out, and 5,432 were residing with their relatives. In the metropolis, out of 106,407 paupers, no less than 5,701 were insane; in the south-western counties, with a rather larger number of paupers, the insane were only 3,635; in the west midland counties, with almost precisely the same total number of paupers as in the south-western, the insane were 4,631. In Wales the insane were only 2,349 in a total of 80,547, and in the eastern counties only 2,368 in 81,279.

An Old Tale: A Child Poisoned by Mistake. At Wigan, an inquest was lately held on an infant whose death had been occasioned by a dose of laudanum administered by mistake for rhubarb. A messenger was sent to Mr. Kellett, for threepennyworth of tincture of rhubarb. A mixture was served by Mr. Kellett himself, of which half a teaspoonful was given to the deceased. Strange symptoms being manifested, a surgeon was sent for, and he discovered that the vial contained about one ounce of pure laudanum. The child died in a few hours. The druggist said he could not account for the mistake. The verdict of the jury was "that death had resulted from a dose of laudanum given in mistake, and Mr. Kellett was exonerated from criminal liability;" but the foreman desired to say, in the name of the jury, that in their opinion bottles containing poisonous drugs ought, under no circumstances, to be near those containing medicines in hourly requisition. They thought, too, that labels ought to be in English, and plainly printed, so that mistakes should be less liable to occur.

Varieties.

Compound Syrup of Squill. Take of squill in moderately coarse powder, seneka in moderately fine powder, each four troyounces; tartrate of antimony potassa, forty-eight grains; sugar, in coarse powder, forty-two troyounces; diluted alcohol water, each a sufficient quantity. Mix the squill and seneka, and, having moistened the mixture with half a pint of diluted alcohol, allow it to stand for an hour. Then transfer it to a conical percolator, and pour diluted alcohol upon it until three pints of tincture have passed. Boil this for a few minutes, evaporate it by means of a water-bath to a pint, add six fluidounces of boiling water, and filter. Dissolve the sugar in the filtered liquid, and, having heated the solution to the boiling point,. strain it while hot. Then dissolve the tartrate of antimony and potassa in the solution while still hot, and add sufficient boiling water, through the strainer, to make it measure three pints. Lastly, mix the whole thoroughly together. (*Amer. Pharm.*)

French Vinegar. Almost all the vinegar of the north of France being prepared at Orleans; the manufacture of that place has acquired such celebrity as to render the process worthy of a separate consideration. The Orleans casks contain nearly four hundred pints of wine. Those which have been already used are preferred. They are placed in three rows, one over the other, the upper ones having an aperture of two inches diameter kept always open. The wine for acetification is kept in adjoining casks containing beech shavings, to which the lees adhere. The wine thus clarified is drawn off to make vinegar. One hundred pints of good vinegar, boiling hot, are first poured into each cask and left there for eight days, ten pints of wine are mixed in every eight days till the vessels are full, and the vinegar is allowed to remain in this state fifteen days before it is exposed for sale. The manfacturers at Orleans prefer wine of a year old for making vinegar; but if the wine has lost its extractive matter by age, it does not readily undergo the acetous fermentation. (*Watts's Chemistry.*)

Ages of the Nobility, etc. We find from *Who's Who* in 1864 that the oldest duke is the Duke of Cleveland, aged 75; the youngest, the Duke of Norfolk, aged 16; the oldest marquis, the Marquis Westmeath, aged 78; the youngest, the Marquis of Ely, aged 14; the oldest earl (since the death of the Earl of Charlemont, on December 26th, aged 88) is the Earl of Stair, aged 87; the youngest, the Earl of Charleville, aged 11; the oldest viscount, Viscount Combermere, aged 90; the youngest, Viscount Downe, aged 19; the oldest baron is Lord Brougham, aged 85; the youngest, Lord Rossmore, aged 12; the oldest member of the Privy Council is Viscount Combermere, aged 90; the youngest, the Prince of Wales, aged 22; the oldest member of the House Commons is General the Hon. Sir Hugh Arbuthnott, member for Kincardineshire, aged 84; the youngest is the Hon. Charles R. D. H. Tracy, member for Montgomery, aged 23; the oldest judge in England is the Right Hon. Stephen Lushington, aged 81; the youngest, Sir James P. Wilde, aged 47; the oldest judge in Ireland is Chief Justice Lefroy, aged 87; the youngest, Justice Keogh, aged 46; the oldest Scotch Lord of Sessions is the Lord Justice General, aged 70; the youngest, the Lord Justice Clerk, aged 53; the oldest archbishop is the Archbishop of Canterbury, aged 69; the youngest, the Archbishop of York, aged 44; the oldest bishop is the Bishop of Exeter, aged 86; the youngest, the Bishop of Gloucester and Bristol, aged 44; the oldest colonial bishop is the Bishop of Toronto, aged 84; the youngest, the Bishop of Nassau, aged 37; the oldest baronet is Sir William W. Dalling, aged 89; the youngest, Sir George R. Sitwell, aged 3; the oldest civil or military knight is General Sir Arthur B. Clifton, aged 91; the youngest, Sir Charles T. Bright, aged 31.

The Sensation Novelist and Mad Doctors. Mr. Reade concentrates his attack upon doctors generally into an attack upon the mad doctors. Mr. Reade has facts to go upon, and we are ready to believe that cruel wrongs are sometimes committed by the incarceration as lunatics of persons who are perfectly sane. But Mr. Reade, while professing to adhere to matter of fact, cannot help generalising. Getting hold of a few facts, and putting these into the form of fiction, he so works up a story that the incautious reader is apt to imagine mad doctors to be scientific scoundrels, lunatic asylums to be a refined sort of Tophet, and the Commissioners in Lunacy and Visiting Justices to be a flock of sheep. This is the untruthful exaggeration of fact jumbled with fiction; an untruthfulness of which Mr. Reade could not be guilty if he were to state his accusations broadly in general terms. No matter on how many facts it may be founded, there is in every fiction an implication which Mr. Reade has not taken into account when he stated his facts against the private lunatic asylums in the form of fable. He has in this respect overshot his mark, and runs a risk of having his views thrust aside as the hallucinations of an eccentric genius. Our private asylums are not perfect, and the methods of admission into them require to be revised. If Mr. Reade will state his case as it ought to be stated, and will point out the remedies, the public will gladly listen to him; but a novel is a suspicious mode of agitation, and, though it may excite some inquiry, is not likely to effect any reform. (*Times.*)

Modern Medical Knowledge. "Botany, I find, has become one of the most oppressive weights on a student's mind. Indeed, the mere terminology for describing the differences of its microscopical objects has swollen into volumes of formidable dimensions. In human anatomy the expansion of ideas has been no less remarkable. Dr. Barclay used to compare modern anatomists with the stubble geese which gathered the grains left by the reapers—such as Vesalius and Fallopius, and the gleaners under whom he ranked the Hunters and Monros. But the anatomists of our day have far surpassed the stubble geese, since, not satisfied with what was found on the surface, they have turned up the soil, sifted and scrutinised it, in order to discover, if they could, how it made the corn grow. In other words, by means of their microscopes, they have opened up an entirely new field of inquiry, and thus extended their researches far beyond what the wildest imagination could have anticipated. In the practical subjects there has been a corresponding development; and while we found sufficient difficulty with our three continued fevers of synochus, synocha, and typhus, my colleague the Professor of Practical Medicine has placed in the hands of his pupils a printed list of no fewer than eight hundred fevers! All the other departments of medicine having been enlarged in a proportionate degree, it is impossible for any one mind to comprehend the whole; and no time being left for observation or reflection, the education for our profession has become an effort of memory rather than a process of mental training." (*Mr. Syme on Medical Education.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Mr. Spencer Watson, "On Inflammation of the Cornea, and the Influence of Morbid Secretions on the Mucous Surfaces of the Eye."

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. BADER.—We shall be glad to insert any remarks of Dr. Bader's touching iridectomy; but we cannot insert letters tainted with personalities. Above everything, we desire to keep this very important controversy in the upper regions of honourable and scientific inquiry.

MEDICAL AND SURGICAL WIT.—A well-known medical wit asked a friend: "Why did the young prince come into the world in a state of poverty?" And "answering the question which himself had asked", said: "Because he began life with only a single Brown." On hearing which, a celebrated surgeon immediately added: "Not Far(re) fetched."

OUR PROFESSION.—The following is from the *Liverpool Daily Post.* Dr. Smyth's usefulness and benevolence will be appreciated by the whole profession, we doubt not.

"*The Roscoe Street Hospital for Skin Diseases.* The annual report of Dr. Smyth, the medical officer of the above institution, and, indeed, its only support, as it is maintained at the sole cost of that gentleman, has just been issued. The report states that when the hospital was established in 1863, it was the only one in any town in England, except the metropolis, devoted to the treatment of cutaneous maladies; and the number of out-patients treated successfully during the past year, as well as the still increasing numbers of those presenting themselves weekly for treatment, attest not only to its past utility, but its further requirement. Nearly all the out door patients belonged to the labouring classes, who, were it not for this hospital, would possibly have had to relinquish their employment, and, whilst becoming chargeable to the parish, would have impoverished their families."

HIPPURIC ACID IN HUMAN URINE.—Dr. Thudichum, in a paper read to the Chemical Society on the Physiological Variations of Hippuric Acid in Human Urine, summed up his researches with the statement that, under various conditions of health and disease, the amount of hippuric acid found in man's urine furnished no pathological conclusions of any value, since the variations were influenced greatly by the kind of food taken, much more so, indeed, than by many of the abnormal circumstances, the effects of which had been studied. (*Chemical News.*)

FALSE "BARKS".—According to Mr. Howard, a fraud is now practised by bark merchants, who send to this country barks which bear a most deceptive resemblance to Calisaya, and also mix the roots of the Calisaya with Bolivian bark. These frauds, Mr. Howard says, show the importance to us of the cultivation of cinchona barks in India. (*Chemical News.*)

PRECEDENCE OF PHYSICIANS.—SIR: In the BRITISH MEDICAL JOURNAL of March 8th, 1862, I find the following statement of Dr. H. Pitman, Registrar of the College of Physicians. "No physician, as such, can properly be said to have rank or title; no claim to these being recognised by authorities treating of precedence, except as founded on the possession of an University degree." Coming from such high authority as the accomplished Registrar of the College of Physicians, the above statement has much weight, and deserves our respectful consideration; nevertheless, the rank and title of physicians are recognised by very high authorities treating of precedence. I quote from the *Encyclopædia Britannica*, last edition, as being of high authority, and the most recent one upon the subject. The articles on Heraldry, etc., I should state, are by T. W. King, Esq., F.A.S., York Herald, Herald's College.

Esquires. "The following also are reputed esquires:—Officers of the Queen's Court and Household; officers of the army and Navy, down to captains in the army, inclusive; doctors of law, etc.; sargents and counselors at law; physicians; justices of the peace, while in commission; and the sheriffs of counties for life. The heads of many families are esquires by prescription."

Upon turning to the table of precedence, I find the following order observed:—

Doctors (of the Universities).
Esquires (including physicians, barristers, etc.).
Gentlemen (including surgeons, attorneys, etc.).

December 1863. I am, etc., A PHYSICIAN.

USE OF METHYLATED SPIRIT.—The editor of the *Chemical News*, in answer to the question whether or no any harm results from the use of sweet spirit of nitre made with methylated spirit, says:—"We have already expressed a strong opinion against the use of methylated spirit for any but external applications; nevertheless, we are bound to say that we never heard of any harm resulting from the use of methylated nitre, which is employed in some of our hospitals. Methylated nitre cannot be considered an adulterated article."

COMMUNICATIONS have been received from:—DR. JAMES WILLIAMS; DR. A. T. H. WATERS; MR. R. S. FOWLER; MR. J. KENT SPENDER; DR. C. BADER; MR. J. DIXON; MR. WOOLCOTT; DR. T. GUY; DR. W. B. MUSHET; MR. W. A. BURROWS; MR. WILLIAM BOWMAN; DR. MARTIN; DR. CHAMBERS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; MR. DAYMAN; MR. HUSBAND; DR. C. HOLMAN; MR. BOWLES; MR. M. B. HILL; MR. JABEZ HOGG; and MR. W. M. BAKER.

BOOKS RECEIVED.

1. Military Surgery. By George Williamson, M.D. London: 1863.
2. Seventeenth Report of St. Mark's Ophthalmic Hospital. Dublin: 1863.
3. Consumption: its Causes, etc. By S. Fletcher, M.D.
4. Braithwaite's Retrospect. July to December 1863.
5. Transactions of the Odontological Society of Great Britain. Vol. III. 1863.
6. The Second Step in Chemistry; or, the Student's Guide to the Higher Branches of the Science. By Robert Galloway, F.C.S. London: 1864.
7. Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. Third edition. By T. Holmes, M.A. London: 1864.
8. Observations on the Present State of Medical Education. By James Syme, F.R.S.E. Edinburgh: 1864.
9. Medical Morphology. By M. T. Masters. London: 1864.

ADVERTISEMENTS.

Prize Designs.—"As affording the most striking contrast, Mr. Benson shows with these a fresh exhibition of modern watches, with cases made from Prize designs at the South Kensington Museum, some of which are fine specimens of engraving."—*Times*, Sept. 15, 1862. Chronometer, duplex, lever, horizontal, repeaters, centre seconds, keyless, split seconds, and every description of watch. adapted to all climates. Benson's Illustrated Pamphlet on Watches (free by post for two stamps) contains a short history of watchmaking, with prices, from 3 to 200 guineas each. It serves as a guide in the purchase of a watch, and enables those who live in any part of the world, to select a watch, and have it sent safe by post. Prize Medal and Honourable Mention, Classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

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To the Surgical and Medical Professions.—W. F. Durroch, Manufacturer of SURGICAL INSTRUMENTS to the Royal Navy, Greenwich Hospital, Guy's Hospital, &c. &c., begs to inform the Profession that he continues to manufacture SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent Practitioners and Lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their Instruments finished in the best and most modern style. Surgical Instruments made to Drawings and kept in repair. Established 1798.

NOTICE OF REMOVAL.—W. F. Durroch has removed from No. 28, St. Thomas's Street East, to No. 3, St. Thomas's Street, near the Hospitals in Southwark. Late Manufacturer to the leading Houses in the Trade.

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Clinical Lecture

ON THE

OBLITERATION OF VARICOSE VEINS.

BY

HENRY LEE, Esq.,

SURGEON TO ST. GEORGE'S HOSPITAL.

THERE is at present in the hospital a man named R. C., aged 23, who was admitted eleven months ago with varicocele of the left side. The left testis had then nearly wasted away, and the dilated veins were painful. He had for two years and a half been under the care of different medical men, and had taken large quantities of medicine without relief.

On February 5th, 1863, two needles were passed between the enlarged veins and the vas deferens, and slight pressure was applied to the veins by means of ligatures* passed over the ends of the needles. The veins, thus compressed by the ligatures, were then divided midway between the two needles by subcutaneous section.

On the day following the operation, the testis of the affected side was very tender. The next day it was swollen. The ligatures over the needles were removed.

Feb. 9th. The needles were removed. The patient was quite easy and free from pain.

Feb. 10th. A considerable amount of thickening had taken place in the scrotum on the left side.

Feb. 14th. The left testis appeared about twice as large as it was when he was admitted.

He now left the hospital, and went into the country.

Upon his re-admission, eleven months after the operation, the veins which had been then obliterated had not again enlarged; but the left testicle had nearly regained its original and natural size. He had experienced no pain in the part since leaving the hospital, and had remained without inconvenience. He had, however, within a few weeks, had some pain in the right testis. The veins on that side were somewhat enlarged, and the testis he believed had become smaller than formerly. Recognising the symptoms, as he believed, with which the atrophy of the left testis commenced, he came to town of his own accord in order to ascertain whether the disease would be arrested by the same means as had formerly been adopted on the left side.

The foregoing is one of a large number of cases of enlarged and varicose veins which have been operated upon within the last two years in this hospital; and an opportunity is now afforded to all those who are interested in the subject, of observing the results of the operation nearly a year after it was performed. My principal object, however, in the present lecture, is to review concisely the causes which have prevented this now apparently very simple operation from having been as safely practised in former times as at present; and what I have to say will apply equally to varicose veins of the leg or of the scrotum.

Sir Everard Home was at one time in the habit of applying a ligature to the vena saphena major in cases where the veins of the leg were varicose. In these operations, the skin was divided, and a silver needle with ligature was passed under the vein, and the vessel was tied. It was supposed at that time that the lining membrane of a vein when irritated would secrete lymph just as a serous membrane might, and that the opposite sides of a vessel would thus be glued together.

Mr. Travers, in his very valuable observations on wounds and ligatures of veins, has expressed the idea generally prevalent in his day in the following words:—"The inner membranes of arteries and veins are susceptible of the adhesive inflammation. In veins the inflammation extends from the point irritated towards the heart...... The lymph coats the vein like a fringe."

More accurate observation has now demonstrated the fact that the lining membrane of veins does not readily produce lymph; and that the material which was formerly described as having thus been produced, was in reality fibrine deposited from the blood, and this, although it may adhere firmly enough to one side of the vessel, will seldom obliterate its canal.

Under these circumstances, it is not surprising that the attempt made to obliterate veins by pressure was not always successful, and that in some instances it was succeeded by the most serious results. The following account, taken from Mr. Travers's work above quoted, affords a description of the effects occasionally observed in his day after the operation of placing a ligature upon a vein:

"I remember about the year 1801, when the operation of tying the saphena major vein was frequently practised for varicose ulcers of the legs, an elderly woman being the subject of this operation, which was performed in Guy's Hospital, a little above, and on the inner side of the knee. Inflammation of the vein followed, and several abscesses formed in the direction of the vessel, below the ligature, on the inner side of the calf of the leg. It was accompanied with great constitutional disorder; some of the abscesses ulcerated, others advanced with great difficulty to the surface, and the patient died, worn out by excessive irritation. In a second case, that of a man who had drunk hard, two ligatures were made upon the vein, and the vessel was divided between them. In three days the man complained of pain in the course of the vein from the place of its division to the groin; an inflammatory blush appeared upon the leg, extending from the knee to the ankle, and on the succeeding day considerable swelling. The pain above the ligature extended to the bottom of the belly, and the thigh became swollen and tender upon pressure; the constitution sympathised with the local disease, and without the formation of abscesses, as in the former case, this man died, as it appeared, from extended inflammation of the vein."

Mr. Hodgson mentions two cases in which the division of the varicose vein terminated fatally; the first on the morning of the fourth day, the second on the seventh or eighth. The same author relates a case from the practice of Mr. Freer of Birmingham, in which the ligature of a varicose vein was followed by pain in the chest, hurried and laborious breathing, and vomiting of blood four hours after the operation, which symptoms were immediately relieved by the removal of the ligature. The operation was followed by fever and vomiting, and retention of urine, when performed on another varicose vein of the same patient six weeks afterwards, although the ligature was removed immediately after its application; and, again, by similar symptoms of constitutional disorder, when repeated upon two other veins, after an interval of nine weeks, the ligatures being cut away immediately after their application. The fever went further on the latter occasion; the patient was attacked with delirium and severe vomiting on the second day; the symptoms continued on the third and fourth days; on the sixth she was slightly delirious, and her respiration much oppressed. She was repeatedly blooded. "In this case," says Mr. Hodgson, "the obliteration of the vein was the consequence of the application of a ligature, which was immediately removed."

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* Elastic bands are now used instead of ligatures.

In the fifth volume of the *Edinburgh Medical and Surgical Journal*, Mr. Oldknow, surgeon, of Nottingham, communicates the following important narrative.

"A young man, about 23 years of age, of plethoric habit, had been troubled for the last two or three years with painful ulcers about the inner ankle of the right leg, which repeatedly healed, and broke out again, so as to prevent, in a great measure, his attendance to business; he therefore became desirous, on my representation, of having the saphena vein tied, it being varicose to within a hand's-breadth of the knee. The operation was performed in the following manner. An incision three quarters of an inch long, and about one inch and a half above the distension, was made through the skin immediately over the vein, and in the direction of its course. The cellular substance was then carefully divided, the vein lying deeper than usual, until its upper surface was completely exposed. A probe armed with a double ligature was passed under the vein, taking care to include nothing with it, it being cleanly dissected from the surrounding cellular membrane upwards and downwards as far as the extent to the first incision, and then tied. The portion of the vein between the two ligatures being afterwards cut out, the lips of the wound were brought together by a suture and adhesive plaster, with a view of healing it by the first intention. The patient was then put to bed, and directed to use a cold embrocation.

"On the second day he took some opening mixture. Third day: the wound was dressed, and appeared wholly united, except when the ligatures came out. The suture was cut out, and a fresh adhesive plaster applied. On this day he complained of pain in the lower part of the limb—that is, from the lowermost ligature, along the vein down the foot; to use his own expression, as if the blood in the veins were endeavouring to overcome the obstruction caused by the ligature. This sensation was, however, entirely removed by applying a bandage moderately tight from the toes upwards. Fifth day: there appeared a little erythematous blush about the wound. He had a trifling epistaxis, and I thought proper to take from him sixteen ounces of blood, which was not inflamed; the purging mixture was repeated. Sixth day: he complained of a little pain on the inner side of the knee in the course of the vein; but there was no external inflammation at that part. The lips of the wound began to separate. In the evening he was suddenly seized with a violent rigor, succeeded by a hot fit and symptoms of great vascular action, and some tendency to delirium. Pulse 130, hard and full, therefore sixteen ounces of blood were taken from the arm; it gave instantaneous relief, and was followed by the sweating stage, which continued several hours, and was succeeded by a state of quietude, soon, however, interrupted by a recurrence of the same train of violent symptoms, at first about once in twenty-four hours, but gradually increasing in frequency, and diminishing in strength, till nature became exausted; death closing the scene twenty-two days from the operation.

"For the first four or five days after the rigor, the wound discharged pretty freely, and, by making strong pressure about the knee, a little matter was forced from it. The inflammation crept gradually up the vein, which was evident from its peculiar cord-like feel, and from giving pain on pressure, until it reached the groin, the inferior part getting well as the superior became bad, so that the wound was nearly healed before death, the ligatures having separated about the fourth day. There was no tumefaction of the cellular membrane, no enlargement of the glands in the groins, no superficial inflammation on the thigh. There was, it is true, a slight redness of the skin when the poultice was removed (for the thigh along the course of the vein was covered with cold poultice), which entirely vanished on exposure to the air. The medical treatment was strictly antiphlogistic; the patient was repeatedly bled (!), and with apparent relief every time, the blood being extremely sizy ever after the first rigor. Two days, however, previous to his death, the vital principle was so exhausted as to need the use of cordials"!

Mr. Abernethy believed that it was the ligature that produced the inflammation of the veins in the cases in which such serious mischief followed; and he recommended that the vein should be divided instead of being tied.

Sir Benjamin Brodie adopted Mr. Abernethy's suggestion, and, instead of tying the vena saphena, cut it across and applied a compress and bandage. The patient had venous inflammation, attended with very severe typhoid symptoms, and died within four days after the operation.

Now, in all the cases to which I have alluded, the interior of the divided veins was closed by fibrine only deposited from the blood. Such a bond of union is constantly liable to give way, and the contents of the veins are then carried into the general circulation. Coagula in veins are in this way very readily removed; and if formed from healthy blood, appear to produce very little inconvenience to the system. But if these coagula have already begun to undergo morbid changes, or if they have already become mixed with other secretions in their neighbourhood, then the most severe symptoms of blood-poisoning may be produced.

When a vein is simply divided, a certain amount of hæmorrhage necessarily follows; and the blood thus effused may undergo morbid alterations as it lies at the open mouth of the vessel; and these same diseased actions may be readily communicated to the blood still within the vein, and be thus propagated to every part of the body.

The operation of tying a vein affords no security against such accidents; for, in accordance with an observation made by Sir Benjamin Brodie, as the ductus choledochus, or the intestinal canal, will heal after the application of a ligature, without the *continuity of the canal being destroyed*, so it appears to be with divided veins under certain circumstances. Whenever the circulation through a vein is thus restored, the coagula of fibrine which temporarily obstructed its canal are sooner or later carried into general circulation.

It appears to us strange in the present day, that so many centuries had elapsed before a simple mode of securing a bleeding artery was discovered. And it appears almost equally strange that, although surgeons of the highest intellect in the present generation have in successive years given their attention to the best mode of operating upon varicose veins, no method should have been adopted by them for effectually closing the vessels during and after the operation. As in former times, the actual cautery was used for the purpose of arresting hæmorrhage, so are there still in modern surgery those who prefer the actual cautery, or some form of caustic, in preference to the simple mode of closing a vein which I have described at the commencemennt of this lecture. There has very recently been in this hospital a young woman who had had, I believe, upwards of a dozen sloughs made on her leg by the actual cautery; and in a recent number of the *Lancet* the same mode of treatment is advocated by a disguished surgeon attached to one of our metropolitan hospitals.

Sir Benjamin Brodie, some years ago, applied the caustic potash over clusters of smaller veins in order to produce their obliteration; and Mr. Mayo subsequently adopted the same treatment for varicose veins of a larger size. Sir Benjamin Brodie has left us the result of his experience in the following words: "The application was very painful; the slough took a long time to separate, and the sore took a long time to heal."

[*To be continued.*]

Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

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LECTURE II.

Pathology in its Relations to the Practice of Medicine. On certain Pathological States as the Result of Impaired Nutrition consequent on the Imperfect Performance of Function. Diseases of Degeneration attacking the Heart, Lungs, etc. Fatty Disease of the Heart. Sudden Death in Relation to Diseases of the Heart. Emphysema of the Lungs, Phthisis, etc.

MR. PRESIDENT AND GENTLEMEN,—In a former lecture, I pointed out certain physiological principles; and I endeavoured to show their relations to pathology and the practice of medicine. I propose, in the present lecture, to confine my remarks, for the most part, to questions of pathology. As every physiological or healthy process goes on in the elementary particles of the body, so with every morbid action; and just as it is essential to the physiologist who would appreciate aright the function of any individual organ, that he should be acquainted with the minute structure of that organ, so is it alike essential to the pathologist that he should estimate the very earliest changes which diseased action produces, if he would form a correct view of the nature of that action. It is not simply necessary that he should be acquainted with the changes of structure effected by a disease when fully established, but tracking, as it were, the disease backwards, he should endeavour to seize upon its earliest manifestations. It is thus that he will be led not only to a knowledge of the morbid anatomy of the disease, but to a correct appreciation of its pathology.

It is of great importance that we should have fully before our minds the object for which we study diseased structure; viz., that we may gain an insight into the nature of the morbid process which has given rise to it; for I think it may be fairly open to remark, that the profound and somewhat exclusive study of morbid anatomy, which characterised certain schools of medicine some years ago, led to an evil in reference to therapeutics which is perhaps only just passing away. In the examination of an organ, as it presented itself after death, the mere morbid anatomist was perhaps too apt to look upon the results of the disease as the disease itself; and the hepatised lung, the ulcerated intestine, or the prominent lesion of the disease, may have obscured his regard as to the constitutional condition, of which the local affection was only a manifestation. This may, perhaps, have caused him to direct his attention, in the treatment of such cases, too exclusively to the implicated organ, to the neglect of the general symptoms. I think it possible also that the refinement of diagnosis, which auscultation and chemical manipulation have enabled us to arrive at, may have had, with some, an influence in a similar direction. If, however, this error did exist, and if it led to a wrong application of therapeutics, I think the physicians of this country are as little open to the reproach as any; and that, at all events at the present day, no contracted views of the nature of disease regulate our practice, or direct the application of our remedial measures.

But let me be quite understood in this respect. Do I make these remarks with the view of disparaging the efforts of the physician in the direction of accurate diagnosis, or of the morbid anatomist in his search after the changes of structure which disease produces? Far from it; for all our hopes of advancing the science of medicine rest on our prospects of still further improving our means of detecting disease, and of being able to appreciate the exact nature of those pathological processes by which disease is produced.

We cannot, I think, expect that we shall ever discover for each specific disease a specific remedy; I mean a remedy as specific as that with which we can cure a neuralgia, or an ague. It may be that other diseases will admit of an absolute and definite cure by the agency of some single remedy; but the majority of diseases will probably always have to be met and relieved by treatment, and will never admit of cure.

It is, therefore, in the great mass of diseases, that a knowledge of the nature of those pathological processes from which they result is of so great importance. We may care little, and our patients may care less, what is the exact pathological process which produces a tertian ague, provided we can, by the administration of a few doses of quinine, effectually cure it; and it would, perhaps, be an useless waste of time to endeavour to explain the *modus operandi* of that same agent when it effectually cuts short the torments of a *tic;* but, in the management of a disease which admits of no definite cure, every pathological element is important; every symptom, whether local or constitutional, has to be carefully weighed and judged; its indications have to be considered; and from all this a treatment has to be directed.

There is probably no such thing as local disease—I mean, speaking of disease in its true significance: no affection of an organ which does not result from some deep-seated pathological cause—something affecting the entire system, and impressing itself on the individual organ which is the seat of the morbid process. And if it be so, does it not teach us to take a broad and comprehensive view of all diseased action? And does it not afford us a valuable lesson in reference to the application of therapeutic measures?

The most successful practitioners will perhaps admit that, in the treatment of disease, they are in the habit of prescribing but few remedial agents; that most affections can be referred to a few principal types—types of modified physiological action, which must be met by one general plan of treatment; that, in regard to the management of the various inflammatory affections, they can recognise in each case, whatever be the individual organ attacked, a certain constitutional state which has impressed its stamp on the local disease, and which must be met by constitutional treatment.

Nor is the recognition of this principle of the pathological condition of the body of less importance to the surgeon than to the physician. Is it not true that the smallest wound will sometimes give rise to severe constitutional symptoms? and that the most trivial local affection will occasionally resist every effort that is made for its cure, until the recognition of some constitutional taint directs us in the application of our remedial measures? Have we not seen that the most simple of all operations—that of vaccination—has been rapidly followed by phlegmonous erysipelas, which has destroyed life in the course of a few days? Cases of this kind, where the slightest scratch, the smallest puncture, or the most trivial operation, is followed by erysipelas, phlebitis, or pyæmia, indicate the previous existence of certain morbid conditions of the body, and point out to us the importance of a more profound study of the symptoms by which such conditions may be recognised. They may be of so subtle a nature as long to evade our research. Depending primarily on a vitiated state of the blood, they are necessarily difficult, nay, in some cases, perhaps, impossible of recognition, unless they give rise to some structural change. But just as certain cachectic conditions of the body—the cancerous, the scrofulous, the confirmed syphilitic—may be recognised by certain peculiarities, just as there is a physiognomy of various acute diseases, so may we hope, that a more profound study of the external demonstrations of other pathological conditions will enable us to discriminate, more easily, their characteristic features.

But, passing from questions relating to these peculiar pathological conditions, let me briefly refer to some of those pathological processes which lead more directly to structural change; and let us consider how a more careful study of them is calculated to influence beneficially our therapeutics.

There are certain diseases which we recognise as diseases of degeneration, in which the tissues of an organ undergo a real transformation—a transformation from a highly organised to a less organised substance. These diseases are, for the most part, insidious in their origin, more or less chronic in their progress, and usually tend to a fatal issue, by a gradual impairment of the function of the organ which they attack.

I shall illustrate the point to which I am now directing your attention, by referring specially to two pathological conditions which partake of the nature of degeneration, attacking respectively two of the most important organs of the body; and I think it is in the more careful study of the early symptoms of these and such-like changes, and of the way in which they ensue from imperfect physiological action, that we may hope to advance the science of medicine, and extend the range of our therapeutics beyond the mere treatment of disease to the prevention of its development. And, further, it appears to me that we may learn a valuable lesson, in this respect, from a consideration of those changes which we witness as the almost constant concomitants of declining life.

It is undoubtedly true that one of the principal changes occurring in the body, and which indicates the approach of, and is more or less constantly associated with, old age, is that process of degeneration by which certain tissues become converted into fat. We know the tendency which exists in many people, as age advances, for a deposit of fat to take place, not only on the surface of the body, but also in various internal organs; and not merely this, but what is of greater importance still in a pathological point of view, the tendency of certain organs, more especially the heart and blood-vessels, to undergo fatty degeneration—for fatty matter to become deposited in the place of normal tissue. This change takes place to a considerable extent in old age, and, although not necessarily connected with it, must be looked upon as the result of the imperfect nutrition which characterises that period of life, and as the first step in that downward path which leads from life to death. This alteration of tissue is now considered essentially one of degeneration, not only because fat is mechanically useless, and of lower organisation than the tissues it replaces, but because the conditions under which it is deposited partake much of the nature of death. We find it largely, as I have said, in the tissues of the aged; and Dr. Druitt has shown that fatty degeneration of the placenta takes place towards the end of utero-gestation, at a time when the organ is becoming relatively old. We have, further, the well known fact of the conversion of dead flesh into adipocere; and, most important perhaps of all, the experimental demonstration of Dr. Quain, that if a piece of healthy muscle be placed in a jar and kept moist, without access of air, it will in a few weeks present all the appearances of fatty degeneration.

Here, then, we have evidence that, with the withdrawal of the controlling influence of life, fat replaces tissue; but we can go even further than this, and show that, during life, when the physiological action of an organ is in abeyance, the nutrition of the part is so far interfered with, that fat becomes deposited in the place of normal tissue; that, where there is an approach to that condition which is characteristic of death, there, results of a similar nature to those which follow death, take place, only to a less extent.

When a voluntary muscle—a muscle of one of the limbs—is placed in a condition of rest, it undergoes, not simply atrophy, but fatty degeneration; and in proof of this, I mention the following fact. In April of last year, Mr. Fletcher showed at the Medical Society a knee-joint with the muscles connected with it, which joint he had removed from a patient in the Workhouse Hospital. The limb, in consequence of the joint-disease, had been fixed in one position for a considerable time. During this time, the action of the muscles of the calf had been more or less in abeyance. The gastrocnemius had all the appearance, to the naked eye, of fat. The soleus was slightly red, but in appearance somewhat fatty. I secured pieces of both muscles for microscopical examination. I found the gastrocnemius almost entirely made up of fat-globules; in fact, it was in a very advanced stage of fatty degeneration. The soleus was also fatty, but not to so great an extent as the other muscles; and this difference in the two muscles is not without its interest. The gastrocnemius, from its connections and from the flexion of the limb, was probably deprived of action altogether; whilst the soleus was still brought into play, to a certain extent, in the extension of the foot.

Now, these muscles were not dead; they were regularly supplied with blood; they were simply at rest; their physiological action was in abeyance; but yet a process went on in them by which they became converted into fat; by which their highly organised tissue was changed into one of a less complex nature, one approaching more nearly to the inorganic world, and which, instead of having a mechanical power—a power of making the limb serviceable for the purposes of active life—was utterly useless, utterly powerless; in fact, physiologically dead.

And has not a knowledge of this fact important practical bearings in reference to some of those disorders to which I have just referred? Just as the muscles of the limbs will undergo fatty degeneration, so do we know that the muscular fibres of the heart will undergo a like process; and a knowledge of the causes which give rise to the former affection, should lead us to a consideration of the means by which the latter may be averted or controlled.

All the researches which have been made into this subject of fatty degeneration, tend to show that it is the result of impaired nutrition. It is, undoubtedly, a frequent consequence of the diminished vitality, if I may use the expression, which characterises old age; but it may also result, and does very frequently result from an old age which is premature.

We know little, at present, of the question of hereditary predisposition to fatty disease; and to this point it would be well if future pathologists would direct their attention; for if we knew that a predisposition to fatty heart could be transmitted from parent to offspring, we might endeavour to anticipate the disease, to check or retard its development.

[*To be continued.*]

A Strong Man. The last lift by Dr. Windship, of America, was 2,600 lbs., which is about the weight of seventeen men of ordinary size. The strongest European we ever heard of or saw was one Becka, a porter of Mayence, who would get under a cask weighing 17 cwt. and lift it up with his back. (*American Paper.*)

Original Communications.

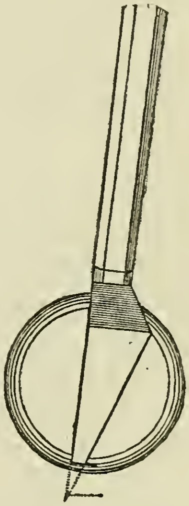
SOME ACCOUNT OF THE OPERATIONS PRACTISED IN THE NINETEENTH CENTURY FOR THE RELIEF OF TENSION OF THE EYEBALL, GLAUCOMA, Etc.

By James Vose Solomon, F.R.C.S., Surgeon to the Birmingham and Midland Eye Hospital.

[*Continued from page 579 of last volume.*]

Intraocular Myotomy. I entered upon a clinical investigation of the value of incision of the ciliary structures in certain diseases of the eye and disorders of the optical accommodation, on March 1st, 1860. During the first three months, I always pursued one method, which was as follows. The patient being seated, or in the recumbent posture, I entered a small Beer's cataract-knife (Sichel's) at the corneo-sclerotic union, and then pushed it through the pillars of the iris into the ciliary muscle, making an incision in the latter of about one-sixth of an inch, on a line parallel with an equator of the eye. (See Diagram.)

d—1860.



The employment of chloroform is not necessary; but I recommend it whenever it can be conveniently applied.

The operation should be done slowly, and the knife cautiously withdrawn, so as to avoid a sudden escape of the aqueous humour or prolapse of the iris, or the entrance of vitreous humour into the lips of the wound, which is apt to excite ciliary vascular irritation. Moreover, the more sudden the escape of the humours of the eye, the greater likelihood will there be of the occurrence of hæmorrhage from a diseased choroid or retina.

Such an incision as I have described, causes a division of some of the radial and other fibres of the ciliary muscle in a transverse direction; also of branches of the nerves which are distributed to the part from the ciliary ganglion (ciliary and third pair). It is scarcely necessary to remark, that the ciliary are vaso-motor as well as sensory nerves. And I am informed by Dr. Argyll Robertson, that Dr. Struthers considers it to be highly probable they are also musculo-motor nerves.

My observations incline me to the opinion that, in some if not in all subjects, a branch of the cervical sympathetic is distributed to the ciliary region opposite the insertion of the external rectus tendon; and, therefore, section of this part should be carefully avoided.

By intraocular myotomy the anterior chamber is penetrated; and although the diagrams contained in the works of Bowman and Nunneley[*] do not countenance the opinion, I believe, from repeated observation, that the posterior aqueous chamber is either entered by the knife, or its outermost wall so much weakened that it ruptures, and so gains communication with the external wound.

Eckers, in his *Icones Physiologicæ*, gives a depth to the floors of the two chambers which is corroborative of my views. The relative sizes of some of the other parts in the same plate are very far from accurate. Indeed, the chief object of those who have published plates of the parts concerned in accommodation would appear to have been rather to give a magnified view of the minute structural anatomy of the tissues—especially of the cornea, sclerotic, and ciliary muscle—than an accurate representation of their comparative size and relative position.

In estimating the direction which the knife would take in the operation of *intraocular myotomy*, it should be remembered that the cornea is elastic, and, consequently, structures can be cut without difficulty in a direction which would seem impossible, if we take up one of the published diagrams and draw a perfectly straight line through the corneo-sclerotic union pillars and the iris and ciliary muscle. Those who have frequently operated for cataract will appreciate the force of this remark.

The amount of hæmorrhage, when the eye is not inflamed or the ciliary processes congested, is generally limited to a few drops. Whatever the quantity effused into the anterior chamber, it will generally make its escape upon the introduction of one of Anel's tear-probes in the line of the incision. In the same way, a prolapse of the iris—which, as with hæmorrhage, is an infrequent occurrence—may be easily reduced. When the vitreous humour has been rendered diffluent by disease, a very efficient paracentesis of it and of the aqueous may be effected by the operation under consideration.

The performance of it, when chloroform has not been used, is not painful, but only momentarily disagreeable. And if proper precautions are taken, before and afterwards, it is devoid of all danger.

Where the digestive organs are deranged, from causes quite independent of the ophthalmic disorder, or when there is evidence of constitutional syphilis, intraocular myotomy is not advisable. But if the eye be in a state of acute inflammation, the operation may be done. Upon a healthy state of the digestive organs I lay great stress.

The *after treatment* of intraocular myotomy is very simple. It consists of complete rest of the eyes and exclusion of strong light, the use of an abstemious diet, and mild aperient medicine. The operated eye should be kept closed for five or seven days with plaster, and cool with a wet linen shade. In the early period of my experience, I was induced to prescribe for the out-patients, as a preventive of inflammation, a blister behind the ear; and although I am far from believing such treatment to be an essential element of success, I am sufficiently prejudiced in its favour to advise the adoption of it as the rule rather than the exception.

In the event of ciliary vascular irritation (*cyclitis*) succeeding the operation, it must be treated as an acute iritis; and if it *become subacute* or chronic, a section of the ciliary structures at a right angle with the cornea (*phlebotomy of the choroid*) will prove curative. I consider this plan is almost a specific when the inflammation is subacute or chronic, and not the result of an escape of vitreous after a cataract extraction by a full section of the cornea. In the acute stage, it is less *certain;* and where there is extensive synechia posterior, iridectomy should be preferred, provided the patient can obtain a proper after treatment.[*]

Physiological Effects of Intraocular Myotomy. I have already explained my reasons for believing that one of the effects of the operation under consideration is upon the ganglionic nerves of the eye, and, therefore, need not here repeat the same arguments. The *ophthalmoscope* has shown a decrease of congestion of the veins of the retina, and an increase in the size of its arteries, to follow the operation, when performed for the relief of myopia, and glaucoma. The subsidence of red flashes and the appearance of white stars is commonly remarked upon by patients in a day or two after treatment, indicating that the choroid and retina are resuming a more healthy condition. Muscæ volitantes are also noticed to disappear or diminish, and the vision to be clearer.

An improved intraocular secretion is proved by the turbid vitreous humour regaining its transparency, and a tense globe its normal elasticity. I have never employed the operation for the relief of asthenopia or presbyopia, as has been stated in Mr. Haynes Walton's work on the *Surgical Diseases of the Eye*.

[*To be continued.*]

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[*] I believe that the difficulty of obtaining an exact representation of the relative extent of the two chambers, arises from the cornea and off-shoots of its elastic lamina to the iris and ciliary muscle undergoing but little contraction after *post mortem* section and preparation for the microscope, while the soft tissues (iris and ciliary processes) which bound the posterior aqueous chamber must suffer considerable contraction and alteration of form.

[*] We possess in paracentesis of the cornea a certain amount of antiphlogistic power; the increased secretion of aqueous humour probably unloads the gorged ciliary processes; but, according to my experience, it is far less effective in *eyelitis* than *choroid phlebotomy*, and, moreover, is liable, if great care be not observed, to induce irritation by pressure of the lens on the iris, and consequently an augmentation of the ciliary congestion.

A MEDICAL PORTRAIT. Dr. Sampson is the very extraordinary portrait of a London physician—a Scotchman who has fought single-handed with the medical faculty, and has promulgated under the name of chronothermalism a theory of disease. Dr. Sampson speaks a strong Scotch dialect, denounces the medical profession in no mincing terms, and has written against them both in prose and verse. He is perfectly well known; it is impossible to mistake the author of the theory of chronothermalism. The doctor is a very clever man, a man of character, whom any writer of fiction would like to study for one of the personages of his tale. Mr. Reade has taken him and given him a very prominent place in *Hard Cash*. How far it was right or in good taste socially for Mr. Reade to draw such a portrait which would be instantly recognised, we do not stay to inquire. Dr. Sampson's theories may be right or wrong, but it serves no good end to make a novel the means of sustaining a medical polemic. Every profession has its quackery, and in the medical profession, which is a scientific one, quackery must be more discernible by reason of its antagonism to science than in any other. Be it so; but we are convinced that a novel is not the place in which one can best expose quack medicine. (*The Times.*)

Transactions of Branches.

SHROPSHIRE SCIENTIFIC BRANCH.

TWO CASES OF SECONDARY HÆMORRHAGE: WITH REMARKS.

By William Eddowes, jun., Esq., House-Surgeon to the Salop Infirmary.

[*Read Oct.* 27, 1863.]

Case i. Mary Jones, aged 43, of Chirk, was admitted under the care of Mr. Wood on June 13th, 1863. About a year and a half previously, she was seized with inflammation in the right ankle-joint, without any apparent cause, for which she was treated by an old woman in the neighbourhood for seven months, and subsequently by a surgeon, who recommended her removal to this Infirmary.

On admission, the ankle-joint was much swollen; and, on examination with a probe, the bones of the tarsus, together with the lower ends of the tibia and fibula, were found to be in a carious state. She was pale and thin, with a feeble pulse; and did not suffer much from pain or loss of appetite.

July 7th. The patient having been put under the influence of chloroform, Mr. Wood amputated the leg at the lower third.

July 15th (eighth day after the operation). Until this day the patient had progressed favourably; menorrhagia set in on the previous evening, and was very profuse. The stump appeared quite healthy; no ligature had separated. The appetite had been moderate; and the bowels were freely opened two days previously by a dose of castor oil. About nine o'clock, I was hastily called by a nurse. A great quantity of blood had flowed from the wound; the head nurse was firmly compressing the femoral artery, on relaxing which a considerable stream of blood issued from the wound. I at once applied a tourniquet on the femoral artery. The countenance was much blanched; the pulse feeble; and there was great faintness. A mixture of gallic acid, tincture of opium, and tincture of nux vomica, every four hours was ordered; and brandy with beef-tea *ad libitum*.

6 p.m. There was slight oozing for two hours after the application of the tourniquet, since which time there had been no hæmorrhage. The tourniquet was unscrewed a little, and was only partially controlling the flow of blood through the artery. The patient lay in a state of partial collapse. Pulse 120, and relapsing; tongue moist; pupils slightly dilated; and skin cool and moist.

July 16th. There had been no recurrence of the hæmorrhage; and the patient had partially recovered from the collapse. She passed a restless night, but took a fair quantity of beef-tea, and sixteen ounces of brandy in twenty-four hours. Pulse 120. The menorrhagia continued. She was ordered to have an opiate at bedtime.

July 17th. She passed a better night. There was no hæmorrhage; but a quantity of sanious pus discharged from the wound, from which the ligatures had all come away. Pulse 108.

July 18th. She was better, having slept tolerably in the night, during which the menses ceased. There was a copious discharge from the leg, but no hæmorrhage. Pulse 120.

July 19th. She was still progressing favourably, and was ordered to take half a pint of ale and four ounces of brandy daily.

July 25th. The patient was steadily improving. The bowels were opened by a purgative. There was no return of the hæmorrhage nor of the menorrhagia.

July 26th. Last night, a little bleeding commenced from the stump, but soon ceased.

July 29th. She complained of pain in the back; the wound was healing. She was ordered to continue the opium at bedtime; and to take three times a day a draught containing twenty minims of tincture of sesquichloride of iron, fifteen minims of chloric ether, and an ounce of infusion of quassia.

August 9th. The patient was much better in health. The wound was healing slowly, and had a flabby, indolent appearance.

August 27th. Two or three spicula of bone had come away, and the wound looked healthier.

October 10th. There was still a small wound over the anterior part of the lower end of the tibia, which healed very slowly; otherwise she appeared quite well, and was discharged.

Case ii. Sidney Smith, aged 23, of Ellesmere, whilst endeavouring to part two friends who were fighting, received a stab in the palm of the left hand from a knife on Sept. 17th, 1863. Cobwebs were first applied to the wound, which checked the hæmorrhage. The next morning, he went to a surgeon, who cleansed the wound and strapped it up. On the following day, it was undone, and cold wet rags were applied for three days, after which lint steeped in myrrh lotion was used for three days.

September 26th. This morning, a linseed poultice was applied. At half-past ten, bleeding commenced, but was checked by pressure and cold applications. This evening, and the next morning, bleeding again came on, and was now checked by means of a compress and bandage. An incision was also made into the middle finger, to give exit to pus.

September 28th. Bleeding having again come on, a compress and splint were bound on the palm of the hand, by means of tape passed across the back.

September 29th. He was admitted as an in-patient. There being no hæmorrhage, the hand was raised on a pillow in bed; and the patient ordered to take five grains of gallic acid three times a day, and five grains of soap and opium pill every night. There was tubercular deposit in the left lung.

September 30th. The splint was taken off, but the pads of lint were left on, and cold water applied. In the evening, bleeding having recommenced, a pad was bandaged in the bend of the flexed elbow, which checked it. Pulse 108.

October 1st. Hot fomentations were applied. There was no hæmorrhage.

October 3rd. The bandage was removed from the elbow. Slight hæmorrhage from the gums had been lately observed.

October 4th. This evening, severe hæmorrhage recurred. As it could neither be controlled by pressure on the radial artery, nor by a pad bandaged in the elbow when well flexed, I bound a compress tightly on the wound, and applied a tourniquet to the brachial artery. Half a drachm of sedative solution of opium was ordered to be taken immediately.

October 5th. No hæmorrhage having occurred during the night, I relaxed the tourniquet. At ten o'clock, bleeding having again come on, Mr. Harries proceeded to cut down on the bleeding vessel. The incision made by the stab extended from a point a little internal to the angle formed by the thumb and index finger to near the base of the third finger. The vessel from which the blood was oozing being deeply seated between the third and fourth metacarpal bones, and the tendons of the middle finger being in a sloughy condition, they were first divided, and then the middle finger was amputated. The bleeding arteries were then easily ligatured; and lint, saturated with a solution of gallic acid, was applied to the wound. He was then placed in bed, and ordered half a drachm of sedative solution of opium immediately and at bedtime, and beef-tea and milk *ad libitum.*

October 6th. He looked much better, and had passed a tolerable night. The tongue was clean and dry.

October 7th. Pulse 114. He was ordered to take twenty minims of tincture of sesquichloride of iron in an ounce of water three times a day. The hæmorrhage from the hand had ceased, but continued from the gums.

October 9th. His appetite was better, and he was allowed to have an egg daily. The gallic acid solution was still occasionally applied to the dressing.

October 12th. The wound, having been exposed, was found to be suppurating and granulating healthily. There had not been the least hæmorrhage since the operation. His health was much improving; but he complained of slight cough.

October 16th. There being slight ulceration of the wound, balsam of Peru was applied.

October 20th. The wound was healing, and his health improving.

October 27th. He had gone on improving, and the wound had nearly healed, until this evening, when he was seized with a severe shivering fit.

October 27th. Erysipelas had shown itself in two fingers of the injured hand.

October 31st. He was discharged cured.

Remarks. The two cases I have just read present features of special interest. In the first—that of amputation of the leg—there was secondary hæmorrhage, with menorrhagia; and to this complication, as no ligatures had been disturbed and no ulceration was apparent in the wound, I think, we must assign the hæmorrhage. For, owing partly to the patient's past state of debility, and also to the occurrence of menorrhagia, I imagine that some change or deterioration of the blood took place, in consequence of which the formation of a coagulum was arrested, and that already formed broken down by the impulse of the blood. The question may suggest itself, why did not the hæmorrhage so caused recur? The answer, I think, is, that, owing to the stimulants, nutriment, and astringents given, the blood, on the cessation of the menorrhagia, became more fibrinous and of better quality; and that, therefore, a firm coagulum was formed in the artery when compressed by the tourniquet, and this, in due time, became organised owing to the improved nutrition of the body.

It is seldom, indeed, that so fortunate a termination may be expected in secondary hæmorrhage from the simple application of the tourniquet; and *apropos*, I may mention that this is the second case of the kind that has been so cured in this Infirmary during the last few months. In these cases, the tourniquet was occasionally relaxed, so that pressure on the artery was not constant, and so sloughing was avoided.

In the second case, the situation of the wound lends it more than ordinary interest, seeing that in the hand conservative surgery is carried to its utmost extent. From the position of the wound, it was evident that the deep palmar arch could not be implicated. All the means used to arrest the hæmorrhage having failed to be beneficial, it was deemed expedient to cut down on the bleeding point; in doing this, it was found to be impossible to secure the vessel until the middle finger had been amputated (the tendons of which being in a sloughy condition made this a matter of no moment), after which the bleeding points were easily secured.

At one time, this case assumed an alarming aspect; for, in addition to the existence of tubercle in the lungs, and hæmoptysis having occurred more than once, there existed before admission, and has been since, hæmorrhage from the gums; notwithstanding which the patient's hand has nearly healed, and his health is much improved.

The erysipelas which had appeared two days before this meeting has since left him, and he was discharged on Oct. 31st.

Progress of Medical Science.

SURGERY.

Quinine as a Local Antiseptic. Dr. R. Gieseler has been led to adopt the use of quinine as a local antiseptic. From experiments which he made, he found that the preservative property exerted on fresh meat by pure quinine (not the sulphate only) was greater than that of many other substances, including even cinchona. He therefore determined to apply quinine in surgical cases; and his first case was one of extensive carbuncular inflammation in a man aged 25. The whole of the lower half of the left calf, including the upper third of the tendo Achillis, was in a gangrenous state, which threatened to extend round the limb. At the upper part, the soft structures were destroyed to the depth of about an inch; and the tendinous portions of the gastrocnemius were being thrown off in shreds, with ichorous discharge. The fibres of the tendo Achillis, where diseased, appeared as if macerated; and the edges of the whole tendon were undermined. The leg was much enlarged; its skin had a bluish red colour; and the soft parts were indurated. The diseased parts exhaled a most offensive smell, filling the small room in which the patient lay. He kept the knee flexed, so that the leg rested on the thigh; and it was scarcely possible to bring the limb even to a right angle. The patient suffered continuous pain in the whole leg, and especially in the foot; he had loss of appetite, fever, and profuse sweats. The disease had commenced four weeks previously as a very tender black spot on the skin, and had been treated, by the practitioner called to the case, by warm applications, and, after the separation of the slough, by ointment of nitrate of silver, and subsequently by oil of turpentine and by myrrh ointment. The gangrene, however, spread in depth and in circumference. Dr. Gieseler first endeavoured to improve the patient's health by tonics, especially cinchona; and, as applications to the limb, he employed affusions and bandages soaked in a strong decoction of poppy-heads with opium. As no improvement was produced by the continuance of this treatment during eight days, he determined, as a last resource before performing amputation, to try the effect of the local application of quinine. Accordingly, a solution of this substance was applied in compresses over the entire gangrenous parts, the whole being covered in with warm poultices. During the first week, the internal remedies were continued. In the course of the first day, the pain abated, and the patient passed a tolerably quiet night. A change in the appearance of the parts could not naturally be at once expected; but the separation of the dead parts took place very gradually. At the end of three weeks, the separation was complete at the upper part, and healthy granulation was commencing; the diseased portions of the tendo Achillis were not thrown off until a later period. The process of cicatrisation went on favourably, and was complete three months after the patient first came under Dr. Gieseler's care. The man ultimately recovered the perfect use of his leg. Dr. Gieseler says that on several occasions, for the sake of experiment, he omitted the quinine, and used warm applications only; the result always was, that the pain was renewed.

The next case related is one of noma, occurring in a child three years old. Dr. Gieseler was called to this patient on account of an ulcer at the right corner of the mouth; this was, however, found to be connected with gangrenous disease of the cheek, which was much infiltrated, and, although the skin was unaffected, gave on examination signs of being destroyed in its entire thickness. When Dr. Gieseler attempted to raise the lip carefully, for the purpose of examining its inner surface, laceration of it near its middle and of the right ala nasi took place without hæmorrhage, and shewed these parts, as well as the external surface of the alveolar border of the upper jaw, to have been changed into a gangrenous mass, having an offensive smell. The thickly infiltrated gangrenous parts were removed by incisions made from the laceration already described upwards to the infraorbital process, and thence obliquely downwards and to the right. No hæmorrhage took place. To the exposed dirty grey anterior surface of the upper jaw, in which no trace of organisation was apparent, Dr. Gieseler applied a sponge soaked in solution of sulphate of quinine, over which he laid some wadding, and secured the whole with a bandage. The right nostril was kept open by means of a piece of sponge, also soaked in quinine solution. On the next day, a dark brown border, a line in width, had formed at the inner and upper part (near the canine fossa) where it was found the sponge had not rested; but there was no extension of the gangrene elsewhere. The applications were renewed every few hours, the parts being carefully cleansed by affusion on each occasion. Healthy granulations appeared at the edges of the wound on the second day. Even at this time, when the process of separation first commenced at the centre of the exposed surface, the offensive smell had ceased; and neither then, nor subsequently, did the child appear depressed, but took its food readily and played as usual, although confined to bed. No internal remedies were given except an occasional mild aperient, when indicated. The child was first seen on October 9th; and on November 11th the process of cicatrisation was complete, leaving the parts in so satisfactory a state that a trifling plastic operation alone was required to remedy the defect that remained.

Dr. Gieseler has used in some cases of bed-sores, an ointment of quinine (the sulphate being first dissolved in a few drops of water and then mixed with lard); and has found a quinine gargle useful in some cases of diphtheritic throat-ulcer. In young children, the remedy must be applied by means of a camel's hair brush: and the use of the same means of application is also indicated for other parts, such as the cornea and uterus.

Quinine is also useful as a local application in the after-treatment of plastic operations, which sometimes fail through death of the transplanted parts. It is, however, perhaps advisable to scarify these, so as to allow of the action of the quinine. The following case is given. On June 27th, Dr. Gieseler saw a little girl aged 6 years, who had undergone a remarkable injury of the left hand in attempting to swing herself to a loaded cart. The nature of the injury was such that the integument was stripped from the entire palm of the hand, from the wrist to the fingers; and the flap remained connected at the finger-joints. The flap was replaced; and, to keep it properly extended, sutures were applied; the limb was laid in a lukewarm water-bath, and was subsequently dressed with solution of quinine. On July 4th, the corners of the flap—making altogether about one-third—had become separated, but without any gangrenous odour. The remaining part spontaneously divided into three strips. On July 17th, these had become firmly adherent; and the hand was placed in the extended position on a splint. At the end of this month the wound was entirely healed; there was but slight contraction of the cicatrix, and the child recovered the perfect use of her hand.

In caries and necrosis also, Dr. Gieseler, after performing the necessary operations, applies quinine locally, and believes it to be useful. This, however, he says, is open to further inquiry, as the successful result in many cases may be dependent on the constitution of the patient. It is suggested also, that the local application of quinine may be useful in the sloughing of malignant tumours. Dr. Gieseler, however, has no experience to bring forward on this point. (*Archiv für Klin. Chirurg*, Band iv, Heft 3.)

SUBPUBIC PUNCTURE OF THE BLADDER. To avoid the danger of peritonitis, which sometimes follows the operation of puncturing the bladder above the pubes, M. Voillemier has devised the following operation. The patient is placed on his back, with the legs slightly separated; the pelvis is raised by a thick cushion, so as to bring the pubes forward, and to prevent the distended bladder from embarrassing the operator. An assistant, standing at the left side of the patient, draws the penis downwards and backwards. Sitting at the patient's right side, the surgeon feels with his right fore-finger for the suspensory ligament, and with his left hand he introduces by the side of this ligament a trocar, curved so as to pass round the pubic bone. During this stage of the operation, the instrument is carefully supported and guided by the right hand, lest the trocar should turn too suddenly and come into contact with the bone. The cannula having entered the bladder, the trocar is withdrawn. The operation was successfully performed by M. Voillemier, in the Hospital St. Louis, on October 14th. The cicatrisation of the wound was complete in forty-eight hours; and, at the time of reporting, no trace of the operation remained, beyond a fibrous cord indicating the passage of the instrument. (*Gaz. Méd. de Paris*, 14 Nov., 1863.)

POLYPUS OF THE URETHRA IN MAN. M. Beyran, having had under his care a case of urethral polypus in a man aged twenty-six, has collected the few recorded instances of this kind, and has communicated the results of his investigations in a memoir read before the Surgical Society of Paris. Urethral polypi, he finds, are most commonly seated at the commencement of the canal, in the navicular fossa; they may, however, occupy partly also the spongy portion, and sometimes even the entire length of the urethra. They are almost always met with on the lower part of the canal. The causes producing them are obscure. The ages of the patients have varied from fifteen to thirty years: but old age does not appear to be altogether exempt. The development of the tumours does not appear to be favoured by acute or chronic gonorrhœa, nor by syphilis; but M. Beyran thinks that chronic inflammation of the urethral mucous membrane, together with masturbation, are not altogether foreign to their production. The commencement of urethral polypi is not characterised by any remarkable symptoms; but, as they increase in size and invade the urethral canal, one of the first morbid signs which attracts the patient's attention, is that the flow of urine is affected, much in the same way as in ordinary stricture. This symptom is soon accompanied by heat, pain, and swelling of the penis during micturition; and blood is discharged, either pure or mixed with urine. Coitus is painful, and the discharge of semen is impeded. The bladder is incompletely emptied; there are frequent desire to pass urine, and tenesmus of the neck of the bladder and of the rectum, as in diseases of the prostate and bladder. Excrescences of this kind may, unless properly treated, produce perforation and fistula of the urethra. In the cases hitherto observed, urethral polypi in man have presented themselves in the form of small tumours varying in size from a grain of barley to a pea. They have been fleshy, soft, and of a bright red colour; being very vascular, they have bled readily. Sometimes they have a broad base, sometimes are elongated or pedunculated. The urethra may contain several of them, seated in its inferior wall from the meatus to a distance of two-fifths or four-fifths of an inch from this orifice. The diagnosis is easy when the tumours project and can be seen; but while they are small, and especially if they be far back in the urethra, and the symptoms resemble those of stricture, mistakes are easily made. The diagnosis, however, may be essentially aided by observation of the phenomena produced during micturition, by the extreme readiness with which a discharge of blood is produced, and by a careful exploration of the urethra. The prognosis is not unfavourable, when the polypi are recognised early, and properly treated. But, left to themselves, they produce various accidents, and may even give rise to perforation of the canal. When the tumours are within reach, excision, followed by several applications of nitrate of silver, is preferable to avulsion or to ligature. Bougies, at first flexible and afterwards metallic, should be introduced, so as to repress any tendency to a reproduction of the polypi; and M. Beyran believes that it is useful to cover the bougie, before its introduction, with a layer of an ointment of calomel and savine. If perforation have occurred, the urine must be removed by a catheter, so as to allow the fistula to become healed. (*Gaz. Méd. de Paris*, 21 Nov., 1863.)

Inguinal Hernia: Reduction into an Artificial Cavity. A man, aged thirty-six, was admitted into the Hôtel Dieu at Lyons under M. Desgranges. During about eight years, he had had inguinal hernia on the left side; it had not, however, passed beyond the fold of the groin. He was admitted into hospital with symptoms of strangulation which had come on after exertion; and the hernia was found to have descended into the scrotum. The taxis was employed; the hernia was reduced; and, three days afterwards, the patient was, at the morning visit, found sufficiently recovered to be allowed to leave the hospital on the following day. At eleven a.m., however, having eaten more than was allowed in the hospital diet, he had colic; on his attempting to evacuate his bowels, the hernia again descended, and was again apparently reduced by the taxis: a portion, however, of the intestine showed a tendency to return. Symptoms of strangulation, however, persisted and became more severe, and the patient died on the fourth day after the last-mentioned operation. On *post mortem* examination, no trace of peritonitis was found. The strangulation was produced by the inner inguinal ring; the hernial sac was folded on itself, and not inflamed. At its posterior part, was a laceration of about five *centimètres* in length, leading into a large cavity formed by the separation of the peritoneum from the anterior part of the pelvis and from a part of the left iliac fossa. The cavity contained the empty bladder, and the whole of the hernia, which consisted entirely of about three feet of the small intestine. The intestine was found to be congested, but not gangrenous; it had not contracted any adhesions at the point of strangulation. (*Gaz. Méd. de Lyon*, 16 Nov. 1863.)

Reviews and Notices.

Life: its Nature, Varieties, and Phenomena. By Leo H. Grindon, Lecturer on Botany at the Royal School of Medicine, Manchester, etc. Third Edition. Pp. 407. London: 1863.

Commentary on such a work as this, in its entirety, since it includes chapters which would form material for discussion by the theologian or the metaphysician, scarcely comes within the province of a medical journal, devoted mainly to the dissemination of information having a bearing on the practice of medicine. Yet, while the book treats of subjects in which medical men have a common interest with all mankind, there are in it topics to which the nature of our profession gives a special interest; and on one or two of these a few words may not be out of place.

The title of the book will no doubt have suggested to our readers the inquiry—How does Mr. Grindon define "Life"? His ideas on this point are not indeed original; for similar views have been held by Carus, Hufeland, Oersted, Coleridge, and others; but they are certainly different from what most of us have been taught and believe. Life, with Mr. Grindon,

> "Is the name of the sustaining principle by which every thing out of the Creator subsists, whether worlds, metals, minerals, trees, animals, mankind, angels, or devils, together with all thought and feeling. Nothing is absolutely lifeless, though many things are relatively so; and it is simply a conventional restriction of the term, which makes life signify no more than the vital energy of an organised material body, or the phenomenon in which that energy is exhibited."

As to the intimate nature of life, Mr. Grindon says we are and must remain ignorant. It is useless to seek it in matter, or in the adoption of such hypotheses as "vital force." "Nowhere," in our investigations of material forces, "do we find the power itself, but only the continent of the power; perhaps merely the sensible effects by which its presence is indicated." Life is, in Mr. Grindon's view, as far as we can gather, a continuous exercise of the creative power of the Divine Being. All the manifestations of life—the "laws of nature"—are constant expressions of the Divine volition. Not that God and nature are to be confounded.

> "Intimately connected with each other, yet they are absolutely distinct. Nature is an utterance of the divine mind, clothed in material configurations and phenomena—flowing from it as words from the underlying thought, or the deeds of friendship from its sentiment."

With this idea of life before him, Mr. Grindon proceeds to consider it as presented in two principal modes—physical and spiritual. Physical life, again, is expressed in the inorganic and in the organic departments of creation. And the author goes on to comment in several chapters on the manifestations of organic life. Of the intimate nature of these, he offers no explanation; and at the same time objects to all the definitions of it which have been attempted by Bichat, Fletcher, Richerand, Spencer, etc., regarding them as amounting to nothing more than statements that "life consists in being able to live," or in mere enumerations of the circumstances attending life.

Passing over the author's remarks on food (in which he makes some observations which vegetarians would do well to consult), and on respiration, the material relations of animals and vegetables, etc., and also a chapter the import of which is apparent from its title—"Motion the Universal Sign of Life"; we come to a part of the book in which he attempts to define *death*.

The tenure of life—the "lease of existence", as the author calls it—varies greatly, as is elaborately demonstrated in a subsequent part of the book; but to all death—that is, a discontinuance of life—comes at some time. Death, according to Mr. Grindon, is no accident of nature, nor the result of a punitive sentence of the Creator—a something superadded on the original constitution of things; but

> "It is an essential and benevolent part of the very idea of material existence, bound up with the original scheme and method of creation as completely as granulation is...... Birth, growth, and arriving at maturity, as completely imply decay and death as the source of a river implies the termination of it, or as spring and summer imply corn-fields and reaping."

The author, admitting that death was brought into the world by Adam, combats the idea that it was *physical* death; he believes that, even if the first man had not fallen, he and his posterity would have died, not by disease, but by an *euthanasia*—a process resembling "an easy and gentle slumber." He refers to the teachings of geology, and argues further that the command to be "fruitful and multiply" in itself implied the removal of successive races by death; and that the supposition that our first parents were exempt from physical death, requires the assumption that they were invulnerable to injuries capable of producing death.

In the course of the work, we find chapters on the Spiritual Basis of Nature; the Correspondence of Nature and Mind; the Nature and Seat of the Soul; Soul, Spirit, and Ghost; True Idea of Youth and Age; Love of Nature; The Intellectual Faculties in Relation to Life; the Religious Element of Life; Life realised by Activity; Death in Relation to the Spiritual Life; Rejuvenescence; Health and Disease; Mortality and Immortality; The Resurrection and the Future Life; The Analogies of Nature; The Chain of Nature; The Unity of Nature; Man the Epitome of Nature; Instinct and Reason; and Inspiration.

As we have stated in the commencement of this notice, many of the topics discussed by Mr. Grindon are somewhat beyond the province of this Journal; simply for this reason that the range of subjects of which we can take proper cognisance is necessarily limited. The enumeration which we have given, will, however, demonstrate that the author has treated of matters which are eminently worthy of study by every intelligent man. While there are points on which we are not prepared to go altogether with Mr. Grindon, we cordially recommend his book to our readers. They will without question find in its perusal pleasure and instruction; we have found such, and expect to find even more in its re-perusal. It shews the author to be a learned and reflecting man, and an elegant writer.

On Life and Death: Four Lectures delivered at the Royal Institution of Great Britain. By William S. Savory, F.R.S., Assistant-Surgeon to and Lecturer on Anatomy and Physiology at St. Bartholomew's Hospital. Pp. 203. London: 1863.

In the preceding review, we have seen the author of a thoughtful and elaborate book starting on his work with the idea of the universality of life; and here we have an essay, consisting of four lectures by a man of scientific distinction, in which life is studied in its ordinary acceptation, as the distinctive characteristic of the organic world. Yet, with this difference in groundwork, Mr. Savory approaches Mr. Grindon at several points. Thus, in the first lecture—after introducing his subject, and speaking of types of organisation, grades of development, fundamental unity of structure, and the necessity of studying life in *all* its forms, and interpreting man by comparison with the simpler forms of life—he ends the lecture by a few words on the common phrase, "Laws of Nature"; and in this phrase he recognises the expression of our idea of the plan of creation—of the existence of a constantly sustaining power.

> "If the universe owes its creation to His will and power, on that will and power its continued existence must depend...... No one can for a moment imagine that the Creator is bound by any law; but in recognising the Divine plan to have been throughout perfect and complete, we understand why it is immutable. The term Law of Nature, then, is only an expression of the 'uniformity observed by the philosopher in the phenomena of the universe.' The Law of Nature is the Will of God."

In the second lecture, Mr. Savory describes the Essential Features of Life when reduced to its simplest terms. He attempts a definition of life; and it is this; that life is

> "Essentially a state of dynamical equilibrium, consisting fundamentally and universally in a definite relation between destruction and renewal—in a regulated adjustment between waste and repair, whereby the condition is maintained notwithstanding its constant change."

Here, again, his ideas are to a certain extent the same as those of the previous author; but Mr. Savory differs from him, in that he holds the process of repair which takes place in inorganic bodies, as crystals, not to be a vital phenomenon, while Mr. Grindon would probably regard it as a proof of the universality of life.

In the third lecture, Mr. Savory speaks of the Conditions of Life, and on Vital Force. The doctrine of the existence of a distinct "vital force" does not find favour with him; nor can it well do so with any scientific thinking man.

> "'Vital principle', 'organic agent', and other like terms, when employed in physiology, are even at the best empirical ones, and equivalent to nothing more than the final letters of the alphabet in an algebraical formula; for they are, when used in their least objectionable sense, mere expressions of something unknown. But the assumption of such an agent or principle, however designated, annihilating or suspending the operation of forces acting elsewhere, has not proved altogether harmless in its influence upon the progress of knowledge. By referring all vital actions to this obscure agency, while nothing was thereby explained, inquiry was to a great extent and for a long while checked. The final purpose was dis-

cerned, an efficient cause was forthwith assumed. Physiology fell idly back upon a vital principle.

> "Unfortunately, much prejudice has been mixed up with these doctrines. To explain any of the phenomena of life by the operation of the physical forces, has been stigmatised as irreverent, as an attempt to defame the highest and noblest of the Creator's works. But is not such a charge as this altogether false and scandalous? The result being given—Life, it surely more exalts our feeble and imperfect conception of infinite intelligence and power to understand that the wonderful and mysterious phenomena of vitality have been evolved from the materials and forces around us, rather than by the introduction of distinct and peculiar agents."

The fourth lecture is on Death. This the author regards in general as "that altered condition of an organic body in which it is no longer the subject of certain processes which constituted its life". He speaks separately, as regards the higher animals, of the general cessation of vital functions, that condition which is commonly called death; and of the partial or molecular death of parts, as muscles, in which vital actions have continued after the apparent departure of life. In the course of his remarks, he refers to Vulpian's discovery, that the severed tails of tadpoles manifest vital phenomena for several days—even undergoing cicatrisation—and apparently dying only when a necessity arises for the establishment of blood-vessels. In this lecture, too, he speaks of the modes of death, and of decomposition, the loss of temperature, and *rigor mortis*.

As the title shows, these lectures were delivered before a non-professional audience, and are therefore expressed in popular, or rather in plainly scientific, language. We commend the book to our associates, who will not only themselves be interested and instructed by its perusal, but will find themselves justified in placing it in the hands of their families and friends.

British Medical Journal.

SATURDAY, JANUARY 23RD, 1864.

THE "BRITISH PHARMACOPŒIA."

The *British Pharmacopœia* will for some time to come be the *bête noir* of the practitioner of medicine and the pharmaceutist. All of us will have to go to school again, in a certain degree, in the matter of prescribing; and, doubtless, many will be the errors into which we shall fall in this matter of drug-prescribing. Happily, between us and our patients will stand the druggist with his *Pharmacopœia* in hand, letters and figures, to correct us. The Council, indeed, anticipate our difficulties; for they

> "Caution all medical practitioners, whether at home, or in the colonies, or in the public services, that, in order to exercise their profession safely, it is incumbent on them to make themselves familiar with the changes effected by the present work."

Happy the homœopathist, some will exclaim on reading this, who has only one sovereign remedy, globules of sugar of milk, and infinite dilutions, to trouble his prescribing powers!

The Medical Council has already put us to some expense; and now it calls upon us to pay 10s. 6d. for this large, and handsome, and 444 pages containing octavo volume. We may, if we like, wait until the smaller and cheaper edition is forthcoming; but then we shall have to wait a long time; for the Council will hardly bring out the smaller until the larger one has "gone off." Many practitioners will think that they ought to have been supplied gratis with this national document as a sort of set-off for their registration-fee. But then it must be remembered that the Medical Council is a most expensive piece of machinery to work; and that its smallest acts cost large sums of money. It would be curious, for example, to learn how much money was paid the other day for the election of a president.

The *Pharmacopœia* has, we may be sure, cost some £6000 or £7000; and we need not be surprised at this when we recollect the high kind of intellect and the length of time which has been bestowed upon its elaboration. The Council, in the preface, say that the production of this work has been the most serious and anxious of their labours; and doubtless the task was severe enough—to combine three somewhat rival pharmacopœias into one—to satisfy three national susceptibilities, chemical and pharmaceutical—in a word, to amalgamate the English, the Scotch, and the Irish, into one consistent and harmonious whole. Causes enough of delay of its publication are given. Endless researches in chemistry, pharmacy, etc., had to be made, and the value of old as well as new remedies tested, and all this by inquirers living in distant cities. Then, again, the Medical Council had to go to Parliament for a copyright in their *Pharmacopœia* and to get authority for its issue. And, lastly, the system of weights which had been adopted by the *Pharmacopœia* Committee had to be altered in accordance with the general wish of the profession.

The *Pharmacopœia* is considered to be published when its existence has been duly announced in the *Gazette*, and when published,

> "It shall, for all purposes, be deemed to be substituted throughout Great Britain and Ireland for the several above-mentioned *Pharmacopœias*, and any Act of Parliament, Order in Council, or custom relating to any such last-mentioned *Pharmacopœias*, shall be deemed, after the publication of the *British Pharmacopœia*, to refer to such *Pharmacopœia*."

And all apothecaries and pharmaceutists are warned that it will thereon be necessary for them "to alter or destroy all pharmaceutical preparations made according to previous and now altered formulæ." Will they really make the *auto-da-fe?*

The *British Pharmacopœia* is given in English; but each article is designated by its Latin name. The *Pharmacopœia* consists of two parts and an appendix. The first part consists of the Materia Medica; the second, of the Preparations and Compounds; and the appendix, of articles which are employed for the chemical processes in the second part, but are not themselves used in medical practice. As regards the doses of dangerous medicine, the Council say:

> "The alterations which have occasioned most anxiety to the Council are those which affect the strength, and therefore the doses, of dangerous medicines. Three measures have been adopted for securing the public against the risks which might arise from such changes. In the first place, important changes in the strength of dangerous preparations have been carefully noted. Secondly, when change was inevitable, the weaker form has been preferred to the stronger. Thirdly, an attempt has been made to assimilate the strength of preparations of the same pharmaceutic form, in order that they may be prescribed in similar doses."

As regards weights and measures, the Council observe:

> "The Council, in resolving to adopt for pharmacy the imperial ounce and pound, could not assimilate the subdivision of the ounce to that of the fluid-ounce, without substituting a new medical grain for the troy grain, hitherto the medical as well as the standard grain of the kingdom. This alteration they did not consider advisable; it has, therefore, appeared to them a necessary consequence, that the drachm and the scruple, the old denominations of weight between the ounce and grain of pharmacy must be abandoned, since they can no longer exist as both simple multiples of the latter and integral parts of the former. Accordingly, all who prescribe and dispense medicines, are recommended to discontinue henceforth the use of the drachm and scruple weights.
>
> "The weights and measures of the *British Pharmacopœia*, with their symbols, will now stand as follows:—
>
> "Weights.
>
> 1 pound.........lb....... = 16 ounces = 7000 grains.
> 1 ounce.........oz. ... = ... = 437·5 grains.
> 1 grain ....gr. ... = ... = 1 grain.
>
> "Measures.
>
> 1 gallon.........C....... = 8 pints ....O. viij.
> 1 pint............O. ... = 20 fluid-ounces...fl. oz. xx.
> 1 fluid-ounce...fl. oz. = 8 fluid-drachms fl. dr. viij.
> 1 fluid-drachm fl. dr. = 60 minims.........min. lx.
> 1 minim.........min. = 1 minim ....min. j."

A CURE FOR CORPULENCE.

Mr. William Banting, of St. James's Street, a gentleman well known for his philanthropic exertions in behalf of several of our metropolitan hospitals, has lately dedicated a pamphlet to the public on the subject of corpulence. He has, he tells us, long been the victim of obesity, which was to him, in fact, a positive affliction. He could not tie his shoes, nor attend to the little offices humanity requires, without much pain and difficulty; he was forced to go down stairs backwards and slowly, to save jars upon his knee and ankle joints; he puffed and blowed on the slightest exertion. To be rid of this misery, he consulted all our great physicians, and spared neither pains nor money; but all in vain. "The cure of obesity", he naturally concluded, "seemed little understood by the faculty and the public generally." At length the day of deliverance came for him. He met with one whom he deems "the author of his redemption from the calamity"; and it is to let others share in his felicity that he now goes into print. He shall describe himself what he was and what he is in a ponderable sense. "I am now nearly 66 years of age, about 5 feet 5 inches high, and in August of 1862 weighed 202 lbs. I now (May 1863) weigh 167 lbs., and hope that a few weeks more will fully accomplish the object for which I have for the last thirty years laboured in vain."

Our readers and all obese individuals, of course, will like to know how this change was effected—the change which so many of our great doctors had failed to bring about. Mr. Banting was put on regimen. He was ordered to abstain as much as possible from bread, butter, milk, sugar, beer, and potatoes. And he gives his bill of fare, which is not an untoothsome one. For breakfast, four or five ounces of beef, mutton kidneys, boiled fish, bacon, or cold meat of any kind except pork, a large cup of tea (without milk or sugar), a little biscuit, and one ounce of dry toast. For dinner, five or six ounces of any fish but salmon, any meat except pork, any vegetable except potatoes, one ounce of dry toast, fruit out of pudding, game or poultry; two or three glasses of claret, sherry, or Madeira, but neither champagne, port, nor beer. For tea, two or three ounces of fruit, a rusk, and a cup of tea without milk or sugar. For supper, three or four ounces of meat or fish (as above), and a glass or two of claret; and, if required, a tumbler of grog for a "nightcap", or another glass or two of claret or sherry. (Soak the rusk in spirits, if you please.) In fact, avoid sugar-containing foods.

Mr. Banting considers his regeneration almost miraculous. He never lived so well—on such an excellent diet; and has improved mentally and bodily. His failing sight is restored, and his hearing improved; an umbilical hernia is greatly ameliorated; he can go down or up stairs like other people with perfect ease, and take exercise without inconvenience; has not been so well for twenty years, and has suffered no kind of inconvenience through his trial of the regimen referred to. The modesty of the medical friend who gave him the excellent advice, he says, alone keeps him from publishing his name to the world. But no doubt the name is already well known to all interested in the art of how to be made thin.

A new edition of Mr. Banting's pamphlet has just been published, and from it we learn that eight months' further experience have not diminished his estimate of the value of the diet adopted and the cure effected. On August 26th, 1862, his weight was 202 lbs.; it gradually diminished each month up to

August 1863, when it was 156 lbs. His girth round the waist has been reduced 12¼ inches. We may add that in his third edition, Mr. Banting, in self-defence, informs the public that the name of his medical benefactor is Mr. Harvey, the aurist.

GEORGE TOWNLEY.

The last revelations which have been made touching the case of George Townley are more strange than the first. It is now placed beyond doubt, that in the opinion of all the authorities concerned in the administration of the law, Townley was duly and properly condemned, and, according to law, ought to have been hanged. He has escaped purely by a legal fluke; and thanks to the happy interposition of Dr. Winslow. Baron Martin was moved by Dr. Winslow's evidence to call upon Sir G. Grey for an inquiry into Townley's state of mind at the time of the trial. Sir George Grey grants the inquiry; but regrets that it was not called for at the proper time—*i. e.*, before the trial; and at the same time hints that he cannot see the necessity for any such inquiry. The Lunacy Commissioners thereupon visit Townley; have long interviews with him; and, admitting that he is not of sound mind, they nevertheless come to the conclusion "that the prisoner is now in the same mental state as when he committed the murder and underwent his trial; and that applying the law as laid down by Mr. Baron Martin to this case, the prisoner G. V. Townley was justly convicted." Hence, then, there was not a shadow of an excuse legally for his escape from the gallows; the crotchet existing in Baron Martin's mind by Dr. Winslow's evidence about a delusion, and which led to the further inquiry, having been entirely removed by the Commissioners' report. But, pending this inquiry, other causes came into operation; and all the world has been astonished to learn that the certificate of two medical men and two justices of the peace of the insanity of a murderer have force enough to rescue him from the hands of judge, jury, Secretary of State, and Calcraft. Under this strange clause of an Act of Parliament, and while Secretary of State, and Judge, and Commissioners were in full correspondence, did Townley quietly slip through the fingers of the law and escape hanging. We suppose we may say he has escaped; but we believe that the law has the power still, if it have the will, again to try conclusions with him and hang him, should he be caught in a lucid interval. And it is certain, that the Derbyshire magistrates are still occupied in the attempt of forcing upon Sir George Grey a further inquiry into his state of mind.

We have already said, and we again repeat it, that we believe the results of this trial have given a great blow to capital punishments. Sure it is that men's minds—we mean the minds of the community—are not yet prepared for such a change in our laws as would involve the abolition of capital punishment; but it is impossible that doubts should not be increased in the minds of many thinking people of its propriety from the facts here laid before them. We have it, for example, here proved, on the most indisputable evidence, that Townley was not of sound mind, although of sufficiently sound mind to entitle him to be hanged according to law. But who is there of mortals who can strip aside the veil of the human springs of action, and who can decide how far the man of unsound mind is actually responsible for the sins he commits? Can a man be of unsound mind in part? Can we blind, erring mortals judge of the degree of unsoundness of mind in a man, which shall decide his fitness for hanging?

The following announcement appeared in the *London Gazette* of the 15th instant:—His Royal Highness the Prince of Wales has been pleased to appoint Arthur Farre, M.D., F.R.S., and George Thompson Gream, M.D., Physician-Accoucheurs to Her Royal Highness the Princess of Wales.

The appeal for subscriptions towards a memorial of the late Mr. Peter Martin has, as is shown by an advertisement which appears in this day's Journal, been liberally responded to by many of his friends both within and outside of the profession; and the total amount has reached £1056. The form which it has been decided that the testimonial shall take—that of a "Martin Exhibition" in the Reigate school, together with a bust in the public hall of the town—is obviously intended as a mark of respect to his general as well as to his professional character, and to perpetuate among his fellow-townsmen that respect for him which he so well earned. The Committee, however, are desirous that the opportunity of doing honour to his memory should not be confined to his local friends, but that it should be extended to those members of the medical profession, wherever located, who enjoyed and valued his friendship. We would call the attention of such to the advertisement of the Committee, and remind them that it is intended to close the subscription-lists at the end of the present month.

The necessity for the formation of a national *Pharmacopœia* had no doubt been for many years felt by practitioners who removed from one part of the kingdom to practise in another; but the merit of bringing about a legal provision for the production of such a work is due to the Metropolitan Counties Branch of our Association. At a meeting of that Branch, held on April 24th, 1854, for the purpose of discussing the Bill which had been drawn up by the

Reform Committee of the Association, the following proceedings took place, as reported in the ASSOCIATION MEDICAL JOURNAL for April 28th of that year. The subject of the *Pharmacopœia* was brought forward by Dr. B. W. Richardson.

"He remarked that throughout the discussion on medical reform, the question of the *Pharmacopœia* had never been entered on. It was well known that up to this time every attempt to make a national *Pharmacopœia* had completely failed, while at the same time the differences of the various *Pharmacopœias* were so great, that it was impossible for an English physician to practise in Ireland or Scotland without learning a new prescription-alphabet. More than this, accidents sometimes occurred from this anomaly. But, in the formation of the new Bill, an excellent opportunity occurred for providing for a national and uniform *Pharmacopœia*, as well as for an uniform system of education, without in any way exciting the jealousies of those corporate institutions which have as yet edited the *Pharmacopœias*. He would therefore propose—

"'That as it is expedient that there should be only one British *Pharmacopœia*, this meeting suggests to the Reform Committee that a clause should be introduced into the Medical Reform Bill making it a duty of the Triennial Congress to form and remodel from time to time a national *Pharmacopœia* for the United Kingdom.'

"Dr. CORMACK seconded the proposition. The question was important, as it involved the safety of the public as much as the convenience of the medical man. He thought that the three Colleges of Physicians would not throw obstacles in the way of a reform so urgently demanded by the public; and, in fact, that they would be glad to be freed from a duty which they had to delegate to others.

"The resolution was carried."

A clause providing for the publication of a British *Pharmacopœia* first appeared in the Bill of the Association, printed in the ASSOCIATION JOURNAL for September 8th, 1854; and it formed a part of at least most of the Bills subsequently introduced into Parliament up to the passing of the Medical Act in 1858.

OUR readers will remember that this JOURNAL (we believe alone of all the medical press) has on several occasions prominently brought into question before the profession the right of the King and Queen's College of Physicians in Ireland to grant the title of Doctor of Medicine. This right is now on trial before the Court of Queen's Bench in Ireland. We shall duly apprise our readers of the verdict given by the learned judges. We may remark, that already does the College appear to have collapsed from the right assumed by it in 1860 to grant the title of Doctor of Medicine to its Licentiates; for we find that the College now pretends to have modified the right, and only goes in for the power of being able to confer the title of M.D. As, however, he who affixes M.D. to his name clearly thereby indicates to the public that he is a Doctor of Medicine, it is hard to understand wherein the distinction lies. All this the judges will put right for us. We think the BRITISH MEDICAL JOURNAL may claim no little merit in having assisted in forcing this important question to such a legal conclusion.

THE following would indicate that things are going badly with the health of the French troops in Mexico.

"The Port-Admiral at Toulon has received orders from the Minister of Marine to send as many surgeons of the first class to Cherbourg as he can dispose of. As these orders received by the telegraph were not accompanied by any explanation, and as, on the other hand, the ports of Brest, Cherbourg, Rochefort, and l'Orient had already received an additional number of surgeons, the demand for more had created, if not uneasiness, a certain surprise."

THE chief subject of medical gossip in Paris just now attaches to the resignation by M. Rayer of his deanship of the Faculty. Who will be his successor is the question.

Dr. Crosilhes of Cressy, in Valois, has been killed by falling into his well while drawing water therefrom.

The French Academy of Medicine has, we learn, been this year most auspiciously opened under the presidency of M. Grisolle, who, on taking the chair, delivered himself of a discourse "noble, elevated, and distinguished." The following gentlemen were proposed as foreign members—Stromeyer, Porta, and Chelius; and Stromeyer was elected. Thereupon again commenced the interminable discussion on small-pox and vaccination. M. Guérin led off, and was in happy vein, "his argumentation being firm, vivid, and concentrated; his mode of discussion clear and penetrating; his doctrinal exposition most lucid, etc." M. Guérin opposes M. Bouley's views, and leaves vaccination where it is at present. M. Bouley, our readers may remember, was for going back to inoculation.

We recommend the following to the consideration of the deans of our medical schools:—"At the corner of the Boulevard de Sébastopol and the Rue des Ecoles has been erected an immense and magnificent building. On its front are engraved the words—"Grand Hôtel des Ecoles." Within is a court forming a charming garden, wherein plays a fountain. Around open a large reading-room, billiard-rooms, a grand *salle-à-manger*, kitchens, etc. Above run long corridors, well ventilated, and having plenty of light, and opening into well-furnished rooms, each of which is heated by hot air. There is also a hospital-ward attached. In this building are received students only; and here, on most moderate terms they can obtain what may be called luxury compared with the old Hôtel Garnis of the Quartier Latin. Here they are lodged and fed, have fuel, food, and amusements for the moderate sum of 100 *francs* a month.

M. Bleynie, the *Procureur Impériale* at Angoulême, while engaged in investigating a case of supposed infanticide in the house of a perfumer and photographer, appears to have touched some of the poisonous articles lying about, having a small wound on his finger. The wound became poisoned, and in five days death ensued.

FRANCIS BOOTT, M.D.,

VICE-PRESIDENT OF THE LINNÆAN SOCIETY.

THE estimable and accomplished subject of the following brief notice was a native of North America, having been born in Boston, Massachusetts, in September 1792. His father, however, was an Englishman by birth; his mother a native of Scotland; and, his scientific education having been conducted in this country, we feel inclined to lay claim to the nationality of one of whose parentage any country may be proud.

Dr. Boott's early education was acquired at Harvard University; but whether this was one of early promise, or not, we are unaware; though rumours have reached us, perhaps from himself, of rustication for some schoolboy act of rebellion. When only seventeen years old, he was sent over to his father's connexions in England, and formed many acquaintances and friends in this country, especially amongst scientific and literary men. English literature seems at this time to have divided his time and attention with botany; his bias, however, being so far stronger towards the latter, that he gave himself up for some time to the active pursuit of it. Shortly after coming to London, he was introduced to Sir Joseph Banks, then the Mæcenas of science; and to Sir James Smith, the most active of British botanists, and founder of the Linnæan Society. His early intercourse with these men seems to have influenced Dr. Boott towards selecting the medical profession; and, after making several visits to America, and marrying an English lady comparatively early in life, he commenced the study of medicine in London in 1820, under Dr. Armstrong, then an eminent physician, and one for whose professional ability and moral worth young Boott had the highest estimation. From London he proceeded to Edinburgh, and took his doctor's degree there in 1824.

In 1825, he commenced practice in London; and, being already well known in the best quarters for his scientific acquirements, many accomplishments, and engaging disposition and manners, he rapidly rose to eminence, and realised a good income. He did not, however, continue long in practice; and, having an income independent of his profession, he retired early, and devoted himself to literary pursuits, scientific society, and the study of botany; still, however, so far keeping up his connexion with medicine, that he continued an active member of the Council and Senate of University College, on which he served for upwards of a quarter of a century, latterly as President of the Council. The only other salient points in his professional career were, his treatment of fever, in which he followed Dr. Armstrong, and was thus one of the pioneers of the system of allowing a free circulation of air in the sick-room; and his discarding the professional costume of black garments, knee-breeches, and silk stockings, and adopting the blue coat, gilt buttons, and yellow vest, which was the non-professional garb of the day; thus showing that contempt for professional peculiarity which was always a marked feature in his character. Beyond lecturing for two sessions on botany at the Webb Street School of Medicine, he held no chair; and his only publications on medical science are two lectures on materia medica, and the life of his friend Dr. Armstrong, which work contains an account of the fevers of North America and of Europe, and an elaborate history of the plague as it appeared in England, Holland, France, Italy, Syria, and Egypt. This part of his work displays a remarkable amount of erudition, and much skill in reconciling apparently discordant phenomena, or more probably the distorted accounts of the same phenomenon. The result of his inquiry was to refer plague to the category of periodic fevers; and to show that its type was modified, but not changed, by the temperatures of the countries in which it successively appeared.

As a botanist, Dr. Boott was far more widely known of late years than as a medical man; both for his devoted attention to the Linnæan Society, in which he held successively the distinguished offices of secretary, treasurer, and vice-president; and for his great work on the genus *Carex*, a monument of laborious research, distinguished alike for its most accurate descriptive matter and admirable illustrations. It consists of two folio volumes, containing 411 plates, executed under his own eye, at his own cost, and published at his own expense. Amongst botanists, this work is held in very high estimation. Dr. Boott's liberality did not stop here; for he distributed it very extensively to his scientific brethren and public institutions, both in this country and abroad.

Liberality of sentiment and breadth of sympathy were, however, dominant features of his character in every relation of life; and these, being accompanied with the utmost refinement of mind, extensive literary and classical acquirements, and a ready flow of language, rendered him one of the most attractive of men in conversation. In matters of taste, Dr. Boott had much knowledge, excellent judgment, and an absolute freedom of all pedantry and affectation of connoisseurship. He had a considerable collection of pictures, selected with admirable discrimination as to subject and colouring, and indifference to name; of his library, the same may be said; and he took a great interest in the histories of authors and of their works. Thus, on hearing that no monument existed to the memory of the poet Kirke White, he himself caused a tablet to be put up in Cambridge, employing Chantrey to execute a medallion portrait for the purpose. The orginal of the latter, he presented to the National Portrait Gallery; and it is the first piece of sculpture ever accepted by that institution.

In person, Dr. Boott was very tall, slim, and almost fragile-looking; his profile was strikingly refined; his expression benevolent; and his whole address singularly attractive. Habited in a blue coat and bright buttons, he had the gait and air of the polished gentleman of the old school, which went well with his most courteous manners, rather retiring disposition, and singularly melodious voice.

Dr. Boott's frame was never robust; and he suffered severely from an attack of pneumonia in middle life, which seriously injured his constitution. In Midsummer of last year, he had another attack of the lung-disease, from which he never recovered; and he died on Christmas-day 1863, in his 72nd year, retaining to the last his faculties and all the traits of his most consistent and amiable life.

Association Intelligence.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

An ordinary meeting of the above Branch was held in the Medical Department of the Birmingham Library, January 14th, 1864; Alfred Baker, Esq., President, in the Chair. There were also present fifteen members.

Papers. The following papers were read.

1. Prolapsus Uteri: its Treatment by Operation and Mechanical Means. By Redfern Davies, Esq.
2. A Successful Case of Ovariotomy: with Observations. By John Clay, Esq.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

January 6th, 1864.

H. Oldham, M.D., President, in the Chair.

Ten gentlemen were elected Fellows.

Lesion (Rupture?) of the Placenta. By H. Madge, M.D. The accident occurred in a patient who aborted two or three days after falling downstairs. She was four months and a half pregnant. She was carrying a pitcher of water upstairs, and fell forwards, the bone of her stays coming with great force against the lower part of the abdomen. The placenta contained a clot of blood, which Dr. Madge was inclined to believe was the result of rupture of the placenta at the time of the accident.

Dr. Oldham and Dr. Druitt doubted the correctness of the view expressed by Dr. Madge.

Extra-Uterine Fœtation, and Induction of Premature Labour. By E. Day, M.D. A specimen was exhibited consisting of the uterus of a woman in whom premature labour had been induced, together with an old extra-uterine fœtation. She was attended at King's College Hospital in her sixth labour in 1859, when a tumour was felt behind the uterus; this was pushed up, and labour proceeded well. In January 1861, Dr. A. Farre induced premature labour at the eighth month, the tumour still existing. In August 1862, she was delivered of a seven months' child, the tumour being still present. She became pregnant in January following, and came again under notice in May. Labour was induced at seven months and a half by an air caoutchouc dilator. The membranes were subsequently ruptured, turning performed, and a dead child extracted. The woman died two days after from flooding. The *post mortem* examination showed that the tumour felt behind the uterus in the recto-vaginal pouch, which was during life of the size of a goose-egg, consisted of a fœtus of the size of one from three to four months old, enclosed in a thin cyst, attached to the peritoneum on the right side of the rectum. The right Fallopian tube contained a tumour, apparently the remains of an organised clot, and remains of decidual membrane.

The Guide-Hook: A New Obstetric Instrument. By S. Newham, Esq. The instrument is simply a blunt hook, with the addition of a prow or guide on the convex side. The addition of the guide is to favour the adjustment of the hook into many positions in which a hook is required, to assist in breaking up the base of the skull, and in sundry other manipulations.

Adhesions. Dr. Day exhibited a specimen of Adhesions between the Uterus and Rectum, dragging down the fundus; and inquired of the Society as to the possibility of stretching such adhesions by treatment.

ANNUAL MEETING.

The Report of the Auditors of the Accounts of the Society was first read. The balance-sheet showed a balance in the hands of the Treasurer of £255 : 12 : 3; while, in addition to this, there was invested in consols the sum of £550, of which latter sum £150 had been invested in the course of the last year. The amount of subscriptions received during the year was £474 : 12. The sale of the *Transactions* during the year had realised £55 : 17 : 1.

It was moved by Dr. Routh, seconded by Dr. Cleveland, and carried;—"That the Report of the Auditors be received and entered in the Minutes."

Mr. Bryant and Dr. Tilbury Fox moved and seconded a vote of thanks to the President and Officers of the Society for their valuable services during the past year.

Dr. Oldham and Dr. Graily Hewitt returned thanks.

The list of Donations during the year having been read, the President announced the result of the ballot for Officers for 1864 to be as follows:—*Hon. President*: Sir Charles Locock, Bart., M.D.—*President*: H. Oldham, M.D.—*Vice-Presidents*: R. Druitt, M.R.C.P.; G. T. Gream, M.D.; R. Greenhalgh, M.D.; R. Hardey, Esq. (Hull); J. G. Swayne, M.D. (Bristol); T. H. Tanner, M.D.—*Treasurer*: R. Barnes, M.D.—*Honorary Secretaries*: Graily Hewitt, M.D.; J. B. Hicks, M.D.—*Other Members of Council*: C. Clay, M.D. (Manchester); W. F. Cleveland, M.D.; J. Hall Davis, M.D.; C. Drage, M.D. (Hatfield); H. Gervis, M.D.; A. Hall, M.D. (Brighton); I. Harrinson, Esq. (Reading); J. C. Langmore, M.B.; A. Meadows, M.D.; H. Madge, M.D.; J. T. Mitchell, Esq.; G. C. P. Murray, M.D.; E. Ray, Esq.; S. Richards, M.D.; Tyler Smith, M.D.; F. Symonds, Esq. (Oxford); A. J. Tapson, M.D.; J. G. Wilson, M.D. (Glasgow.)

ANNUAL ADDRESS. BY H. OLDHAM, M.D., PRESIDENT.

During the past year, 41 new Fellows had joined the Society, making the present number of Fellows 535. Amongst these were gentlemen from the most distant colonies. The character of the debates, the authority of its judgment on disputed points, the large sale of the Society's *Transactions*, all showed its popularity, and the estimation in which it was held by the profession. He doubted whether those who still withheld their presence from the Society rightly measured the great interest felt by practitioners in all relating to obstetric practice. The independent and efficient organisation of this Society was required to do for obstetrics what the previously existing Societies had failed to effect.

The financial state of the Society was highly satisfactory. There were £550 invested in the funds, and a balance of £255 at the banker's. The Society possessed nearly nine hundred volumes of works relating to obstetrics. During the past year the Council had considered the possibility of making this library available for use by the Fellows. On the whole, it was considered advisable to wait, more especially as there had been reason to think that accommodation might be had in the present location of the Society.

Six additional Honorary Fellows had been elected during the year—Professors Faye (Christiania), Braun (Vienna), Depaul (Paris), Martin (Berlin), Dr. Beatty (Dublin), and Dr. Pagan (Glasgow). From Professor Scanzoni, one of the first Honorary Fellows, the Society had received the gratifying compliment of the dedication of his work *On Chronic Metritis*, in recognition of the manner in which it had advanced gynæcology.

Four volumes of *Transactions* had been published, and a fifth would appear in the course of a few weeks. It was quite unnecessary for him (the President) to remark on the value of the contents of these volumes. They formed an important part of existing obstetric literature. To certain of the papers therein contained the profession was indebted, amongst other things, for the establishment of the operation of ovariotomy as rational and legitimate. He had often wished that the discussions before the Society had embraced a revision of the precepts for the management of the puerperal state. No subject was more important, involving as it did the comfort and health of thousands. It involved another point of interest: What was the length of attendance included in the midwifery fee? In a court of justice he had recently been asked this question, and his reply was that a week was enough for ordinary convalescence. He had found that many still acquiesced in the old notion of a puerperal "month," during which attendance was, they considered, obligatory. There should be some uniformity on this point. He contended that the limit should be, not a puerperal month, but a puerperal week. He could only understand the need of medical care for a month on the supposition that the precepts which are laid down in some of our midwifery books steadily induce a debility in the first fortnight, which requires a drawling convalescence in the next two weeks to overcome. Parturition and its immediate effects should be divorced from disease, and not made to wear its likeness. A puerperal month, under the guidance of a monthly nurse, was easily drawn out. He knew no reason why, if a woman was confined early in the morning, she should not have her breakfast of tea and toast at nine, luncheon of some digestible meat at one, her cup of tea at five, her dinner with chicken at seven, and her tea at nine; or the equivalent according to her habits of living. Common sense must guide in the selection of articles of food. Excess and stimulants must be avoided; so also gruel and slops. Such had been his practice for the last twenty years, and by it he could affirm that the process of involution was greatly assisted, and various disorders prevented. The patient should be removed to the sofa in two or three days. He would not now pursue the subject further.

In conclusion, the President stated that during the year three Fellows had been lost to the Society by death. He begged to congratulate the Society on its present prosperity, and trusted it would increase.

A vote of thanks to the President for his interesting address, proposed by Dr. Druitt, and seconded by Dr. Greenhalgh, was carried by acclamation. The Society then adjourned.

Correspondence.

IRIDECTOMY.

Letter from Wm. Bowman, Esq., F.R.S.

Sir,—The opening sentences of Mr. Walton's letter (*ante*, pp. 20-21) demand of me a few words as to the spirit in which I have desired to take part in promoting the adoption of iridectomy in the treatment of glaucoma. I feel deeply the responsibility incurred by any one having large opportunities of observation on such a subject; and I would jealously guard myself from the imputation, there implied rather than expressed, that in endeavouring to further to the utmost of my power what I have been led to regard as a grand advance in our means of overcoming a most disastrous disease, I have been betrayed into discourtesy towards any of my brethren who may not have arrived at the same conclusions as myself. My object has been to meet argument by argument, without personalities, and without attributing any but upright and worthy motives to those from whom I, unfortunately, differ; and if anything that has fallen from me have, from the expressions used, and contrary to my intention, given pain, I sincerely wish it had been couched in other terms. My desire has always been to convince others, and to afford them every aid in my power towards arriving at the same conclusions as myself. But, in furtherance of my main purpose and duty, I must on no account shrink from sifting the arguments employed on the opposite side, or from examining how far statements deriving apparent weight from the authority of eminent names are really entitled to influence the judgment of the profession. To that impartial judgment I must leave the very subordinate, but to me important, question of the temper in which I have borne my own share in the discussion; and for forming a right decision on that head, every one has full materials in your own pages.

I now pass to the substance of Mr. Walton's letter. He has entered much more at large into the subject than any other opponent of iridectomy, and has, indeed, treated it so discursively, that I find a difficulty in following him into all the details of his objections. Such of them as may require it I shall speak of *seriatim;* but at first it will be more convenient for my object to show that we are at issue on some points of primary importance; and that, until these are disposed of, it will be idle to branch off into subordinate matters, which would only distract attention and lead us from the main subject. I find, in fact, that Mr. Walton is of opinion that *the diagnosis of glaucoma is difficult and obscure;* that some of the signs on which others rely as of cardinal value are altogether discredited by him, while others are not alluded to as possessing any weight. If I establish this as his view, and show, on the other hand, that the diagnostic signs are real, and in most cases clearly definable, it will follow that *his remarks on the use of iridectomy, as compared with other modes of treatment, have been made under an imperfect discrimination of the diseased conditions, and therefore are deficient in practical value.*

Speaking of Mr. Wardrop's useful operation of *paracentesis corneæ*, Mr. Walton says (the italics are chiefly my own): "I have the most thorough conviction that by this system of tapping, combined with general treatment, is to be secured the highest attainable success in *inflammatory diseases of the eyeball.* I use the expression *inflammatory diseases*, because I wish *to avoid the nice distinctions of ophthalmic nomenclature.* There is *sure to be a difference of opinion* *among those addressing you on this point;* and, indeed, *I know no greater ophthalmic puzzle than to point out practically the distinctive differences between what is called acute glaucoma, choroiditis, and arthritic iritis. There is a deal of confusion here for future investigators to simplify. Many of the cases of so-called glaucoma that I have seen operated on I should describe as choroiditis.* Again, I find one of your correspondents of great reputation defining glaucoma to be 'the whole course and several varieties of disease leading to *that last hopeless stage of extinguished sight and disorganised tissues*'. There can be *no more comprehensive description than this:* it will take in *every ophthalmic inflammation;* and still more, this gentleman goes even further, and in his several writings speaks of 'glaucomatous complications' and 'glaucomatous element', *conditions that I, as a man practised in eye-diseases, fail to comprehend.*"

All this is saying, in effect, that we *have no sufficient means at present of distinguishing glaucomatous inflammations from other inflammations of the internal tunics;* at all events, that *he himself does not know how to distinguish them.* But, before proceeding further with my analysis of his views, let me point out that he appears to have imperfectly comprehended my meaning in the above quotation from a former letter of mine (last vol., p. 484). Detached from their context, my words would bear the indefinite meaning, or rather absence of meaning, attributed to them by Mr. Walton. But the context shows that by "that last hopeless stage," etc., I mean the old characteristic glaucomatous eye; and my point is, that the various forms of disease *that lead to this* are now better understood than formerly, and are accordingly included, by those who have studied them accurately, under the term glaucoma, formerly applied chiefly to *that last hopeless stage.* Let me also offer an easy example in illustration of the meaning of the terms "glaucomatous complication" and "glaucomatous element" above quoted, and which Mr. Walton *fails to comprehend.* A patient has incipient marginal cataract, but otherwise the eye is perfectly natural in appearance and tension. At a later period, he sees rainbow colours round a candle at night; the field of vision becomes contracted on the nasal and upper margins; there are pains in the brow; the ciliary vessels are overfull; the optic disc, still visible, exhibits spontaneous pulsation of the artery; and also, after a time, the condition known as glaucomatous cupping, with displacement of the vessels. *The globe is hard now,* which *it was not before.* A "glaucomatous complication" has thus arisen. The case has a *cataractous element* and a *glaucomatous element;* and he who would treat the patient successfully must carefully distinguish the one from the other. On this much more might be said, and other plain examples given.

But Mr. Walton's opinions *as to the doubtfulness of the diagnosis of glaucoma* come into prominent relief when we follow him into his remarks concerning "*cupping*" *of the optic disc,* and concerning *tension.* I will take these in succession.

Cupping of the Optic Disc. He says: "I find *this 'cupping' apart from glaucoma,* and even when the eyeball is *not hard.*"

Answer. Much has been written, especially abroad, upon the subject of cupping of the optic disc. It has been most accurately examined, in consequence of its great and acknowledged interest as a diagnostic test, and in connexion with the *rationale* of the sequence of symptoms in glaucoma. A *physiological* cupping is recognised, *not the result of pressure;* a cupping from *atrophy of the nerve* is also recognised, *not the result of pressure;* while that sort of cupping which is so *highly characteristic of glaucoma* is *quite distinguishable* from these other forms, by its *abruptness,* by the *margin* of the cup being *undermined,* by the *peculiar displacement of the vessels* passing over its margin to the retina, by the *parallax,* so admirably proving not merely that the area of the disc is depressed, but how much it is depressed, how deep the cup is, when the lens of the ophthalmoscope is made to act as a prism, and to move across the line of sight: quite distinguishable also in the most elegant manner *stereoscopically,* by the binocular ophthalmoscope. These are points of minute observation certainly, but of a perfectly positive nature, and of a kind that competent observers do not dispute about.

Mr. Walton then says: "I am perfectly sure that it" (the cupping) "is not to be seen in many of the cases of acute glaucoma, when the fundus of the eye can be examined."

Answer. On this point all would be agreed. *Pressure must have time to produce the condition of cupping;* so that in acute glaucoma no cupping is to be found, even if the fundus is visible, *unless there have been antecedent pressure in a premonitory period sufficiently protracted to occasion it,* or unless some weeks of pressure, unrelieved by an iridectomy, have elapsed subsequent to the acute attack.

Mr. Walton says: "It more commonly exists in the eyes that have long been blind."

Answer. Just so, when the intraocular pressure has long acted on the intraocular end of the optic nerve.

What next follows seems to me even more confused and inexact. "There" (where?) "it appears, I suspect, that the nerve-tissue has been primarily invaded by disease, or coincidently with the implication of other parts. I regard pressure, if it have any influence at all, as acting secondarily."

Answer. What kind of nerve-change, or disease of the tissue of the optic nerve, is here meant? If inflammatory, the signs of inflammation in simple glaucoma are wanting. The capillaries are too empty, rather than too full; and they finally waste. There are no inflammatory effusions visible, but the absence of them. There is no swelling, but the reverse. We are familiar with the appearances of inflammation, of overfulness of the blood-vessels of the optic nerve, and they do not lead to cupping. Nor does cupping follow atrophy of the nerve the consequence either of inflammation of the nerve itself, or of disease behind the eye pressing on the nerve or otherwise impairing its function. *Pressure-cupping* is a term perfectly well understood by those practically familiar with this subject; and *this cupping,* seen by the ophthalmoscope, is, I may say, uniformly found to concur with *other evidences of augmented tension,* either existing at an earlier period, or still detectable.

Mr. Walton says: "When this nerve-change exists, by which the eye has been more or less spoiled, I do not believe that any treatment is available."

Answer. It is by no means uncommon to find an eye, in which pressure-cupping is well-marked, and in which there is also manifestly too much whiteness of the optic disc (betokening partial atrophy of the nerve. If tension is removed in such a case by the performance of iridectomy, the degree of sight existing at the time of the operation will be usually preserved, and there may be even partial restoration of that which had been lost.

Mr. Walton. "To say that the cupping becomes less is to admit the generation or reproduction of nerve-tissue."

Answer. Not at all so, but only that, on the pressure being relaxed, the elasticity of the displaced extremity of the nerve has to some extent restored it towards its original position. But even if we were to suppose some regeneration of nerve-tissue in the course of time, when a previous morbid compression of the tissues has been long withdrawn, we should not be going beyond the analogies of disease. How long does the repair after the damage done by an apoplectic clot sometimes go on? For months, and even years.

Mr. Walton. "And how could it be proved that the cupping is less?"

Answer. By the abundant and conclusive ophthalmoscopic tests already referred to.

Mr. Walton. "And if it could be demonstrated, would a fractional change be of any advantage, when the least cupping is known to be associated with damaged sight?"

Answer. If a lessening of the cupped condition is demonstrated, it is an evidence of lessened tension. This lessened tension is a restoration of the natural elasticity of the eye, or a near approach to it; and implies a restored equilibrium of the circulation, the mitigation of the previously destructive conditions, and the renewed capacity of repair in the previously compressed tissues; results all of them attested by the most unequivocal physical proofs in numerous cases. The slackening of tension will be of advantage to sight in proportion to the amount of the antecedent structural damage done; and this is usually proportioned to the intensity or the long continuance of the pressure which the iridectomy has relieved.

Finally, in this division of the important subject of the diagnosis of glaucoma, I find no allusion in Mr. Walton's letter to *the spontaneous pulsation of the arteries* of the disc, to the *generally characteristic manner in which the visual field becomes restricted*, or to the *iridizations*, which are often remarkable and striking. As diagnostic signs, these are all of value.

But more important still, if possible, is the subject of the *tension of the eye as ascertained by touch;* and it is here that I am most at a loss to account for the wide difference which I find to exist between Mr. Walton and myself, and feel a surprise which is rather increased than diminished by the circumstance commented on in my last letter, viz., that his opinions are shared by others among my most respected colleagues. Mr. Walton, however, writes more at length upon the point than they do,* and places it in a stronger light. I will italicise those of his words which most emphatically express his views.

"In glaucoma, *as in every other acute inflammatory ophthalmic disease, the eyeball is tense;* it is hardest of all in long-standing glaucoma, and this can only be by an increase of its fluid contents. The choroid and the iris hold very nearly all the blood that is in the eye; and there is an increase in the size and perhaps even in the number of blood-vessels. It is likely, too, that exudation from the vessels tends to the augmented overfulness. *Now all this takes place in every case of severe inflammation of the eyeball, whether it be from purulent ophthalmia, from wounds, from mechanical injuries of all kinds, from gout, rheumatism, syphilis; and who ever heard of the optic disc being cupped from this pressure?*" *Answer.* Precisely so, who indeed? for, as I shall show, the pressure itself does not exist.

"*The same may be said when the eye is pressed on from without by tumours. Sight may be lost for a time; but if the pressure be removed, the patient sees again, and the ophthalmoscope shows a perfect eye.*" *Answer.* If the eye is removed from its place by a slowly acting external cause, as by a tumour, *not involving its interior structure*, it may suffer in sight *by elongation of the optic nerve;* and, after restoration to its place, the sight may sometimes be recovered, particularly if the nerve have not been too long stretched, so as to have undergone wasting. But in all such cases that I have seen, where an eye retaining its natural appearance is only *displaced* by pressure, *it has not been at all harder than natural*, so that no resulting cupping of the optic disc would be expected.

"*Too much stress has been laid on the tension of the eyeball.* When there is the increased volume in the eye *from inflammation, tension must of course always exist.*" *Answer. When* the *total volume* of the eye-contents *is* increased, *of course* there *is* increased tension; but I say that it is only *glaucomatous inflammations* which exhibit this increased total volume and consequent repletion and distension, and that the other varieties of inflammation, whether idiopathic or traumatic, are not characterised by an increase of tension, which is usually normal, or may be below the normal standard. Thus, the *absence or presence of tension* distinguishes the two types of disease. But what if, while certain vessels contain more blood, others contain less, or the aqueous humour be in diminished volume? That the eye is reddened is no proof whatever that its *whole contents* are augmented in volume.

"It will not do to say that there is a difference in the *kind* of tension between *that arising from glaucoma* and *that from other inflammations.*" *Answer.* I at least have not said this, but the contrary (see British Medical Journal, Oct. 11th, 1862, p. 378), as follows: "Whatever the essential nature of the glaucomatous state, we as practitioners are chiefly concerned with the *augmented tension of the eyeball* which attends it. This we have to distinguish at the earliest stage, and towards the mitigation of this our treatment is to be directed. As a practitioner, having to relieve disease, I call *all undue tension* of the eye *glaucomatous tension.* The object of treatment is to reduce this within natural limits; for, if it continue, the result is inevitable, however delayed."

I must now advert to *some ordinary facts relating to eye-tension*, in order to bear out what I have advanced in opposition to some of my colleagues, last week and now; and I shall for this purpose beg to quote here what I stated in the pages of this Journal more than a year ago (Oct. 11th, 1862, p. 378).

"A person unused to close and accurate examination of the physical condition of the eyeball, even though he be seeing eye-diseases frequently, may readily fall into error on this important matter of *the state of the globe as regards tension.* He may suppose that the increased tension may depend simply on the degree of fulness of vessels, or on the amount of effused fluids within the eye. *No mistake could be greater. It cannot be too strongly impressed on all who may have to discriminate between glaucomatous and other diseases, that the depth of redness of the eye, or the presence of more or less of effused blood, or serum, or lymph, or pus within it, has no connexion whatever with the question of tension, since all or any of these may be present in a high degree without any glaucomatous disease, any increase of tension, and therefore without the indication such tension gives for its relief by iridectomy.*

"In various congestive or inflammatory states, whether of cornea, sclerotica, choroid, iris, or retina, or of some or all of these, the disease may be of more or less intensity, may run its course more or less rapidly, and may do permanent damage to the structures involved, without our detecting any augmented tension of the coats at any period. Intraocular hæmorrhages, as a rule, even when considerable, are not attended by a higher tension; often, indeed, by a diminished size of the globe-contents, and an unnatural softness of the eye. Subretinal effusions of blood or serum are, in the great majority of cases, unmarked by any increase of tension.

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* Mr. Dixon's second letter shall be noticed by me in due course. (Jan. 20.)

“On the other hand, exalted (or glaucomatous) tension may occur, intermittently or persistently, in eyes which afford no indication whatever of inflammation, where there has never been any pain or vascular excitement, and where there is still an absence of inflammatory effusions. Such augmented tension, though slight in degree, may effect by long continuance, and without any intercurrent inflammatory complication, what a pressure more intense will effect in a much shorter time, especially if, as then usually occurs, it becomes complicated with subacute or acute inflammatory action.

“I must add, however, to avoid the risk of misconception, that various affections of the eyes, not glaucomatous in their origin, may present in their course glaucomatous complications—*i. e.*, become combined with an augmented tension of the eye, and with the secondary results of pressure; and hence that it is of the highest importance, in practice, to distinguish accurately whether, and when, such complication has arisen, since, under several contingencies, it may need the application of iridectomy.

“Thus the idea of inflammation must be dissociated from that of glaucoma and glaucomatous tension. Though often combined, and the combination then of the greatest importance, yet their coexistence is not essential to the presence of either; and, as a matter of fact, they occur independently of each other every day.”

There is in connection with this subject an obvious source of fallacy, only needing to be mentioned to be admitted. It is this, that a *sense* of fulness, a *sense* of tension or hardness, *experienced by the patient* is *no proof whatever that the eye is hard*, and that the blood is circulating within it under unnatural conditions of pressure on its channels. And yet it is surprising that this distinction seems to have been habitually overlooked by very able men in former years. Nor, of course, does the *amount of pain* in an eye, either with or without inflammation, afford any indication at all as to whether the eye is *harder* or not. An eye, for example, suffering tortures from non-glaucomatous *neuralgia*, retains its natural elasticity; and this whether the neuralgia be associated or not with rheumatic, or gouty, or syphilitic, or traumatic inflammation. If, in such painful states, the eyeball *be found harder than natural*, the surgeon should carefully take note of it, for it is a new *glaucomatous complication* of primary import in practice. If, indeed, the hardness be slight and of recent origin, and if it appear that but little dimness of sight is attributable to it, it may simply be reserved as a symptom to be watched, since it may possibly subside under a continuance of judicious treatment. But *if it be considerable, or if it persist long, with a corresponding and increasing defect of vision*, it probably demands immediate and prompt *local* relief.

But Mr. Walton, not unnaturally, having thus overlooked some of the most obvious facts in regard to eye-tension, and (as I am led to conclude) not having really as yet very accurately studied this all-important subject, “*will not allow that such pressure admits of being recognisable under several degrees—seven, it is said.* Without weight and measure, how can such estimates be conveyed from one mind to another?” He adds an illustration “to show how differently persons estimate things by the sense of touch”; and no doubt they do, but the touch is a sense eminently capable of improvement by education, and by being attentively and habitually exercised on special and minute subjects. I have long been so convinced of the feasibility of what Mr. Walton thus regards as impossible, that I have been led, as is well known to many, to mark by definite signs *certain degrees of undue hardness* as well as of *undue softness* of the eyeball; and after having for some years tested the practical value of these signs as aids to observation, and seen them successfully adopted by others, I gave an account of them to the meeting of our Association in August 1862. This account I here reproduce; and I have only to add that my friend Professor Donders has lately been endeavouring to carry the determination of the degrees of tension to a higher standard of exactness by the invention of an instrument, which I regret I have not yet seen; nor do I know whether he proposes it for the use of the practitioner, or only as an aid to accurate scientific research. No one certainly is more competent than himself to master the delicate mechanical problem. Meanwhile, I think it would tend to a better understanding of cases in which tension has to be studied and recorded, if these signs were more generally adopted. I still find them of the greatest value in preserving an accurate record of cases. The account of them is as follows (see British Medical Journal, October 11th, 1862, pp. 378-9):

“It is now my constant practice, when defective vision is complained of, to ascertain almost at the first instant the state of tension of the eye. To do so strikes at once home to the diagnosis. If undue tension exist, there are also its great and peculiar risks; and the question of its relief by a surgical proceeding at once arises in the mind. Though it does not necessarily follow that this must be performed, the scope of inquiry is greatly narrowed. The use of the ophthalmoscope probably soon decides in a positive manner the cause of the blindness, and the details of the case are speedily filled in.

“It is easy enough to estimate the tension of an eye, though there is a right and a wrong way of doing even so simple a thing. I may, therefore, explain that *both forefingers* should be used together through the upper lid, which is to be gently closed. One finger steadies the eye by pressing against it with a suitable degree of force, while the other estimates the tension; or rather both together estimate it, when thus used in concert. I tell the patient to *close the eyes gently, as if asleep;* and the fingers are then applied to the upper part of the globe, behind the corneal region. If the patient *forcibly* compress the lids, the mere action of his muscles may cause a momentary tension of the eyeball as well as interrupt the examination. If the eyeballs are deep-set or small, the determination of the tension is less easy.[*] With medical men, the touch is already an educated sense, and very little practice will suffice to apply it successfully to the eye.

“I have long paid special attention to the subject of tension of the globe,[†] and particularly since it has assumed so much additional importance in the last few years. I have found it possible and practically useful to distinguish nine degrees of tension; and, for convenience and accuracy in note-taking, have designated them by special signs. The degrees may be thus exhibited.[‡]

“T represents *tension* (“t” being commonly used for “tangent”, the capital T is to be preferred.) Tn, *tension normal*. The interrogative, ?, marks a *doubt*, which in such matters we must often be content with. The numerals following the letter T, on the same line, indicate the *degree of increased tension*; or, if the T be preceded by —, of *diminished tension*, as further explained below. Thus:

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[*] Also, if the lids or the conjunctiva be œdematous, there is more difficulty.

[†] “See my Lectures on the Parts concerned in the Operations on the Eye, etc., delivered at Moorfields in 1847.”

[‡] “Since this paper was read, I have simplified the signs, with the concurrence of my friend Professor Donders, in order to adapt them for general use. The simplified form has been substituted above.”

"T 3. *Third* degree, or *extreme tension.* The fingers cannot dimple the eye by firm pressure.

"T 2. *Second* degree, or *considerable tension.* The finger can slightly impress the coats.

"T 1. *First* degree. *Slight* but *positive increase of tension.*

"T 1? Doubtful if tension increased.

"Tn. Tension normal.

"— T 1? Doubtful if tension be less than natural.

"— T 1. First degree of reduced tension. Slight but positive reduction of tension.

"— T 2 } Successive degrees of reduced tension,
"— T 3 } short of such considerable softness of the eye as allows the finger to sink in the coats. It is less easy to define these by words.

"In common practice, some of these may be regarded as refinements; but in accurate note-taking, where the nature and course of various diseases of the globe are under investigation, I have found them highly serviceable, and they have as much precision as perhaps is attainable or desirable.

"It is also to be borne in mind that the normal tension has a certain range or variety in persons of different age, build, or temperament; and according to varying temporary states of system as regards emptiness or repletion. Experience will make every one aware of these varieties, which do not encroach on the above abnormal grades of tension. Medical men may understand how important is this matter of the *degree of tension*, by considering how priceless would be the power of accurately estimating it *by the touch* in the case of various *head affections.*"

In the above *scale of signs of tension for note-taking*, I have introduced the sign of *normal tension*, Tn, and those of *lessened tension*, or in other words, of *unnatural softness*, — T, *minus tension* or *negative tension*, as being useful not only in other than glaucomatous diseases, but also often in these also (especially the signs Tn and — T 1) as terms of comparison, *after iridectomy*, with the *positive tension signs*, T 1, T 2, or T 3, which marked the previous degree of hardness.

I will now ask, what amount of weight in the present discussion is to be accorded to the following remarks of Mr. Walton—"When there is the increased volume in the eye from inflammation" [and he means *any acute or severe inflammation, not glaucomatous*] "*tension must of course always exist; and if it be made a signal for iridectomy*" [but by whom would it be so, who *felt* the eye, and *ascertained that such tension was imaginary*?] "I can only say that *the surgeon in ophthalmic practice who so regards it, and acts*, will always have a large stock of cases ready for his knife; and in proportion as he multiplies his operative surgery, so will he decrease the eyesight of his patients. *It is through such examples that we get the astounding records of wonders*" [!!] "Mrs. A. is blind today, as she might indeed be, from rheumatic inflammation, etc. She is 'iridectomised', and in a week she can, with spectacles, and while looking through a pin-hole, read No. 10 of Gräfe's type." [What is Gräfe's type?] "The poor woman would have read No. 6 without any appliance, if her iris had not been trimmed, and if general treatment only had been used. *I rejoice to think that in private practice I have saved many cases like Mrs. A.'s from damage*"! This is certainly a "damaging" account of the practice of "iridectomists", and of the escapes their unhappy patients fortunately meet with, through the advice of those who know better than the "iridectomists" *what are the niceties in the diagnosis of glaucoma, and what is meant by eye-tension;* and it might be amusing, were it not so serious.

Lest I should appear tedious, I must defer my remaining observations on Mr. Walton's views until next week. I am, etc.,

W. Bowman.

5, Clifford Street, January 13th, 1864.

[This letter would have appeared last week, had there been space. Editor.]

Letter from James Dixon, Esq.

Sir,—An author's opinion on any given subject should be judged of from his latest publication; and if our friend, the "Country Surgeon," had referred to my essay on Diseases of the Eye, in Holmes's *System of Surgery* (vol. ii, p. 855, 1861), he would have found that, in relating my own experience of iridectomy in acute glaucoma, I said: "As regards vision, the results have varied; in some cases *the improvement has been very great.*" I might have used a still stronger expression in reference to the favourable results of the more successful cases; just as, in the passage which the "Country Surgeon" quotes from my earlier work (1859): "Nor in the third class (cases of acute glaucoma) was sight restored." I might more fitly have written "completely restored." But most exaggerated accounts had been given of the success of iridectomy as a cure for glaucoma, before the necessary time had elapsed for testing the real value of the operation, and its applicability to certain cases, that I laid most stress on the abuses of the operation, and rather understated than overstated the benefit which, in my own practice, I had seen to follow its performance.

I am, etc., James Dixon.

Portman Square, Jan. 19th, 1864.

Letter from Jabez Hogg, Esq.

Sir,—Permit me to correct a slight mistake which has crept into the communication of a "Country Surgeon", at p. 81 of last week's Journal. Your correspondent writes: "Wishing to know what surgeons at other schools are doing with regard to iridectomy, I have been inquiring into the working of the Westminster Ophthalmic School. There I find iridectomy rejected altogether for glaucoma, etc.; and incision of the ciliary muscle, which is said to be a superior operation, substituted." This is not quite the fact regarding our hospital; and, for my own part, I must beg leave to disclaim the "Country Surgeon's" statement. I do not *altogether reject iridectomy;* but, on the contrary, I—I may say *we*—employ it whenever I think that by so doing I can benefit my patient. It is true, the casual visitor to our hospital may not have seen this operation resorted to so frequently as at some other institutions for the treatment of eye-diseases; but this in part arises, or apparently so to myself, from the glaucomatous disease falling less frequently under our observation and care than it would appear to do elsewhere; and also from another circumstance, that if I see the case at the onset of the attack—in the acute stage, when it is nearly always accompanied with pain and increased tension of the eyeball—I confess I have so much confidence in the simpler and safer operation of my colleague Mr. Hancock, that I immediately resort to section of the ciliary muscle; and this is generally attended with so much relief to the more urgent symptoms, that the after-treatment becomes a matter of little or no anxiety as to the ultimate condition of vision. But, in the more advanced stages of this disorder, I have no hesitation whatever in saying, so far as I have been able to form an opinion, that iridectomy appears to me to be the operation which holds out the best chance for the patient.

I may add that, as a rule, I more frequently resort to iridectomy in *irido-choroiditis;* for the relief of which, indeed, Desmarres, the originator of the operation, so successfully employed it.* This affection appears to ensue as a consequence of the inflammatory action extending from the choroid to the iris, and ultimately to the retina. Such cases, in the early stage, very much resemble glaucoma, and quickly run on to closure of the pupil or total destruction of vision. It is, therefore, incumbent upon us to make a free iridectomy. The details of Desmarres's method of performing this operation will be found at page 263, last edition of my *Manual of Ophthalmoscopic Surgery*.

I am, etc., JABEZ HOGG,
Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

1, Bedford Square, January 18th, 1864.

Medical News.

Apothecaries' Hall. On January 14th, the following Licentiates were admitted:—

Reeve, Frederick Joseph, Holbrook, Ipswich
Ryley, James Bredin Beresford, Rectory, Myshal, co. Carlow

APPOINTMENTS.

***Burrows**, George, M.D., F.R.S., appointed Honorary Consulting-Physician to St. Bartholomew's Hospital.

Malcolm, Robert B., M.D., appointed Physician to the Fettes College, Edinburgh.

The Prince of Wales's Household. His Royal Highness the Prince of Wales has been pleased to make the following appointments.

Farre, Arthur, M.D., F.R.S. } to be Physician-Accoucheurs to
***Gream**, George T., M.D. } H.R.H. the Princess of Wales.

Poor-Law Medical Service.

Bradshaw, Samuel, Esq., to the Halford District of the Shipston-on-Stour Union, Worcestershire.

Hughes, David, Esq., to the Eastern District of the Corwen Union, Merionethshire and Denbighshire.

Mackenzie, George W., Esq., to the Croxton District and the Workhouse of the Thetford Union, Norfolk.

Nelson, Samuel, jun., Esq., to the Acomb District of the Great Ouseburn Union, Yorkshire.

Priest, William, Esq., to the Colsterworth District of the Grantham Union, Lincolnshire.

Rayner, Alfred P., Esq., to the Shawbury District of the Wem Union, Shropshire.

Army.

Barclay, Staff-Surgeon A., M.D., having completed 20 years' full-pay service, to be Surgeon-Major.

Carolan, Assistant-Surgeon G. McG., 72nd Foot, to be Staff-Assistant-Surgeon, *vice* T. R. Williams, M.B.

Davidson, Staff-Assistant-Surgeon P., M.D., to be Staff-Surgeon.

Good, Assistant-Surgeon J., 43rd Foot, to be Staff-Assistant-Surgeon, *vice* H. Crump, M.D.

Grant, Assistant-Surgeon R. A. P., to be Staff-Assistant-Surgeon, *vice* W. Holmes.

Henry, Assistant-Surgeon R., 91st Foot, to be Staff-Assistant-Surgeon, *vice* P. Davidson, M.D.

Moriarty, T., Esq., to be Staff-Assistant-Surgeon.

Williams, Staff-Assistant-Surgeon T. R., M.B., to be Staff-Surgeon, *vice* F. L. Fitzgerald.

Indian Army.

Cowper, Assistant-Surgeon J., Madras Army, to be Surgeon.

Dixon, Assistant-Surgeon E., Madras Army, to be Surgeon.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Baines, M., M.D., to be Assistant-Surgeon 1st Middlesex Engineer Volunteers.

Douglas, W. T., Esq., to be Honorary Assistant-Surgeon 1st Oxfordshire Light Horse Volunteers.

Duce, J., Esq., to be Honorary Assistant-Surgeon 54th Staffordshire R.V.

Finch, R., M.D., to be Assistant-Surgeon 1st Administrative Battalion Kent R.V.

Jones, G. J., Esq., to be Assistant-Surgeon 7th Essex R.V.

Phelps, W. H. G., M.D., to be Honorary Assistant-Surgeon 4th Somersetshire R.V.

Propert, John L., Esq., to be Surgeon City of London R.V. Battalion.

DEATHS.

Duncan, Alexander, Esq., formerly Superintending Surgeon, Bombay Army, at Ladbroke Villas, Notting Hill, on January 13.

Hardwick, Robert G., M.D., at Leeds, aged 30, on January 19.

Harrison. On January 17th, at Manchester, aged 5, George M., eldest son of *G. M. Harrison, Esq.

Kelson. On January 14th, at Sevenoaks, aged 25, Frederick M., third son of *George Kelson, Esq.

Sleigh. On January 16th, at Bayswater, Sarah, widow of William W. Sleigh, M.D.

Symons. On January 12th, at St. Colme Street, Edinburgh, Harriet, widow of the late John Symons, M.D., Dumfries.

Vance. On January 9th, at St. Saviour's, Jersey, aged 76, Julia, widow of Richard Y. Vance, M.D., late Surgeon to the Forces.

Whittle, Edward H., Esq., surgeon, at Brenchly, Kent, aged 44 on January 15.

M. **Tardieu** has been appointed Dean of the Paris Faculty of Medicine in the place M. of Rayer.

The Hereford County Lunatic Asylum is about to be enlarged.

Dr. Burrows has been elected Honorary Consulting Physician to St. Bartholomew's Hospital.

The Surgical Society of Paris has elected Mr. Paget, Mr. Hodgson of London, and Mr. R. Adams of Dublin, foreign associates.

The Medical Council. Dr. Quain has been appointed one of the treasurers of the Medical Council, in place of Dr. Burrows. Dr. Sharpey is his colleague.

The Leeds Hospital for Women and Children. An alteration has been made in the laws of this hospital, whereby the addition of an assistant-surgeon is to be made to the staff.

The Obstetrical Society has now existed for five years; and is in a flourishing condition. Its income has yearly increased, having been £336 in 1860, and £546 in 1863. Its progress has, we should imagine, exceeded even the expectation of its originators.

The Fraser and Andrews Defence Fund. We are glad to be able to announce that about £350 of subscriptions have been received or promised towards the payment of the legal expenses of the above named gentlemen.

Death of the Vice-President of the Royal College of Surgeons of Ireland. It is with great regret we announce the death of this inestimable and esteemed member of our profession. Dr. Smyly was apparently in the enjoyment of excellent health until a few days ago, when he was seized with a severe attack of pneumonia which rapidly proceeded to a fatal issue, and on the 19th inst., deprived us of an admirable surgeon, an excellent and upright man; and the College of Surgeons of one of its most distinguished officers. (*Dub. Med. Press.*)

The Director-General of the Navy. We lately announced that the health of director-general of the medical department of the navy, Sir John Liddell, C.B., had been in a very indifferent state, but that he was convalescent. It now seems that Sir John was desirous of obtaining three months leave of absence for the purpose of proceeding abroad to recruit, and made application to that effect to the Admiralty, but the indulgence was refused to him, and it was suggested that, as he had reached an advanced period of life, he should resign an appointment which requires very close attention to master its details. The suggestion will naturally be adopted. No successor to Sir John Liddell has been as yet, we believe, definitively fixed upon; but the names of Dr. Hilditch, Dr. Deas, and Dr. Bryson, have been mentioned. (*Army and Navy Gazette.*)

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* Von Gräfe has been so constantly referred to as the originator of iridectomy, that it is well I should remind the profession that the eminent French oculist Desmarres devised and practised the operation for the relief of *irido-choroiditis*, long before the first-named surgeon took it up.

Death of Dr. Henry Hobart. It is with the most unaffected sorrow we announce the death of Dr. Henry Hobart, who has fallen a victim to disease contracted in the discharge of his duty as dispensary physician in this city. He was attacked by malignant typhus fever, against which he struggled for more than a fortnight. Dr. Hobart is the second medical man who has been sacrificed to the duties of dispensary physician in his district of the city within the last two years—Dr. Bernard, while acting as his *locum tenens* during his temporary absence, having contracted a fatal typhus fever. (*Cork Examiner.*)

Clerical, Medical, and General Assurance Society. The following arrangements, rendered necessary by the lamented death of the late Chairman, Joseph Henry Green, Esq., D.C.L., F.R.S., have been made in the direction of this Society. The Right Hon. J. R. Mowbray, M.P., has been appointed Chairman; William Bowman, Esq., F.R.S. and Sir Charles Locock, Bart., Deputy Chairmen; and James Paget, Esq., F.R.S., has been elected to fill the vacant seat at the Board. The other Medical Directors who, with the three last named, make up the number required by the Deed of Constitution, are H. W. Acland, M.D., F.R.S,, Patrick Black, M.D., James Dunlop, M.D., Arthur Farre, M.D., F.R.S., and Alexander J. Sutherland, M.D., F.R.S.

Royal Institution. The following lectures are appointed for delivery:—January 26th and 28th, Professor Tyndall, F.R.S., "On Experimental Optics;" January 29th, W. R. Grove, Esq., "On Boiling Water;" January 30th, John Lubbock, Esq., F.R.S., "On the Antiquity of Man." The following are the probable arrangements for the Friday evening meetings before Easter 1864:—Jan. 22nd, W. R. Grove, Esq., "On Boiling Water; Jan. 29th, Professor Frankland, "On the Glacial Epoch;" Feb. 5th, J. A. Froude, Esq., "On the Science of History;" Feb. 12th, Professor Wankyln, "On the Synthesis of Organic Bodies;" Feb. 19th, W. S. Savory, Esq., "On Dreaming and Somnambulism, in their relation to the Functions of certain Nerve-centres;" Feb. 26th, J. Prestwich, Esq., "On the Quaternary Flint Implements of Abbeville, Amiens, Hoxne, etc., their Geological Position and History;" March 4th. Professor Stokes, "On the Discrimination of Organic Bodies by their Optical Properties;" March 11th, The Rev. W. H. Brookfield, M.A., "On the Use of Books." (*Chemical News.*)

Treatment of Army-Surgeons in America. The *American Medical Times* gives the following account of the treatment of army doctors in a model republic. "We regret to add that there has not only been no advance of the army medical department in the favour of government, but that its position is to-day more anomolous and humiliating than ever. The Surgeon-General is an exile from his official seat without known cause; and all the affairs of the department are, without preparation or consultation, intrusted to other hands. Medical directors still occupy most subordinate positions. Their rank is most inferior, and they have only advisory powers. The regimental surgeon, still more isolated, faithfully follows his command to the field of conflict, participates in all its dangers and hardships, but without the slightest encouragement of being rewarded by promotion. He sees inferior officers of the line rise from position to position for meritorious services, but no such distinction ever awaits him, though he spend a lifetime in the army, and serve on a thousand battle-fields."

Royal College of Surgeons. The annual course of lectures will be commenced in the theatre of this institution on Tuesday, the 2nd proximo, by Professor Huxley, who will deliver twenty-four lectures on the Structure and Classification of the Mammalia. At the conclusion of this course, Professor Fergusson will deliver his lectures on Human Anatomy and Surgery. The lectures, as usual, will be delivered on Tuesdays, Thursdays, and Saturdays, at four o'clock. No Hunterian Oration will be delivered in February; this is now a biennial affair. It is stated that, at the examinations on Anatomy and Physiology during the past week, no fewer than ten out of thirty-nine candidates were rejected the first day, and seven out of thirty-four the second day. The election of an examiner in the vacancy occasioned by the decease of Mr. Green, was to take place yesterday (Friday), when it was generally expected that the choice would fall upon Mr. Hilton, in which case a vacancy will occur in the Examining Board of the University of London.

The Irish Candidate and the English Examiner. At a recent examination for army commissions, "the candidate was an Irishman, and the examiner, I believe, Professor Paget. *Examiner*—Well, now. Infantine syphilis in a very delicate child; how would you treat that? *Candidate*—Treat that! Shure, I'd give it mercury. *Examiner*—But how would you give mercury to an infant two months old? *Candidate*—Oh, I'd salivate a she-goat and give it the milk. *Examiner*—Well, I never heard of that before. *Candidate*—Didn't you? Why, we do it every day in Dublin. The candidate obtained his commission, for he was evidently an original thinking man." (*Dublin Medical Press.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.--Samaritan, 2.30 p.m.
Tuesday.	Guy's, 1½ p.m.—Westminster, 2 p.m.
Wednesday...	St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.
Thursday.....	St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.—Royal Orthopædic, 2 p.m.
Friday.	Westminster Ophthalmic, 1·30 p.m.
Saturday.....	St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.—Lock, Clinical Demonstration and Operations, 1 p.m.—Royal Free, 1.30 p.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 p.m. Mr. Walter J. Coulson, "On Lithotrity."

Tuesday. Royal Medical and Chirurgical Society, 8 p.m. Dr. Habershon, "On Effects of Implication of the Pneumogastric Nerve in Aneurismal Tumours (conclusion); Dr. John Harley, "On the Endemic Hæmaturia of the Cape of Good Hope"; Mr. Callender, "Account of Amputations at St Bartholomew's Hospital, 1853-63."

Wednesday. Royal College of Physicians, 5 p.m. Dr. Garrod, "The British Pharmacopœia: its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."

Friday. Royal College of Physicians, 5 p.m. Dr. Garrod, "The British Pharmacopœia: its Construction. its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

In the British Medical Journal of November 21st, 1863, we stated that the attorney for the plaintiff in the action brought against Dr. Philbrick, at Leamington, had been struck off the rolls. We inserted the remark on the strength of information the truth of which we had no reason to doubt. We now, however, find that our information was wholly untrue, and therefore at once hasten to contradict the statement, and to say that we deeply regret having given insertion to it, and having thus been unwittingly led into injuring the feelings of Mr. Overell of Leamington, the gentleman referred to: whose character, we are glad to learn, stands too well in his own town to have sustained any injury from the mistake.—Editor of the British Medical Journal.

Erratum.—In Mr. F. Jordan's letter in last week's Journal, page 82, column I, line 12, for "*glands* of the eyeball", read "*fluids* of the eyeball".

Poor-Law Guardians and Bone-Setters.—A correspondent calls our attention to the following order for payment, which appears in a country paper under the head "The Board of Guardians of Peterborough". We recommend the item to the attention of the Poor-Law Board. "A claim of £4:4 from Mr. Mason, Wisbech, for bone-setting, was presented, and ordered to be paid."

Erratum.—Dr. H. G. Wright, of Somerset Street, Portman Square, is the Treasurer of the Fund to be applied to the liquidation of the debts of the Medical Registration Society, and not Mr. Lavies.

Iridectomy.—We beg to state, in reference to numerous letters which we have received on this subject, that, considering the purely scientific character of the discussion, we can in future insert no letters to which the names of the writers are not appended.

T. S.—*Pogonotrophy* means, we suppose, the cultivation of the beard. Dr. Belcher lately delivered a lecture at the Association of the College of Physicians in Dublin, on "The Hygienic Aspect of Pogonotrophy." We, of course, applaud the use of such terms, because they attract attention, and strike awe into the mind of the public. Who would listen to a lecture "On the Uses of the Beard?"

F. S.—Medical journalists are not omniscient, and some of them less stuffed with correct information than others. The journal in question made a complete error, and did the College an injustice. The right under which Dr. Gibbon claimed his fee was not, as the journal said, a bye-law of the College of Physicians; the right was obtained under the Medical Act, which gave to all registered medical practitioners the legal power of obtaining their fees. But the Medical Act also gave Colleges of Physicians the power of passing a bye-law whereby they could restrain their fellows and members from availing themselves of the privilege. Of this permission, the London College availed itself, so far as regards its fellows. It is therefore a simple error to say, that "this right arises from a bye-law of the College, and that it is likely to lower the status of the physician in the eyes of the public." We hope the journal referred to will put itself right with the College and the profession by correcting its error.

Anenkephalous Monster.—Sir: Some little time ago, I was engaged by a woman in this locality to attend her in her approaching confinement. She told me that she had suffered very severely in this her fourth pregnancy. She was very large; much larger, she said, than on any previous occasion. She had two children living, both tolerably healthy; at one confinement, the child died a few hours after birth, and she afterwards suffered from phlegmasia dolens.

On the evening of December 29th, 1863, I was called to her; I found that she had been in labour some time; that the os was fully dilated, and the membranes unbroken; they, however, were ruptured at the commencement of my examination, and the floor was immediately flooded by an enormous quantity of liquor amnii. On resuming my examination, I found the child's head very low down, but of a most extraordinary shape—only by the ears and nose could I identify it. A very few pains were sufficient to expel the child, and then I found it to be a complete female specimen of the anenkephalous monster. The eyes were exceedingly prominent; the skull running back from the superciliary ridge; the back part of the head and the base of the skull covered by a dark red membrane, continuous with the integument; the body in every other respect was well developed.

Should you think this case worthy of publication, I shall be obliged to you for the space it will take up in your Journal.

I am, etc., W. Robert Roberts, M.R.C.S.Eng.

Barnetby, Lincolnshire, January 2nd, 1864.

Ice in Medicine.—Sir: As I have for some years employed ice as a prophylactic in medicine and surgery, and have noticed the practice of others, and the writings thereon by some celebrated men, it appears to me that the absence of abundant supply of the article in this kingdom in our fresh-water reservoirs is too evident, and that the assistance of mercantile enterprise would justly be invited to supply the present inadequate supply. The principle of medicine is evidently vastly altered within my experience of thirty-five years; consequently, substitutes have been offered for bleeding, opium, and mercury, in the uses of belladonna, tin splints, and ice, which are now fairly proposed for public examination.

I am, etc., William Parker, M.R.C.S., L.A.C.

Bath, January 15th, 1864.

P.S. The tin splints are now in the Museum of Patents amongst originals; and notice of them is made in the first catalogue of this national establishment; consequently, they will live beyond the age of any child living; and they are daily in use by myself on any and every part of the body.

The Druggist's Complaint.—Sir: Seeing an extract from a "druggist's complaint" in your Journal of January 2nd, may I ask if the medical profession is wholly free from blame in this matter? None can doubt but that the druggist's duty is as dispenser, seller of drugs and other etc.; then why do medical men do so much of this shop-work, or any, seeing respectable and educated chemists are now to be found all over England? Practitioners in Scotland, I believe, prescribe for their patients, and leave to the druggist the compounding of the drugs. Can this not be done south of the Tweed? Even men holding underpaid public appointments, union or other, may make a very satisfactory arrangement with the chemist. Of course, a better class practice would well cover its expenses, and the best would pay its own druggist's bill.

I cannot help feeling that it is in vain to expect the chemist to act honestly towards us, unless we act honestly towards him. "Do as we would be done by," here again should be our rule.

I am, etc., Percy Leslie, M.D.

8, Windsor Terrace, Eastbourne, Sussex, Jan. 15, 1864.

COMMUNICATIONS have been received from:—Mr. Oliver Pemberton; Mr. Dayman; Dr. A. T. H. Waters; Mr. William Copney; Mr. F. Jordan; Dr. Malcolm; Mr. Sproule; Mr. Henry Lee; Dr. C. Holman; The Registrar of the Medical Society of London; Dr. Routh; Mr. Bowles; B. W.; Mr. William Bowman; G. D. R. M'C.; Dr. Bader; Mr. Dixon; Mr. Cutcliffe; Dr. W. H. Day; Dr. Addison; Mr. Pyle; Mr. Jabez Hogg; Dr. Latham; Dr. Maudsley; The Hon. Secretary of the Royal Medical and Chirurgical Society; Mr. William Eddowes, jun.; Mr. T. F. Edwards; Mr. W. Parker; Dr. P. Leslie; Mr. Nunneley; Dr. Gillibrand; Dr. Kidd; Mr. T. M. Stone; Dr. S. Browne; Mr. Solomon; and Dr. E. C. Seaton.

ADVERTISEMENTS.

Just published, Third Edition, price 6d., demy 8vo,

Letter on Corpulence,

Addressed to the Public. By WILLIAM BANTING.

London: Harrison, 59, Pall Mall, Bookseller to Her Majesty and H.R.H. the Prince of Wales.

University of St. Andrew's.—The Degree of DOCTOR of MEDICINE will, under the new Regulations be conferred annually on TEN Registered Medical Practitioners, above the age of forty years, whose professional position and experience are such as, in the estimation of the University, to entitle them to that Degree, and who shall, on examination, satisfy the Medical Examiners of the sufficiency of their professional knowledge. Details, regarding the nature and extent of the Examinations, which will be held during the last week of April, may be obtained on application to Dr. Bell, Professor of Medicine.

By order of the Senatus Academicus,
ALEXANDER MUIR, Secretary.

St. Andrew's, January 14th, 1864.

University of St. Andrew's.—The EXAMINATIONS for the Degree of BACHELOR of MEDICINE and MASTER in SURGERY will be held on the last week of April.

Students who have completed their second year may offer themselves for Examinations in Chemistry, Botany, Anatomy, and Materia Medica.

No one will be admitted to either of the above Degrees who has not spent two of his four Winter Sessions at one or more of the following Universities, viz., St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, Cambridge, and Dublin, or at one or more of the Queen's Colleges, Ireland.

By order of the Senatus Academicus,
ALEXANDER MUIR, Secretary.

St. Andrew's, January 14th, 1864.

Shortly will appear.

British Pharmacopœia.—Published under the direction of the General Council of Medical Education and Registration of the United Kingdom, pursuant to the Medical Act (1858).

Price (as directed by the Lords Commissioners of Her Majesty's Treasury), Demy 8vo edition, cloth boards, 10s. 6d. Double-Crown 32mo edition, cloth boards, 6s.

The work will be sold to Booksellers only, on application personally or by letter to the Registrar of the Medical Council, 32, Soho Square, London, W.

Price's Glycerine, its Uses and Purity. See "De la Glycerine, de ses Applications à la Chirurgie et à la Médecine," by the eminent French Surgeon, M. Demarquay. pp. 240. Paris: P. Asselin. 1863. Or, "On Glycerine. and its Uses in Medicine. Surgery, and Pharmacy." By Dr. W. Abbotts Smith. London: H. K. Lewis.

Surgical Instruments.—Arnold & SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

ARNOLD & SONS, 35 and 36, West Smithfield, E.C.
Established 1819.

MARTIN TESTIMONIAL.

At a Meeting of several Friends of the late PETER MARTIN, Esq., held at the "White Hart" Hotel, Reigate, on the 30th November, for the purpose of considering the best and most effectual mode of perpetuating his memory. It was resolved, after a full discussion of the various projects submitted to the Meeting, that, as a Memorial to the late Peter Martin, there shall be an Exhibition founded at the Reigate Grammar School, to be called "The Martin Exhibition;" and, also, that a Bust of the deceased be placed in the Reigate Public Hall, and the undermentioned were appointed a Committee to carry the same into effect:—

WILLIAM PHILLIPPS, Esq., Chairman and Honorary Treasurer.

CHARLES FREEMAN, Esq.
THOMAS NORTH, Esq.
G. G. RICHARDSON, Esq.
G. F. YOUNG, Esq.
GEORGE BAKER, Esq.
MR. THOS. HART, Reigate, Hon. Sec.

The Subscriptions already received amount to £1086 : 3 : 0, as shown below.

SUBSCRIPTIONS.

J. R. Jaffray, Esq., and Mr. and Mrs. Arthur Jaffray, Betchworth House	£60	0	0
Earl Somers	55	0	0
William Phillipps, Esq.	55	0	0
Charles Freeman, Esq.	55	0	0
Mrs. Price	55	0	0
A. O. Wilkinson, Esq.	55	0	0
William Wilson Saunders, Esq.	50	0	0
Robert Clutton, Esq.	50	0	0
James Farquhar, Esq.	50	0	0
Granville Leveson Gower, Esq., M.P.	25	0	0
Mrs. Cattley	21	0	0
The Lord Monson	21	0	0
Secretan Woodhouse, Esq.	21	0	0
George Lyall, Esq., M.P.	20	0	0
The Right Hon. Sir William Jolliffe, Bart., M.P. ..	20	0	0
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W. F. Saunders, Esq.	10	10	0
Thomas Somers Cocks, Esq.	10	10	0
George Gibson Richardson, Esq.	10	10	0
R. and A. M., per Mr. Freeman	10	10	0
William Symes, Esq.	10	10	0
William Dunkley Paine, Esq.	10	10	0
Richard Wollaston, Esq.	10	10	0
James Nicholson, Esq.	10	10	0
J. W. Freshfield, Esq.	10	10	0
John Charrington, Esq.	10	10	0
William Wix, Esq.	10	10	0
E. Wynne Roberts, Esq.	10	10	0
Philip Hanbury. Esq.	10	10	0
James T. Knowles, Esq.	10	10	0
Robert H. Alexander, Esq.	10	10	0
William C. Alexander, Esq.	10	10	0
The Rev. J. C. Wynter	10	0	0
Henry Clutton, Esq.	10	0	0
Rev. John Manley	7	7	0
G. W. Bremner, Esq.	6	6	0
Thomas North, Esq.	5	5	0
Frederick King, Esq.	5	5	0
The Rev. J. N. Harrison	5	5	0
W. A. Gilman, Esq.	5	5	0
R. Hesketh, Esq.	5	5	0
Dr. Williams	5	5	0
Mr. and Mrs. Sterry, Nutfield	5	5	0
G. C. Morrison, Esq.	£5	5	0
The Rev. C. T. Smith	5	5	0
Charles J. Smith, Esq.	5	5	0
The Committee of the Philanthropic Society ..	5	5	0
John Nash, Esq.	5	5	0
E. Chambers, Esq.	5	5	0
Miss Lainson	5	5	0
The Rev. T. P. Wright	5	5	0
R. N. Byass, Esq.	5	5	0
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William Street, Esq.	5	0	0
The Misses Charrington	5	0	0
Mrs. Freshfield	5	0	0
W. D. Freshfield, Esq.	5	0	0
Edwin Freshfield, Esq.	5	0	0
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Juland Danvers, Esq.	3	3	0
The Rev. Henry Gosse, Redhill	3	3	0
The Misses Trower	3	3	0
Mrs. A. Saunders	3	3	0
Mrs. Wheeler	2	10	0
Lieutenant-Colonel Wheeler	2	10	0
Rev. A. Cazenove	2	2	0
Rev. George Adeney	2	2	0
Rev. John Gooch	2	2	0
Mr. Edward Larmer	2	2	0
Thomas Barrett, Esq.	2	2	9
Reginald Palgrave, Esq.	2	2	0
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Mrs. North	2	2	0
Samuel Relf, Esq.	2	2	0
John Lees, Esq.	2	2	0
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Samuel Mason, Esq.	2	0	0
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The Rev. G. Hayward	1	1	0
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S. Solly. Esq.	1	1	0
Frederick Pawle, Esq.	1	1	0
Thomas Hughes, Esq.	1	0	0
Mr. C. Constable	1	0	0

The Committee beg to solicit the support and liberal contribution of Mr. Martin's professional friends to the Funds necessary for the promotion of the ends in view, so that they may be carried out in a manner worthy of the memory of him to whom Reigate and its vicinity are so much indebted, and who was so deserving of the esteem and affection in which he was held by all who had the privilege of his friendship. Subscriptions will be thankfully received by any Member of the Committee, or may be paid into the Reigate Branch of the London and County Bank, to the credit of the "Martin Memorial Fund." It is the wish of the Committee that the lists should be closed on the 31st instant.

Reigate, 16th January, 1864.

THOMAS HART, *Hon. Secretary.*

Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

Lecture VII.
ON CURVATURES OF THE SPINE.
(*Continued.*)

Pathological Anatomy.

The *intervertebral cartilages* are compressed unequally, and consequently they become wedge-shaped, the thin edge of the wedge corresponding to the concavity of the curve.

It was shown in the first lecture that the physiological spinal curves do not exist at birth, but that they are due to the erect position; and it was moreover shown that thinning of the intervertebral cartilages is due to unequal pressure in the endeavour to maintain equilibrium. This compression is so great, that a man of middle stature who has been in the upright position during the whole day loses nearly one inch in height. Such is the case with the normal—antero-posterior—curves. And, when lateral curvature takes place, a somewhat similar course is observed. A slight lateral curve is first formed: one shoulder sinks below the level of the other. The curve is not yet persistent, however, but it is again effaced after the horizontal position has been for some hours maintained; just as in the antero-posterior curves the height is restored after the recumbent position has been observed for some hours. At length, however, the lateral curve becomes permanent, the intervertebral cartilages remain compressed, and rotation of the vertebræ begins to take place.

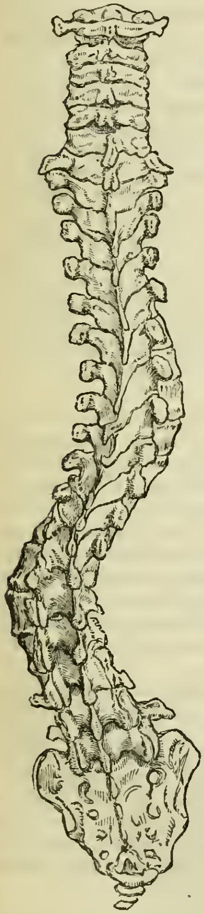
Fig. 20.

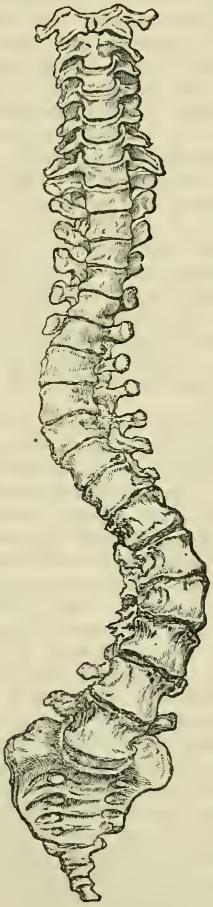
Fig. 21.

Rotation of the vertebræ on their vertical axes commences so soon as curvature becomes permanent, and it gives rise to a very curious formation of curves, the pathological characters of which have been for the most part overlooked. The posterior curves—those formed by the spinous processes, and the anterior curves, or those which are formed by the bodies of the vertebræ, are wholly different. Thus, in the specimen before us, from which Fig. 20 is taken, the curve may be said to commence at the seventh dorsal vertebra, and to terminate with the first lumbar, and it appears to be, judging from the spinous processes, a single curve. Fig. 21 represents, however, the view of the bodies of the vertebræ from [illegible] specimen. Here will be seen three well marked curves; namely,

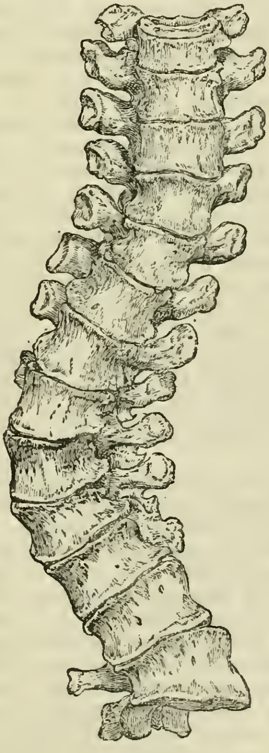
Fig. 22.

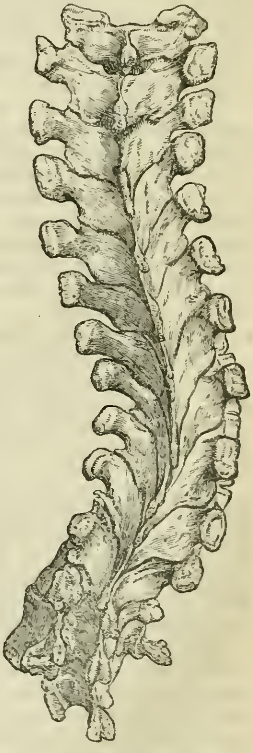
Fig. 23.

lumbar, lower dorsal, and upper dorsal. And in a second specimen, for which, equally with the former, I am indebted to my friend Mr. Wheeler of Bexley, the difference between the anterior and the posterior curves is yet more remarkable. In contrast to these, I have to show an articulated spine (Figs. 22 and 23), where the anterior and the posterior surfaces agree perfectly; where the vertebræ are piled one above another with great care after the fancy of the constructor, and without the slightest regard for truth. And such is the manner in which the articulated spines are invariably put together. Thus, there is not, in the museum of the College of Surgeons even, an articulated spine where the characters of the distortion are preserved. It is only fair to say that, the vertebræ having been taken asunder, and the intervertebral cartilages having been removed, it is no ordinary puzzle to put the several parts together again as they had grown.

In the specimens which are now presented, it will be seen how the bodies of the vertebræ are rotated towards the convexity of the curve, and how in the concavity the bodies through pressure become wedge-shaped; that vertebra which is the most central is also the most compressed—it may lose more than half of its thickness. Also, through pressure, the cancellous structure of the vertebræ becomes somewhat consolidated, and the outer surface of the bone is thickened and rendered more dense. It will further be seen that the spinous processes are not curved in the same manner as the bodies of the vertebræ; and that even in the lumbar region they describe a straight line, while the bodies themselves are immensely curved.

This rotation of the vertebræ is a fact of the greatest importance; it is not generally acknowledged; and the manner in which curved spines are articulated in our museums tends to perpetuate an error. Rotation has been spoken of by many, as Dods, Guérin, Brodie, and others; but it is not understood that spinal curvature can exist without the apices of the spinous processes also describing a curve. Thus, many become hopelessly deformed through inattention to commencing distortion, and to the modes of formation of spinal curves.

This unequal pressure which is caused by rotation, produces at length absorption of the intervertebral cartilages, as well as partial absorption of the bodies of the vertebræ. Anchylosis then takes place, and an immovable and solid condition of that portion of the spine results.

It is clear, from the previous statements, that, in defining a spinal curve, we should not be too rigidly guided by the spinous processes; but that the condition of the entire trunk should be considered. The line of the spinous processes is often such, that, if they alone be considered, the diagnosis as well as the prognosis of the affection must be wrong.

The *transverse processes* of the lumbar vertebræ on the side of the convexity of the curve are rendered prominent, causing the erector spinæ to project; while, on the opposite side, the processes cannot be felt. And through rotation of the vertebræ, the articulating processes become partially absorbed by undue pressure, and their articular facets are lengthened.

But the most important result to the skeleton of torsion of the spine is the changed form and direction of the ribs.

The *ribs* necessarily follow in the altered direction of the vertebræ; they undergo, therefore, a movement of rotation backwards on the side of the convexity of the curve; their angles are rendered sharper, and the intercostal spaces become somewhat wider; while, on the side of the concavity, the ribs are carried forward; they are depressed and flattened; and some of the intercostal spaces may in advanced, distortion be effaced, and the ribs may overlap one another. The capacity of the thorax is thus materially diminished.

The scapulæ follow the course of the ribs; being raised on the side of the convexity, and depressed on the side of the concavity.

The *pelvis* is always rendered oblique by a lumbar curve. This is the chief distortion of the pelvis consequent on lateral curvature of the spine. Other distortions of the pelvis are induced by rachitis; but obliquity is that which is especially observed together with scoliosis.

When, however, distortion of the spine is excessive, and it has been of long duration, slight flattening of the pelvis ensues, probably in consequence of the unequal transmission of the superincumbent weight. Thus, the ischium and os pubis become somewhat flattened on that side on which the weight of the body is most thrown. This differs according to circumstances. Where both extremities are of the same length, in a straight line from the trochanter to the heel, the flattening will be found on that side on which the ilium is the highest—on the side of the concavity of the lumbar curve; but when difference in length of the extremities has given rise to curvature, such difference as is occasioned, for instance, by a rickety femur or tibia, by genu valgum or any other such cause, flattening will probably take place on the side of the shortest limb—the convexity of the lumbar curve. This flattening which occurs, except in a rickety pelvis, is slight; and, as far as the performance of functions is concerned, it is unimportant.

In addition to cervical, dorsal, and lumbar curves, the sacrum may be curved in a sense the reverse of the lumbar curve; and the ilium on the side of the sacral concavity is then carried forwards. The anterior superior spinous process of the ilium is thus inclined inwards and forwards, and the ischium and pubic bone of the same side are inclined inwards and backwards. These changes induce a slight narrowing of the pelvis. Also, through these changes, together with the torsion of the spine which has occurred, the promontory of the sacrum encroaches slightly on the pelvic cavity.

Distortion of the spine is never stationary, but it is always advancing slowly; until, at length, anchylosis takes place between the bodies of the vertebræ, and also between the articulating processes. Anchylosis may ensue after absorption of the cartilages, or it may occur through deposition of bone along the bodies of the vertebræ, in riband-like masses or in the form of nodosities—stud-like masses, connecting two or more vertebræ, without the previous removal of the intervertebral cartilages.

A Female Phenomenon. The *North British Review* contains a memoir by Dr. J. Brown, author of *Horæ Subsecivæ;* it gives an account of a female phenomenon of six years old, whose genius was much admired by Sir W. Scott.

Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

A. T. H. WATERS, M.D., M.R.C.P.,

PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL, ETC.

LECTURE II. (*Continued.*)

Pathology in its Relations to the Practice of Medicine. On certain Pathological States as the Result of Impaired Nutrition consequent on the Imperfect Performance of Function. Diseases of Degeneration attacking the Heart, Lungs, etc. Fatty Disease of the Heart. Sudden Death in Relation to Diseases of the Heart. Emphysema of the Lungs, Phthisis, etc.

THERE are two conditions in which fatty degeneration shows itself, which have a special importance to us, and perhaps a close relation to each other ; I mean fatty degeneration of the heart, and atheromatous deposit in the blood-vessels ; and I think we have sufficient evidence that both these diseases are the result of impaired nutrition.

Let us take for examination the cardiac disease. We meet with it especially in old age ; but we meet with it also in adult life, and that by no means infrequently.

There are two forms of fatty heart, between which we should draw a well-marked line of distinction : 1. Fatty deposit on the heart ; and 2. Fatty degeneration of its muscular fibres. It is the second form which comes more especially under the pathological head to which I am now referring.

The first form has, however, undoubtedly, a tendency to run into the second. It—*i.e.*, the first form —is associated with that condition of the body which we so frequently meet with towards the middle or close of adult life—when, from inactive habits, the function of respiration is not carried on energetically, and the carbonaceous elements of the food become deposited in the shape of fat, especially about the abdomen and on the surface of the heart.

This condition, the result of inactivity, predisposes to further inactivity, and thus tends to increase existing obesity and favour muscular degeneration ; and we find a very important illustration of this, in the fatty degeneration which has been shown to take place in animals fattened for the purposes of exhibition. These animals, indeed, afford a very remarkable instance of the effects produced by simple rest, combined with abundant diet.

Now, just as we see that fatty degeneration of a voluntary muscle may take place when it no longer performs its function, so may we fairly anticipate that a like process will follow with regard to the heart, under circumstances of a similar nature ; and it must be borne in mind that, although from an early period of embryonic existence to the moment of dissolution, the heart's function is never arrested, yet it may be but imperfectly performed ; and that comparative inactivity, such as must result from a sedentary life, bears the same relation to an organ like the heart, which ought to be, not only constantly, but, at all events, from time to time, vigorously, acting, as does absolute rest, for a long period, to a muscle, whose function it is, to be only occasionally brought into play. Thus, a heart which is underworked may be fairly supposed to be undernourished, and a degeneration of its tissue may ensue

But in questions of this kind we must not be exclusive ; and, no doubt, in these cases of degeneration, there are various concurring causes which assist in producing the result. Amongst these must be mentioned numerous circumstances which impair the nutrition of the body, as exposure, want of proper food, intemperance in alcoholic fluids, exhaustion consequent on severe mental labour, etc. ; but such conditions do not exist in a large number of persons in whom we meet with these diseases of degeneration, and I do not wish now to refer to them more particularly. Again, in all classes of individuals, we must not forget the influence which moral causes may exert. The anxieties of mind consequent on the occupations in which men engage, the engrossing nature of these occupations, the sorrows and troubles of life, are amongst the causes which tend to diminish the nervous energy which should be directed to the nutrition of the body, and predispose to the various forms of degeneration.

But, setting aside these causes of impaired nutrition, I think the experience of those whom I am addressing will confirm me in the remarks I have made, on that point to which I wish more especially to refer ; viz., *the effect produced on the heart by the imperfect performance of its function.* I can call to mind several cases which would tend to illustrate these views ; but I prefer to direct your attention to some statistical tables which were drawn up by Dr. Quain.

Of a series of twenty-four cases of fatty heart, ascertained by *post mortem* examination, collected by Dr. Quain, in which he was able to learn the habits of the individuals during life, he found that *two only* were of active habits ; the remaining twenty-two were of sedentary habits.

Facts of this kind, coupled with the observations I have referred to, seem to indicate one great cause as an important element in the production of this disease, and point in a remarkable manner to the means which should be resorted to, to prevent its origin and retard its progress ; as we know that, by maintaining the physiological action of a muscle, we can prevent its being converted into fatty matter, so we may hope that, by adopting a like process with regard to the heart, a similar result will follow.

It is in the earlier stages of this disease that the use of remedial measures will be most successful ; and, therefore, is it necessary to study, more carefully than has yet been done, those early manifestations of it, which assuredly exist, although they have been hitherto overlooked.

And here I would remark as to the value of a phenomenon, to which attention has been much directed as a symptom of fatty degeneration of the heart ; I mean the "arcus senilis," a fatty degeneration of the cornea.

The study of a phenomenon of this kind is quite in accordance with the direction which I think our inquiries should take, and to which I have alluded in the beginning of this lecture—the endeavour to recognise an early external demonstration of a deep-seated disease. With reference to the value of this particular condition as a symptom of fatty degeneration of the heart, it is by no means of certain import. Its existence does not necessarily show that the heart is fattily degenerated—for it may be consequent on some local affection of the eye; nor, on the other hand, does its absence prove that no degeneration of the heart exists. Setting aside, however, these exceptional cases, it is, perhaps, the most valuable symptom we are at present acquainted with, of a tendency to general fatty degeneration; and it is, undoubtedly, a phenomenon which we shall do well to study carefully. And I would observe that the absence of this arcus must not be hastily assumed; for many persons who, at first sight, may appear to have no signs of it, are yet found, when the cornea is fairly exposed, to have the upper portion more or less marked.

But there is another pathological point to which I would briefly refer. It has been observed that, in cases of arcus senilis, and fatty degeneration of the heart, ossification of the cartilages of the larynx, of the rings of the trachea, and of the cartilages of the ribs, is frequently found. And it appears by no means improbable that this ossific degeneration bears a close relation to the fatty disease. I have frequently noticed that the cartilages of the ribs have become hardened, and in part ossified, at a somewhat early period of life; and, contrary to the expressed opinion of some pathologists, I have pointed out elsewhere, that the rings of the trachea often have ossific deposit in them long before the approach of old age. I cannot say, from my own observation, that this degeneration of the costal and tracheal cartilages, is associated with general fatty disease; but I believe the degeneration is of an allied nature, and that the two affections bear a close relationship to each other.*

It seems to be the opinion of some, that the particular form of cardiac disease, to which I have been referring, is more prevalent than formerly, and that sudden death more frequently occurs. I am unable to decide whether this is the case; but certainly, I think I may safely say, that our diagnosis of the disease is much more accurate than it was; and, further, that in consequence of the use of the microscope in the examination of the tissue of the heart, many cases are now ascertained to be cases of fatty degeneration in its early stages, which, if we had to depend on the naked eye alone, we might pronounce free from disease.

And here I would remark, that we should receive with extreme caution all statements, as to the non-existence of fatty disease of the heart, not verified by microscopical examination; and, especially, should we insist on such investigation being made, when we have symptoms of the affection, in the cornea or elsewhere.

We occasionally hear of persons dying suddenly of this disease, in an advanced stage, as proved by *post mortem* examination, without, as it is said, any previous symptoms having occurred. One remarkable instance of this kind in a late eminent judge is fresh in our memory. I must be allowed to express a doubt whether such cases ever occur. I mean whether the disease ever advances to such a condition, as to cause sudden death, without symptoms having existed which would have been intelligible to the physician. It is no doubt true that patients will go on, in various chronic ailments, disregarding certain symptoms, and imagining themselves in a state of perfect health. Are we not often called to cases, where perhaps some sudden acute symptom has come on, and we find evidence of long-standing organic disease, which has never been suspected by the patient; but which has been gradually undermining the health? And do we not often find, on careful cross-examination, that symptoms, which would have been unequivocal to us, have occurred? And so it is, I believe, with this cardiac disease.

And in reference to the general bearings of the subject we are considering, and the way in which pathological effects are produced by the imperfect performance of function, it may not be without interest to consider what condition of the heart is most liable to terminate in sudden death. The question is one which must be decided by a direct appeal to statistics; and I think we have sufficient evidence to enable us to answer it. The practical importance of the question will be obvious to all. How often does it happen, when patients are suffering from some cardiac disease, that they wish to know from us what are their chances as regards the termination of their lives; whether the probabilities are that their life will suddenly cease, or that death will gradually come on, from the secondary results of the original malady? The question resolves itself into this: *Is sudden death more likely to ensue from a diseased condition of the muscular substance of the heart, or of its valves?*

The results of my own observations, with regard to this question, are, that fatty disease of the heart is the affection which, more frequently than any other, terminates in sudden death. And, in confirmation of this opinion, I would again refer to the statistics of Dr. Quain. Of eighty-three cases of fatty heart collected by him, sixty-eight died suddenly—an enormous percentage—a percentage which far exceeds that of valvular disease. For in the latter, we have, in almost every case, sooner or later, those symptoms of impeded circulation through the lungs, and general dropsy, with which we are all so familiar. In these cases, the transition from life to death is usually protracted. The secondary consequences of the disease incapacitate the patient for violent exertion, and ultimately cause his death. When, however, there is disease of the muscular substance of the heart, we have a gradual obliteration of its contractile elements, a gradual diminution of its contractile power, until at length some sudden movement paralyses its action or even gives rise to rupture of its walls. And this very frequently takes place without the occurrence of any of those symptoms which mark the progress of valvular disease. Although we have indications of a feeble heart from the dyspnœa and partial syncope, which occasionally come on, there is yet no evidence of impeded circulation such as we meet with where there are contracted orifices or incompetent valves. And it is a circumstance of no little interest that, even when fatty degeneration of the heart exists to a considerable extent, we occasionally find the pulse by no means small and sometimes even moderately full. I have known instances where this condition of the pulse has misled as to the nature of the disease. I have observed it myself, especially in patients who have been very fat, and who may perhaps be designated as full-blooded—*i. e.*, whose blood-vessels were well filled. In these persons, even a feeble contraction of the heart gives rise to the sensation of a moderately full pulse.

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* Since the foregoing was written, a case has come under my notice which shows the relation between fatty degeneration of the heart, atheroma of the arteries, and osseous deposit in the cartilages of the ribs. A man was admitted under my care into the Liverpool Northern Hospital, with severe hæmoptysis, and died in the course of an hour. At the autopsy, a large quantity of blood was found in the left pleura and in the lungs. There was an aneurism of the thoracic aorta, which had burst into the left lung and pleura. The aorta was very atheromatous. The muscular fibres of the heart, although to the naked eye they appeared tolerably healthy, had undergone fatty degeneration to a considerable extent; and there was osseous deposit along the centre of most of the costal cartilages.

But there is a further point of great practical importance in reference to this subject; viz., the probabilities of sudden death in valvular disease of the heart, and the particular valvular affection which is most likely to terminate in this manner.

In the first place, I think it may be safely stated that, speaking generally of valvular disease, the proportion of cases which terminate suddenly is very small. Of a series of seventy-nine deaths collected by Dr. Barclay from the records of St. George's Hospital, where there was valvular disease of the heart, I find that only *two* are mentioned as having been sudden. In all the others there was dropsy, or some other diseased condition which produced slow death. This small percentage of sudden deaths, however, must not, I think, be taken as the usual one. In my own more limited experience, I could show a much larger percentage, but still far less than that which we find in fatty disease.

As to the particular kind of valvular disease which is most likely to terminate suddenly, our knowledge of the physiology of the heart enables us to arrive at certain theoretical conclusions which, I think, are borne out by practical experience.

Setting aside the diseases of the right side of the heart, with which we rarely meet, the question resolves itself into this: *Is sudden death more likely to occur in disease of the aortic valves or disease of the mitral valves?*

In disease of the aortic valves, these structures become sooner or later incompetent for their function, and they then allow of regurgitation of blood from the aorta into the left ventricle. This, in course of time, is followed by hypertrophy with dilatation of the ventricle, by which the cavity is enabled to hold a larger quantity of blood than in health, and at the same time to contract with greater power, so as to expel its contents. The consequence on the arterial tubes is, that they get well distended by each ventricular systole—in fact, they receive more blood than in a normal state; but, in consequence of the imperfect closure of the semilunar valves, they lose a portion of this blood; and hence the sudden collapse of the arteries after their diastole, which gives so peculiar a character to the pulse in aortic disease attended with regurgitation. Now, as the structures of the body get well supplied with blood so long as the ventricle retains its vigour, there is but little element of syncope, and less probability of sudden death than when the mitral valve is alone diseased; for, when this valve is so affected as not to close perfectly, a portion of the blood which ought to go to fill the arteries passes back into the left auricle. Hence these cases are characterised by a small pulse—a pulse of little volume. If the amount of the regurgitation be large, the quantity of blood passing into the systemic blood-vessels must necessarily be small; and, under any circumstances of a more than ordinary character, the elements of syncope existing, sudden death may ensue.

In considering this question, I have been obliged to isolate the two forms of disease; but, practically, we often have to deal with both together.

Of the 79 cases I have already alluded to, collected by Dr. Barclay, the proportion in which the different valves were diseased was as follows:—In 36 cases, both valves were diseased, or 45 per cent.; in 26 cases, the aortic valves were diseased, or 33 per cent.; in 17 cases, the mitral valves were diseased, or 21 per cent. And the same proportion, as nearly as possible, is maintained in a larger series of nearly 200 cases. Now these statistics show that, in a very large proportion of cases where death takes place as a consequence of valvular disease, both the mitral and aortic valves are affected; but I believe it will be found that in many of such cases, whether of acute or chronic origin, the aortic valves are the first to become involved, and that the mitral disease is a secondary one.

I have looked over 31 cases of valvular disease of which I have preserved notes. In some, the state of the valves was ascertained by *post mortem* examination; but in others, it was inferred from the symptoms and physical signs during life. Of these 31 cases, there was disease of both valves in 9; of the aortic valves alone, in 16; and of the mitral valve alone, in 6. Probably in some of the cases of aortic disease, the mitral valve will sooner or later become implicated.

Now, I have remarked that I believe there is less liability to sudden death in aortic, than in mitral, disease; and I will further add, that I believe the value of life, and the chances of its being prolonged, are greater in the same affection; for there is in it a compensating action set up, which does not and cannot exist in mitral disease.

And in reference to all cases of valvular disease, although we can never hope to remove the morbid deposit, yet that, even when the disease is somewhat extensive, life may be, not only prolonged to a considerable extent, but that little suffering may be felt, must have been observed by all who have had any experience in such cases; and, although it is our duty to warn our patients of the accidents to which they are liable, and the possibility of sudden death, yet it is equally our duty not to depress them with unnecessary alarm.

And in regard to treatment, one of the main points we should have in view is to prevent muscular degeneration, in addition to attempting to check further deposit in the valves.

[*To be continued.*]

UNNECESSARY CAUSTICS. In a paper in the *Glasgow Medical Journal*, Mr. Morton dilates very sensibly on the abuses made of caustics. "But though the scope of this paper has," he writes, "of necessity been limited, it may serve to show that caustics, as employed by many, are frequently unnecessary; when so, they are generally injurious; and that there are cogent reasons for the belief, that in some instances they aggravate the morbid condition already in existence, and hasten, if they do not cause, a fatal termination."

Clinical Lecture

ON THE

OBLITERATION OF VARICOSE VEINS.

BY

HENRY LEE, Esq.,

SURGEON TO ST. GEORGE'S HOSPITAL.

[*Concluded from p. 89.*]

When a ligature is applied to an artery, the inner non-vascular coats are divided, and the vascular external coat is brought into contact from the opposite side. The union that follows is produced by lymph effused from the cellular coat, which lymph becomes organised and permanently seals the vessel. When a ligature is applied to a vein, on the other hand, the internal coat is not divided; and as this membrane will not secrete lymph, the only bond of union between the opposed sides of the vessel is fibrine deposited from the blood. By the time that a ligature has ulcerated its way through a vein, cell-development may have commenced in this fibrine; and, if it become softened, there is nothing to prevent its entrance into the general circulation. In the operation which I have advocated and performed now for several years, the veins are effectually closed, so as to prevent hæmorrhage on the one hand, and the absorption of any morbid products on the other. The adhesive action, or union by first intention, begins at once; the process is not interfered with by bleeding; and no ulceration or suppuration need occur.

As the lining membrane of veins cannot be made to adhere, the vessels intended to be obliterated are completely divided, so as to allow the surrounding vascular parts to furnish material for that permanent and vascular obstruction which the lining membrane of the veins cannot produce. The pressure made by the needles placed above and below the divided part prevents any hæmorrhage at the time of the operation, and the veins between the two needles are left empty, and their divided extremities are probably separated to a certain extent.

In two or three days, the interval becomes filled with organised lymph, and the vessels are permanently sealed. Until this is accomplished, any absorption through the veins is effectually prevented by the pressure of the needles.

That the serious results to which I have alluded in the first part of this lecture, really depend upon the passage of diseased secretions through the veins; and that pressure upon the vein in the mode which I have described will prevent such absorption, is illustrated by the following case.

William Kintleton, aged 38, was admitted into St. George's Hospital on September 23rd, 1863, for hæmorrhage from the internal saphena vein, which had given way at the junction of the middle and lower third of the thigh. The parts around the opening in the vein were much thickened, in consequence of which the course of the vein could not be clearly distinguished.

On September 24th, an attempt was made to pass two needles under the vein, at three-quarters of an inch apart, and to divide the vein subcutaneously between the needles. Some blood escaped through the punctures made by the needles; and from the great thickening of the parts, it could not be ascertained that the intended operation had been satisfactorily accomplished. A considerable amount of local inflammation followed the operation, and the skin over the needles showed a disposition to slough.

On the 28th, the needles were removed, and some blood flowed from the apertures. From this it became evident that one or more veins had been punctured by the needles.

On the 30th, two distinct and severe rigors occurred. The pulse rose to 146, and the inflammation was extending from the seat of the operation up the thigh in the course of the saphena vein.

Mr. Pick, the house-surgeon, now sent me an account of the state of the patient; and, conceiving that no time was to be lost, I went to the hospital the same afternoon, and having selected a portion of the saphena vein above the inflamed part, and which was not involved in any surrounding thickening, I passed a needle fairly under the vessel, and made pressure on it by a figure-of-8 ligature passed over the ends of the needle. The part thus compressed was about four inches above the point at which the former operation had been performed.

On the following day, the pulse had sunk to 100. The local inflammation had increased; but all the constitutional symptoms were improved in a marked degree.

Oct. 2nd. Pulse 92. In the course of the saphena vein, about two inches below the insertion of the last needle, the skin presented a bright red patch, the colour gradually fading, towards the circumference, to that of the surrounding skin.

Oct. 3rd. An abscess had formed in the situation of the red patch which appeared yesterday.

Oct. 4th. The abscess burst.

Oct. 5th. A second abscess was forming in the course of the saphena vein, above the insertion of the last needle, which was allowed to remain. Pulse 92. Tongue slightly furred. He had no appetite; slept tolerably well. There was a slight herpetic eruption upon the upper lip.

Oct. 8th. The upper abscess was opened.

Oct. 13th. Pulse 100, soft, compressible. He felt quite comfortable; had slept well. His countenance was free from anxiety.

Oct. 17th. The needle was removed.

Oct. 24th. Pulse 104. Tongue clean. He had a good appetite, and had slept well.

This patient was kept in the hospital to see if any further symptoms would present themselves; but none having occurred, he was discharged well on November 5th.

Another case, almost exactly similar to the above, occurred in St. George's Hospital in the beginning of the year 1862. In that instance, the saphena vein was accidentally punctured during an operation for varicose veins. Severe constitutional symptoms followed; but were arrested as soon as the vein was properly compressed by a fresh needle inserted between the seat of the local mischief and the centre of the circulation. The patient's name was John Brood. He was admitted into the hospital on Jan. 8th, and discharged on the 25th of the same month.

A third case has lately presented itself, where the disease in the vein arose from another cause, and in which the same mode of treatment appeared to have been very beneficial.

Ellen Jackson, aged 39, was admitted into St. George's Hospital on October 14th, 1863, with an ill-conditioned ulcer on the lower part of the right leg. The saphena vein, from this part to the groin, was distended with coagula. The vessel could be seen and felt throughout its whole course. To the touch it felt knotted and cord-like. When about three months pregnant, the vein had burst. She had been confined seven weeks before her admission. She stated that the series of knots had appeared in the course of the vein about three weeks ago, and that the vein again burst at that time in the situation of the present ulcer.

Upon her admission, both legs were œdematous; and there was apparently some fluid in the peritoneal cavity.

Oct. 16th. She had slept well. Her appetite was good. The urine was very dark-coloured, containing albumen, blood-globules, and a few casts. She had a cough, which had come on the previous afternoon; she was hoarse, complaining at the same time of pain in breathing.

Oct. 17th. At 10 P.M. last night she had a kind of fit. At 4 A.M. this morning she was quite insensible, and was reported to be dying. The breathing was laboured and short. There were twitchings of the muscles of the arms and chest at each inspiration. The muscles of the lips had lost their tone, and flapped to and fro with each breath. There appeared much congestion about the head. The swelling of the right leg had greatly subsided, and the saphena vein was not nearly so much distended.

Oct. 18th. She had partially regained her consciousness.

Oct. 19th. She was much better and quite conscious. She said that she did not recollect coming into the hospital. There was cough and pain in the chest and diarrhœa. The urine now was free from blood, and contained only a trace of albumen.

From the sudden accession of the symptoms at the time when the distension of the saphena vein and the swelling of the leg subsided, I regarded this case as one in which the blood had been poisoned by a portion of the previously stagnant contents of the vein having been poured into the general circulation. The simultaneous affection of the head, chest, and abdominal organs, appeared to confirm this view; and in order to prevent the remaining contents of the saphena vein from passing in quantity and suddenly into the circulation, I passed a needle under the upper part of the vessel, and compressed the vein by a figure-of-8 ligature passed over its extremities.

Oct. 20th. She had slept well. The urine again contained much blood. She was ordered fifteen grains of the phosphite of lime three times a day.

Oct. 22nd. The urine still contained blood. The pain and oppression about the chest continued. The needle which had produced a considerable amount of thickening and inflammation around that part of the vein under which it had been placed, was now removed.

Oct. 24th. There was some increase of the inflammation in the thigh where the needle was inserted. The pulse had again risen, and she complained of pain in the head. She had a cold sensation, but no rigor.

Oct. 27th. The skin was dry; the pulse quick; and tongue furred. She had a slight shivering this morning.

Oct. 31st. She complained of great oppression in the head. The urine now again contained no blood, and only a trace of albumen and a few casts.

Nov. 2nd. She had much improved, and was sitting up in bed.

Nov. 9th. The urine again contained some blood. She complained of pain in the head and loins.

Nov. 10th. The pain in the loins continued. There was also pain on breathing, especially at night.

Nov. 12th. She complained of a sensation of singing in the ears. There was still a small quantity of blood in the water.

Nov. 16th. She got up yesterday. There was still some oppression in the head, and a sense of throbbing over the right temple, pain in the loins, and a feeling of sickness.

Nov. 17th. She left the hospital of her own accord.

The favourable result in this case, in which the transmission of morbid matter to the central circulatory organs was apparently checked, may be contrasted with much interest with the following case, in which there were no means of preventing the continued flow of the diseased secretion into the circulation. The cerebral symptoms in the two cases will also admit of an interesting comparison.

William Stubbs, aged 30, of a swarthy complexion and emaciated appearance, was admitted into St. George's Hospital, December 25th, 1844. A year previously, he had suffered from pain in the head, and nausea. Three months before his admission, the pain in the head had become very severe, and was accompanied by frequent rigors, occasional vomiting, pain in the epigastrium and region of the heart. The throbbing pain in the head was occasionally so severe, that he would frequently say that "all the disease was in the head".

He continued in the same state, with occasional rigors, till the 31st, when he vomited incessantly.

A soft pulpy tumour on the neck now attracted attention, which, he said, had existed since the beginning of October, when the previous symptoms had become so much aggravated. It was of the size of a small walnut, situated immediately over the carotid artery; pulsating, but not expanding with impulse. He sank into a semicomatose state, and died on January 9th, 1845.

This tumour, upon examination by Mr. P. Hewett, was found to be a small, perfectly circumscribed abscess, bounded on all sides by condensed cellular tissue. It contained a darkish coloured pus, and corresponded to the middle of the jugular vein. The cavity of the abscess here communicated with the vein by an opening of the size of a pea; and a probe could be passed through the opening into the cavity of the vessel. When first examined, the opening was partly blocked up by a thin coagulum. The internal coat of the vein presented its usual smooth and polished surface, and was but slightly discoloured, except in the neighbourhood of the opening. Here it was somewhat injected, and presented some yellow spots, apparently of pus, on the surface of the inner membrane. The outer covering of the vein was in this situation thickened and partially destroyed; the vein itself contained no blood. A very small loose clot, presenting anything but the appearance of blood, was found in the right auricle. It was of a brown rusty colour, mixed with streaks of a yellow hue. Examined by the microscope by Dr. Bence Jones, it was found to contain a remarkably small quantity of blood-globules; but there existed a great number of large granular cells, the microscopic characters of which did not identify their nature.

It is remarkable in this case, that, although the contents of the abscess must from time to time have partially emptied themselves into the vein, yet, not being detained in it, they excited little or no local irritation.

In concluding this lecture, I may mention that, out of the very considerable number of cases of varicose veins that have been operated upon during the last two years at this hospital, no constitutional symptoms have in any instance showed themselves, with the two exceptions above mentioned; and that in these the symptoms were completely arrested by acupressure upon the vein, so as to close its canal above the seat of the operation.

Original Communications.

CASE OF EPIGLOTTITIS, OR ACUTE INFLAMMATION AND ENLARGEMENT OF THE EPIGLOTTIS: WITH REMARKS.

By John Windsor, F.R.C.S.E., Senior Surgeon of the Manchester Eye Hospital.

[*Read before the Manchester Medical Society, November 4th,* 1863.]

I have been induced to present a report of this case to the Society, partly from the rarity of the affection, the great suffering and even danger to life which it involves, and partly on account of the satisfactory result of the treatment which was adopted.

On August 21st, 1863, I was requested early in the morning to visit Thomas Shanley, aged about 35, a warp-sizer by trade. He complained of very great difficulty of deglutition, or rather of a total inability of effecting it. He had very little cough, but occasionally hawked up a little mucous secretion. He had not much feverishness, either as to temperature, thirst, or quickened pulse, the last being 88 in a minute. On inspecting the internal fauces, there was not much appearance of inflammation. The tonsils were only slightly enlarged; but, on passing my finger to ascertain the state of the epiglottis, it was felt to be much enlarged, in the form of a roundish solid ball, apparently filling up the passage from the pharynx to the œsophagus. There was no particular fulness about the external fauces, which had been rubbed with a stimulating liniment, and afterwards poulticed. He had used a gargle of sage-tea and vinegar, and his bowels had been purged by medicine. He had first felt the difficulty of swallowing about two days previously, but had attended to his occupation up to the preceding evening. He could ascribe no cause for his complaint, except, perhaps, taking cold after working amongst steam. I prescribed for him three grains of calomel to be placed upon his tongue every three hours.

He was seen again in the forenoon, and appeared to be much in the same state. This continuing in the afternoon, I then punctured the swollen epiglottis in two or three places with a long needle, broad and flattened towards the extremity, guiding it with one hand, whilst a finger of the other was placed on the part affected. This needle, I may remark, was one which I had used some years previously for passing a seton through an immense bronchocele; and on both occasions it answered the purpose well. I repeated the puncturing late in the evening; and the subsequent bleeding each time, although to no great extent, somewhat relieved him, at least for a time.

August 22nd. He had passed a sleepless night. His power of deglutition was little if any better. In other respects, he was about the same as yesterday. The tumid epiglottis, which presented to the finger, as above remarked, the sensation of a hard smooth ball, was again freely punctured, and bled moderately.

In the evening, he was rather better; had slept awhile during the day; and had been able to swallow a very small quantity of beef-tea. He had now taken five of the calomel powders. The pulse was 88 in the minute; bowels regular; urine scanty, but clear, and not very high coloured; respiration not noisy, nor difficult; and no particular sounds could be heard in the chest.

August 23rd. He passed a tolerably good night, hawking up occasionally some discoloured bloody mucus. He could now speak rather better; his speech previously having been an almost inaudible kind of whisper. He had been able this morning to swallow about half a cupful of tea. The swelling of the epiglottis being still considerable, I punctured it again, which was followed, as before, by some bloody hawking. He still continued to take the calomel powders.

In the evening, I found him down stairs. He had been able during the day to swallow a little egg-milk, some beef-tea, and common tea.

August 24th. He passed a rather restless night, principally from headache. The tongue was covered with a whitish fur; his breath exhaled a fœtid odour; and his gums were a little tender. The bowels were regular, but he had no appetite. Deglutition was still painful and difficult. He frequently hawked up some discoloured mucus. The swelling of the epiglottis being still considerable, I again punctured it, which was followed, as usual, by some bloody discharge and sensible relief. He was ordered to omit the calomel powders, and to take every two or three hours one tablespoonful of a simple saline mixture.

August 25th. He passed a rather uneasy night; but was not worse, although his swallowing was still much obstructed by the enlarged epiglottis. Pulse about 88; bowels regular; tongue less furred; and breath less fœtid. The breathing was easy; the percussion-sound over the chest and the respiratory murmur were natural. At his own request, the puncturing was repeated. The saline mixture was continued.

August 26th. He was in much the same state as he was yesterday. He was prescribed an acidulated weak solution of sulphate of magnesia.

August 27th. He had passed a tolerable night, and seemed decidedly better. Pulse 84. His tongue was cleaner, and the fœtor of the breath was scarcely perceived. The bowels were regular. He could now swallow at once a middle-sized cupful of liquid; but he had no appetite for food. He still hawked up frequently some mucus or muco-purulent fluid; and in the night he expectorated a semi-solid substance (probably inspissated mucus), of about the bulk of the last joint of his forefinger. He now articulated audibly, instead of as heretofore, in a sort of whisper. I thought it best to puncture once more the still somewhat enlarged epiglottis, as he had always felt relieved by the bloody discharge following it. The acidulated cathartic mixture was repeated.

August 28th. He was now down stairs dressed, having passed a tolerably good night, only disturbed now and then by the expectoration. His deglutition was better; and, on examining the epiglottis with my finger, I found that its bulk was diminished, and that it was somewhat resuming its flattened form. A little bloody hawking followed this slight digital examination.

August 29th. He was going on favourably, but had no appetite for solid food, living so far chiefly on tea, broth, and egg-milk. I prescribed him the following mixture:—Iodide of potassium, gr. xxv; tincture of orange-peel, tincture of calumba, of each ʒij; water, ℥viiss. Two tablespoonfuls to be taken three times a day.

August 30th. The epiglottis was still more reduced in bulk, and was flattening, being restored to nearly its natural size and form. He had a rather free discharge from his throat, of a muco-sanguineous fluid. He could now swallow some bread and milk.

September 7th. For the last few days he had gradually improved, both as to the local affection and his general health. He had still a little expectoration, or rather hawking up of secretion; but that was not now discolored or offensive. He still felt a slight impediment to deglutition, but he could take bread and a little animal food. The mixture was continued.

September 15th. He was still going on well. His appetite was now tolerably good, and his deglutition easy, although a slight roughness or inequality could be felt on the right half of the epiglottis. In other respects, this organ appeared restored to its natural state, both as to form and size. He had no cough nor expectoration; he walked out; and had partly resumed his occupation.

September 27th. He continued free from complaint.

Remarks. Although I have detailed perhaps too minutely the history of the above case, I wish to make a few additional remarks on the subject.

As to the treatment adopted—which, indeed, has been my chief motive in drawing up this report—I think it may be justly admitted that, although some beneficial effect may perhaps be ascribed to the agency of the mercurial prescribed in the first instance, and which was discontinued as soon as the gums had become sensibly affected, yet that the principal agent in combating and ultimately subduing the morbid process was the repeated scarification of the affected part. This mode of attempting to relieve the great swelling and congestion of the epiglottis, with its attendant inability of deglutition, was resorted to on the first day of my attendance; and appearing to afford some relief, although only a limited one in the first instance, it was regularly repeated for some days; and each time the patient expressed his assent to it, and his opinion that it had a good effect. It was, therefore, continued until the tumefaction was decidedly diminished, and his ability to swallow satisfactorily restored; from which time there was no interruption to his gradual convalescence.

Whilst I was attending this case, I did not remember to have attended a quite similar one, although some two or three cases of slighter enlargement of the epiglottis have occurred to me; but they were of a more chronic character, and did not present so formidable an obstacle to deglutition. Acute inflammation of the epiglottis seems to be of comparatively rare occurrence. Since the above case came under my observation, I have referred to a considerable number of standard works, both English and French, without finding any description of it. My son, Thomas Windsor, who has zealously cultivated medical literature, has since directed my attention to some few articles on the subject, which I may now refer to.

In the *Medical Gazette* for May 22nd, 1830, a paper is referred to as read before the College of Physicians on May 17th, on Acute Inflammation of the Epiglottis. Dr. Burne, the author of the paper, remarked that acute inflammation affecting the epiglottis, without extending to the contiguous parts, was so rare a disease that but few examples of it were to be found on record. Dr. Burne, however, had met with two cases, which he relates in his paper. The first patient recovered, but the second perished at the end of four days. In both, the most remarkable symptom consisted, as in my case, in the extreme difficulty or impossibility of swallowing, while the throat did not exhibit any appearance of tumefaction. In the first case, occurring in a journeyman aged about 50, and which seems to have been extremely similar to mine, before Dr. Burne saw him, he had been bled to syncope; leeches had been applied to the throat; and he had been purged. The leeches were repeated; tartar emetic was given in pills; and mercurial ointment was rubbed in. On the fourth day, the fever (which had not been considerable) and the inflammation had subsided; but the epiglottis continued so much swollen as to render the introduction of nourishment extremely difficult. Next day, however, he was able to swallow fluids, and ultimately did well. The second case occurred in a lady far advanced in pregnancy. The symptoms were very similar to those in the former case. Bleeding, both general and local, was had recourse to; but the issue was unfavourable. On a *post mortem* examination, the epiglottis was found stiff and thickened, with traces of pus. The surrounding parts of the larynx were sound; the lungs infiltrated with serous effusion. Dr. Cholmeley and Mr. Stanley also attended the second case; and the former, it seems, suggested scarification of the epiglottis; thus proposing a measure which was actually, though unaware of his suggestion, adopted in my case.

In the *Medical Gazette* for 1849, p. 761, Mr. W. B. Kesteven published a short paper on Epiglottitis, and expressed his surprise that writers on systematic medicine should have passed it over in silence. He is, however, perhaps in error himself in stating that it only occurs as the result of inflammation of the larynx, tonsils, or fauces; thus making it only a secondary, whereas mine and some other cases seem to indicate that it is, occasionally at least, a primary affection. Mr. Kesteven relates two cases. In the first, ten days elapsed before the patient was able to swallow; nutrient injections being, in the meantime, employed in order to support the strength. In the second case, early relief seems to have been afforded by the application of a strong solution of argenti nitras. Both his cases seem to have been more of the complicated than of the simple form, into which two forms I would class this affection; for in some cases the epiglottis is primarily and solely, or nearly so, in others, I believe, secondarily, affected.

In the thirteenth volume of the *Dublin Medical Journal*, there is a paper by Dr., afterwards Sir Henry Marsh, read before the College of Physicians, entitled "Cases of Acute Inflammation confined to the Epiglottis". He relates three cases as having occurred to him, all attended with great suffering and danger, but all ultimately recovering, after the use of bleeding, mercurials, etc., and, in one of the cases, the application of argenti nitras in solution. Sir Henry Marsh well remarks, that the loose attachment of the mucous membrane to the anterior (or superior) surface of the epiglottis explains the great extent of the tumefaction, the distension being thus situated on the lingual rather than on the laryngeal aspect of the organ; and hence the somewhat rugose state of the membrane, as was felt in my patient, when the enlargement produced by the inflammation had subsided.

Sir Henry Marsh refers to some recorded cases of the affection. Thus, in the first volume of *Medical Facts and Observations* for the year 1791, Mr. Mainwaring related a case of it occurring in a gentleman 40 years of age, who recovered.

In the third volume of the *Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge* (1808), Sir E. Home relates three cases of the affection; and all, I believe, recovered. They appear to have been of the uncomplicated form. Sir E. Home remarks, that this affection of the epiglottis was so rare, that none of his medical friends had met with it.

Lastly, Sir H. Marsh alludes to a case of what he calls acute œdema of the lingual surface of the epiglottis, apparently not quite uncomplicated. The patient recovered. The particulars of this case were communicated to him by Dr. Fleming.

Abroad, and somewhat recently, this affection has attracted some notice. In Schmidt's *Jahrbücher* for 1852, there is a notice of it by Professor Larsen, at p. 315. He states that he had had an opportunity of treating three cases of acute and one of chronic epiglottitis. In two of the former, the inflammation of the epiglottis was primary; in the other, it commenced as tonsillitis, and involved the epiglottis afterwards in a few days. In two of the cases, he says that the enlargement of the epiglottis was confined to the left half of it, as far as the middle line. The case of chronic epiglottitis he refers to as of syphilitic origin, and the symptoms were of a less urgent character. The epiglottis in this case formed a very indurated roundish lump; it was deeply furrowed at its centre, and was sensitive to the touch. A cure was effected by the use of calomel until it produced ptyalism. In two of the acute cases, besides general and local bleeding, with antiphlogistic treatment, he had recourse to repeated scarification, as was employed so satisfactorily in my patient; and it was followed, he says, by great relief. The scarification in his case was effected by a sharp-pointed bistoury covered with lint to near its point.

In Wunderlich's *Handbuch der Pathologie und Therapie* for 1856, p. 110, the subject of epiglottitis is noticed shortly, and chiefly as described by English authorities, without any additional personal observations.

In conclusion, I believe we are warranted in stating that epiglottitis occasionally occurs as a primary affection, and may be recognised both by the eye on depressing the tongue, and by passing a finger to examine its bulk and form. As to its treatment, I am not aware of having omitted anything essential in the case recorded above.

The affection, although primarily and principally attaching itself to the epiglottis, may, and doubtless does, sometimes extend downwards to the larynx; or, *vice versâ*, commencing primarily in the larynx, it may sometimes extend upwards to the epiglottis. If the power of deglutition be much impeded, or altogether obstructed, the epiglottis is probably the organ chiefly involved. If the respiration be materially affected, with a croupy sound and barking cough, the most active treatment for laryngitis is indicated; and, in very threatening cases, an operation may be necessary for the preservation of life.

In some cases, simple inflammation of the tonsils at the commencement may extend downwards to the epiglottis, or even further to the larynx; and, as we see daily in the membranes of the eye, the inflammation will not be likely to be long confined to one point.

Whenever the voice becomes hoarse or whispering, we may infer that the larynx is, at least in some degree, the seat of disease; but the milder forms of inflammation will doubtless be amenable generally to mild and simple treatment.

Medical Candidates for the United States Army. The Army Medical Board examined forty-two candidates. Of this number six withdrew before completion of examination. Six were non-graduates, and consequently were not eligible; three were rejected for physical disqualifications; four were found qualified, and recommended for the appointment of surgeon, have been appointed, and are now on duty. Six were found qualified for appointment as assistant-surgeons; five of whom have been appointed, and are now on duty. (*American Medical Times.*)

Progress of Medical Science.

MEDICINE.

Endemic Catalepsy. According to Dr. Vogt, catalepsy is endemic at Billingshausen, a village about four miles from Würzburg. The place lies in the neck of land formed by the northerly bending of the Maine, between Karlstadt and Marktsheidenfeld. It contains 103 families, with 356 individuals, who are in good circumstances: "there is no poverty—the poorest man in the place is the minister." The inhabitants are Protestants, although living among Catholic neighbours. Intermarriages are very frequant; and there are, with few exceptions, but five family names in the village. Goître and cretinism is rare; but Dr. Vogt found two men suffering severely from shaking palsy. In spite of their favourable social conditions, the people are small, feeble, and plain-featured; in mental powers, they are on a par with their neighbours. The system of intermarriages, Dr. Vogt remarks, may be a cause of the disease, but nothing is known as to its true mode of origin; from the symptoms, however, he is disposed to attribute it to a periodic interruption of innervation in the spinal system.

The disorder is characterised by the following phenomena. Without any premonitory symptoms, the patient suddenly falls down in the place where he happens to be. The aspect is death-like; the face is pale; the eyes are fixedly directed to one point, with their axes converging; the lips are closed and protruded; the fingers are semiflexed. A slight trembling movement may, by careful examination, be detected in the pupils and hands. Attempts to speak result only in the utterance of unintelligible short broken sounds. The muscular system alone is affected; the senses and intellect remain entire. An attack of this kind lasts from one to five minutes; it appears to commence with formication in the arms and legs, and the patients feel the rigid contraction of the muscles. There is no pain in the back nor in the limbs. The paroxysm seems to be especially favoured by exposure to cold; it attacks people who have removed their garments when at work in the fields, or in church; but it also occurs in persons engaged in their domestic occupations, or in towns. (*Würzburg. Medicin. Zeitschr.*, Band iv, Heft 3.)

Ergot in Hooping-Cough. A little boy, aged 6, while suffering from hooping-cough, was seized with symptoms of ergotism, which was then prevalent in the district. From this time, the paroxysms of cough disappeared, and replaced by simple whistling inspirations. When the ergotism was cured, the patient was found to be also relieved of his hooping-cough, which had had a much shorter duration than ordinary. M. Griepenkerl, under whose care the child was, hereupon administered ergot to five other children who had had hooping-cough, some during three or four weeks, and one even during a year. In all, recovery was perfect at the end of eight days. In 1861, during an epidemic of hooping-cough, M. Griepenkerl treated two hundred patients with ergot; nearly all with success. The preparation which he uses is a decoction made of one *gramme* and a half or two *grammes* (or three-fourths of a *gramme* in very young children) of coarsely powdered ergot, sufficient water being added to make up thirty-two *grammes*, to which are added forty-eight *grammes* of powdered white sugar. The dose, for a child from five to seven years old, is a teaspoonful every two hours. During the treatment., all articles containing tannin should be avoided. The medicine should not be given until after the third week, when all complications have ceased; the paroxysms of cough are often aggravated during the first few days, after which they rapidly diminish and disappear. (*Deutsche Klinik*, and *Bull. Génér. de Thér.*, 15 Octobre, 1863.)

Albuminous Nephritis Treated by the Hot-air Bath. M. Kuss of Strasburg considers the employment of baths of hot dry air a valuable remedy in the acute stage of albuminous nephritis; and his belief in the efficacy of this means is supported by the narration of more than ten cases which were cured by its adoption. The patient is placed in a chair, with a blanket fitting closely round his neck, and covering in an apparatus in which a little alcohol is burned. The blanket is raised from time to time to allow the escape of carbonic acid and water-vapour, and the admission of air. (*Journ. de Méd. de Bruxelles*, and *Bull. Génér. de Ther.*, 30 Dec. 1863.)

Epileptiform Neuralgia. Under this name, M. Trousseau lately described in a clinical lecture a condition which he, in common with others, had long confounded with ordinary facial neuralgia. It differs from the latter in the suddenness of its appearance, in the intensity of the suffering, in the cessation of all pain after a short and constant period of duration, and in the incurability of the attacks, which come on at intervals varying from ten seconds to two hours, or more. In one of his wards in the Hôtel Dieu, there was a man who had thirty of these paroxysms in an hour. He could neither eat, drink, nor sleep; and this state had continued during two months. This special form of neuralgia, which attacks the trifacial nerve alone, never yields completely or lastingly to treatment. M. Trousseau does not in such cases prohibit division of the painful nerve; but does not recognise it as producing a durable effect. The application of morphia to a blistered surface, hypodermic injections, etc., are all useless. The only remedy which can be truly said to act as a palliative, is opium in very large doses. In the case of an old lady at Antwerp, who had epileptiform neuralgia, the pain was removed by the use of enormous quantities of opiate medicines. The attacks in her case lasted from a few seconds to three minutes. They commenced sometimes in the infraorbital nerve, sometimes in the mental, sometimes in the supraorbital nerve. The disease rapidly spread to the three branches of the nerve; and when the paroxysm was at its height, the muscles of the face were thrown into convulsive contortions. The patient had often twenty attacks in an hour. Sometimes the disease disappeared during eight, fifteen, or twenty days, or more, to return with fresh severity. In this case, M. Trousseau first gave sulphate of morphia in doses of from fifteen to twenty *centigrammes* daily; he then gradually increased the daily quantity to four *grammes* (one drachm). The relief was most remarkable. On account of the expense of the morphia, M. Trousseau procured some opium, of which the patient took from ten to twenty *grammes* (two drachms and half to five drachms) daily, always with good effect on the neuralgia, and without disturbance of the digestive functions. The tolerance of opium in such cases is remarkable; but the medicine should be commenced in ordinary doses and gradually increased. (*Journ. de Méd. et de Chir. Prat.*, Jan. 1864.)

Santonine in the Uric Acid Diathesis. M. J. Caméra says that he has found that patients suffering from the lithic acid diathesis, and tormented from time to time by violent nephritic colic, have experienced remarkable relief under the continued use of santonine. He has given to such patients, twice weekly during a month, a dose of from twenty-five to thirty *centigrammes* (about four to four grains and a half) of santonine in the morning before taking food; and some castor oil on the following day. This treatment may be continued without inconvenience during several months. According to M. Caméra, under the use of santonine, patients who had been tortured by nephritic colic, due to the presence of uric acid concretions in the urinary passages, have been entirely relieved. Santonine acts energetically on the nervous and circulatory system, and hence must have great influence on the process of nutrition. It seems to prevent the excessive formation of uric acid. (*Il Morgagni*, and *Répert. de Pharmacie*, Nov. 1863.)

Treatment of Scabies. Metzel of Cracow has been very successful in the treatment of scabies with oil of phosphorus. The oil is prepared by introducing two drachms of phosphorus into about sixteen fluidounces of olive oil, and subjecting it to a temperature of 212° Fahr. in a vapour bath. The oil is to be rubbed in over the diseased skin. Dr. Metzel reports eighty cases, in all of which a complete cure resulted, without any relapse. In the majority of the cases, three or four frictions sufficed to effect the cure.

Treatment of Favus. The following is the treatment of favus practised by Professor Hebra of Vienna. The crusts are first completely impregnated and softened with cod-liver oil, and in this state are detached with a wooden spatula. After this, the head is washed with soap, and cold wet cloths are constantly applied while the diseased hairs, which are easily recognised from their opaque, non-glistening character, from being brittle, and from appearing to the naked eye covered with fine dust (an appearance which, under the microscope, is found to be due to the presence of minute fungi), are carefully extracted as fast as they show themselves.

Treatment of Rheumatism with Sulphur. Tendinous rheumatism, according to Dr. Renard, differs from acute rheumatism by the absence of the general symptoms, and from the chronic by the presence of local inflammatory symptoms. Dr. Renard suffered from this complaint himself after an attack of acute rheumatism, for which he was copiously bled. The parts affected were the tendons of the hamstring muscles, and no improvement resulted after a long course of diaphoretics, camphor, terebinthinate, and other liniments, and the administration of the solanaceæ. At last Dr. Renard saw a passage in an English medical journal, stating that persons suffering from rheumatism in the legs had only to dust the inside of their stockings with sulphur. He immediately employed this simple remedy, the sulphur being the commercial flowers of brimstone, which contain some sulphurous acid. The curative effect was very well marked, for Dr. Renard walked in the evening, then renewed the sulphur in the stockings before sleeping in them, found himself very much relieved the next morning, and nearly quite cured on the morning after. A few days later, he left off the brimstone, and the pain reappeared in the soles of the feet, but yielded very soon to the reapplication of sulphur. Since the year 1857, when he was first attacked, the same experiment was repeated every winter when he was suffering from chronic tenodynia, either in the hams, the heels, or the elbows. He felt, under the influence of the contact of the flowers of brimstone, the skin becoming hotter, slightly excited, and more disposed to sweating; and as soon as this effect was produced, the relief of the pain seemed to be immediately marked. Whatever may be the explanation o the manner in which sulphur exerts its curative agency, Dr. Renard affirms that it has a beneficial effect upon the rheumatic pains of the tendons, and that this action is the more rapid and certain in proportion as the tendons are more superficial and the sulphur is kept more closely over the painful parts. (*British and Foreign Medico-Chirurgical Review.*)

Reviews and Notices.

A Practical Treatise on the Diseases and Infirmities of Advanced Life. By Daniel Maclachlan, M.D., Fellow of the Royal College of Physicians of London; late Physician and Principal Medical Officer to Chelsea Hospital, etc. Pp. 718. London: 1863.

The diseases to which the old are liable, and the modifications which ordinary maladies undergo in attacking such subjects, have hitherto received comparatively little attention from English medical writers. The few exceptions, to which Dr. Maclachlan alludes in his preface, of authors who have in this country treated of the diseases of advanced life, serve indeed to show that, while much merit is to be conceded to such writers as Day, Rogers, Symonds, and Copland, there has been as yet wanting a treatise which should bear some such relation to the maladies and infirmities of the old as the treatises of West, Churchill, etc., do to the diseases of children.

This want Dr. Maclachlan has undertaken to supply; and the official position which he has for a long period held must be regarded as having peculiarly fitted him for its performance.

> "Placed for the last twenty-three years in an admirable position for studying the diseases and infirmities of the old, having, as physician and senior medical officer of Chelsea Hospital, upwards of five hundred aged people constantly under my eye, nearly all of whom are invalids in the strictest sense, very few below fifty-five years of age, and most of them varying from sixty to ninety and upwards, and having from among this number always daily between 60 and 70, oftener between 70 and 80, actually under medical treatment, the mortality of the whole establishment averaging above 13 *per cent. per annum*, the means I have enjoyed of investigating and treating the diseases of advanced life have been far from inconsiderable."

In addition to his personal experience obtained from so rich a source, the author has availed himself of the observations of others, whenever he could "do so with propriety and advantage." His object, he informs us, has not been to put himself forward altogether as an original writer; but

> "To present in an accessible form, blended with my own experience and observation, the scattered information, the floating knowledge, oral and written, the common property of our liberal profession."

The book consists of nine parts.

In the first, or Introductory Part, Dr. Maclachlan discusses in three chapters, the Anatomy, Physiology, and Psychology of Advanced Life; the Diseases of Advanced Life, and their Treatment; and Climacteric Disease and Decay of Nature.

In the second of these chapters, at p. 31, we find a statement of the causes of death in 845 deaths occurring in Chelsea Hospital during the thirteen years ending 1859: in each instance, the diagnosis was verified by *post mortem* examination.

> "Bronchitis gave 166; phthisis pulmonalis, 145; apoplexy, 58; pneumonia, 51; cancer, including scirrhus, of different internal organs, 47; diarrhœa, 36; empyema, 27; hemiplegia, 25; pericarditis, 24; cholera, 23; softening of the brain, 21; diseases of the heart, hypertrophy, dilatation, and vascular lesions, 21; albuminuria, 17; diseases of the bladder, cystorrhœa, etc., 17; general paralysis, 11; dry gangrene, 10; paraplegia, 7; erysipelas, 7; sloughing of the nates, 7; purpura and scurvy, 5; old age, 3 (all 82 years old). Including two cases of death by angina pectoris, and one by gout, the remainder are scattered; but these constitute the chief numbers. The reader will not fail to remark the large number of phthisical cases."

Now the question raises itself, both with respect to these statistics and to those of the Registrar-General, how far the record of *deaths* from various diseases at different ages represents the actual *proclivity* to the respective diseases at these ages. The proclivity to disease, with the exception of those which are peculiar to infancy, or occur usually only once during life, *appears* to increase with age: but this, Dr. Maclachlan justly observes, is only partially correct. He points out that, beyond the age of thirty or forty at least, such statistics lose their value; because "the relative mortality in all acute or dangerous diseases is greater as life advances; and diseases of a chronic nature, commencing in earlier age, and slowly progressing towards their termination, deceptively swell the list at the more advanced epochs."

In some succeeding sections, Dr. Maclachlan speaks of the general characters of disease in old age. There is a virtual exemption from the acute diseases of earlier life, such as fevers, rheumatism, gout, and strumous and tubercular affections; and acute inflammations in general are rare. The ordinary character of disease in old age is that of a subacute or chronic and asthenic type; and, in acute inflammations, the tendency is towards rapid structural change, with, as a general but not absolute rule, little pain or constitutional disturbance; the inflammation having a congestive character, with a tendency to unhealthy effusions, œdema, and gangrene.

In the diagnosis of diseases of old age, difficulties often arise; partly from the complicated nature of disease at this period; partly from the gradual failure and modification of the different functions. The nervous system especially, having lost the readiness with which in earlier life it responded to causes of irritation, now passes these by, and thus the development both of local symptoms and of constitutional reaction is hindered and modified, if not altogether prevented. What Dr. Maclachlan calls "the isolation of the different organs in disease" in advanced life is a fact which should be borne in mind; for it is possible that most serious disease may be making progress in some organ, without producing any of that constitutional disturbance which would attend it in earlier life. Of this, the author gives some instances which have come under his notice.

> "On more than one occasion I have known old men sitting at the fireside, or moving about, apparently in their usual health, with acute pneumonic

consolidation, and even suppuration of the lung. Some time ago an old man died in Chelsea Hospital three or four hours after working in his garden, in whom nearly the whole of one lung was in this condition. In another instance, occurring on the verge of sixty, empyema existed to such an extent as to displace the heart to the opposite side—and yet the man was following his vocation as groom and coachman, though the disease had existed several weeks. These and like cases are of every day occurrence, and are particularly rife in aged, broken-down, bedridden subjects, in whom new disease, in every shape, declares itself in the faintest manner, and often with the least possible change in the state of the patient, though a keen observer may generally perceive additional prostration in the absence of other symptoms, when a diligent search may discover the cause. These sufferers frequently die unexpectedly, and as it were accidentally from rapid exhaustion, and their deaths appear in public returns as 'sudden', or more commonly as caused by 'old age'." (Pp. 36-7.)

In the section on the Principles of Medical Treatment in Advanced Life, Dr. Maclachlan first makes some general observations to the effect that, while the ordinary tendency of disease in the old towards a chronic or asthenic form demands a corresponding modification in treatment, cases are still numerous of persons sixty or seventy years of age, in whom active treatment is not only well borne but is beneficial. He then speaks of the important topic of blood-letting; and, having noticed the discrepancy of opinion which prevails as to the use or disuse of this means in old age, he gives his own views on the subject in the following words.

"Bleeding may generally be employed when the danger or urgency of the symptoms calls for it; where the individual, however far advanced in years, still possesses some of the attributes of maturity, the pulse at the wrist and in the other larger arteries being firm and equable, the action of the heart regular, and the constitution, though perchance debilitated by natural decay, unbroken by pre-existing chronic disease. General bleeding is contraindicated when the pulse is irregular in strength and frequency, but more especially in the former state; where the impulse of the heart is feeble and intermittent, and its sounds obscure or inaudible; and in all cases where the general health has suffered from privation, insufficient nourishment, or long continued exhausting maladies. In practice, the cases in reality are comparatively few in which the abstraction of blood from the arm more than once or twice is necessary." (Pp. 44-5.)

Dr. Maclachlan goes on to describe the cautions which are necessary in performing blood-letting on old people. One important preliminary, both to a first and to repeated bleedings, is to ascertain the state of the circulation; and for this purpose, Dr. Maclachlan observes, the pulse at the wrist is not so safe a guide in old people as the action and impulse of the heart. The radial pulse, as Bizot has pointed out, is often stronger in the old than in the young, and may present a deceptive hardness. "We hardly ever," says the author, "bleed old people by the lancet without first laying our hand on the cardiac region, and, if need be, applying the ear to the chest."

The other remedial agents regarding which Dr. Maclachlan expresses his opinion as to their utility or tolerability in the diseases of old age, are purgatives, mercury, antimonials, emetics, narcotics, diuretics, tonics, chloroform, iodide of potassium, arsenic, hydrocyanic acid, revulsives, and balsamic remedies. On each of these, he offers some valuable practical remarks, which we commend to the notice of our readers.

The chapter on treatment is concluded with a brief but practical section on hygiene in its applications to old age; and the first part ends with a chapter on Climacteric Disease.

In the second part, Dr. Maclachlan describes the Diseases of the Nervous System, speaking, in ten chapters, of, 1. Senile Anatomical Characters of the Brain, etc., and General Observations on Diseases of the Nervous System; 2. Meningitis; 3. Hydrocephalus Senilis—Œdema of the Brain; 4. Vertigo; 5. Epilepsy; 6. Apoplexy; 7. Meningeal Apoplexy; 8. Softening of the Brain; 9. Paralysis; 10. Tremor Senilis—Paralysis Agitans.

The third part—on Diseases of the Respiratory Organs—is opened with a chapter on Anatomical and Physiological Characteristics of these organs; after which the author treats of Acute and Chronic Bronchitis, Bronchorrhœa, Pneumonia, in its Acute and Chronic forms, Pleurisy, Consumption, and Asthma. The chapter on consumption is a very interesting one, showing that tuberculous disease of the lung is a more common cause of death among the aged than is ordinarily supposed. The prevalence of this idea of the non-frequency of phthisis in the old appears partly due to a misunderstanding of the opinion of Hippocrates, which has come down to our time, "that the age most liable to the disease is from eighteen to thirty-five;" and partly to the circumstance, which is fully pointed out in its details by Dr. Maclachlan, that (in accordance with the general observations to which we have already referred) the symptoms and signs of pulmonary tubercle in the aged do not present that distinctness which they possess in earlier life. The occasional occurrence of phthisis in old persons has indeed, as Dr. Maclachlan points out, been recognised by Laennec, Louis, Williams, etc.; but the tendency of Dr. Maclachlan's remarks is to show that it may be regarded as even considerably more frequent than is generally supposed.

The fourth part comprises Diseases of the Organs of Circulation; and here, after an introductory anatomical and physiological chapter, we find descriptions of Pericarditis; Endocarditis; Organic Disease of the Heart; Softening and Fatty Diseases; and Angina Pectoris.

In the fifth part, the author describes diseases of the Digestive Organs in chapters: viz., 1. General Anatomical Characters; 2. Diseases of the Mouth and Gullet; 3. Catarrhal Gastritis; 4. Acute Atomic Dyspepsia; 5. Functional or Chronic Atomic Dyspepsia; 6. Varieties of Functional Dyspepsia; 7. Cancer of the Stomach; 8. Hypertrophy of the Stomach; 9. Functional and Organic Disease of the Intestines; 10. Diarrhœa; 11. Constipation; 12. Colic and Ileus, including Mechanical Obstruction; 13. Diseases of the Rectum.

The sixth part contains remarks on Diseases of the Biliary Organs. The seventh treats of Diseases of the Urinary Organs; the eighth of the Skin and its Appendages—including chapters on Pityriasis, Prurigo Senilis, Eczema, and Erythema and Erysipelas; and in the ninth and last part the author treats of Constitutional or Blood-Diseases, under which head he includes Rheumatism in its various forms, Gout, Rheumatic Gout, Senile Gangrene, Senile Purpura, and Scurvy.

We feel confident that this work of Dr. Maclachlan will take the first place among British practitioners, as an authority to be consulted on the Diseases of Advanced Life. The author has given, in plain language, the results of his own large experience, mixed with the fruits of the study of the literature of the subject on which he has written; and he has, while leaving to others the determination of the worth of modern scientific discoveries and doctrines, produced a volume of which the practical value is marked from its beginning to its end. We regret to learn, from some remarks in the preface, that the production of the book has not taken place under the most favourable circumstances, but that its editing, for the most part, has been carried on by the author during the intervals between the relapses of a severe illness; so that "it was often a hard task, the pursuit of literature under a load of difficulties, enough to crush any one less determined to accomplish the purpose." He has our best wishes for a restoration of his health, and for a long life, during which he may witness the good fruits of his past labour, and, it may be, make further contributions to the subject which he has already so well treated.

British Medical Journal.

SATURDAY, JANUARY 30TH, 1864.

THE PLEA OF INSANITY.

[*Communicated.*]

WHEN Dr. Johnson, in speaking of David Hume's contempt of death, said that to hold a pistol to his breast and threaten to kill him would soon shew that he had as great a desire to live as other people, he probably suggested a test which may hereafter, under certain modifications, be found of essential service in determining the existence of impulsive insanity. Dryden's aphorism, that "great wit is nearly allied to madness", and the observation of Seneca, "Nullum magnum ingenium sine misturâ dementiæ," bid fair in these days to find terrible exponents in the murderer and suicide. The convict Townley, and the author of the recent cab murder, who, on being discovered, immediately committed suicide, were men of no ordinary attainments. The excellent *Manual of Psychological Medicine,* published by Drs. Bucknill and Tuke, contains many examples of destructive insanity combined with great intellectual acumen and power. Sixty cases of homicidal mania are recorded, of which thirty-five exhibited no positive derangement of reason; from which it may be fairly inferred that a perversion of the moral sense, when it amounts to insanity, is found associated with mental delusions in less than 50 per cent. of the cases observed.

This is a subject for serious consideration to the public generally, and particularly so to those who will hereafter have to amend the legal definition of moral responsibility. As the question now stands, the judges, who are merely the interpreters of the existing law, are compelled to ignore the comparatively modern doctrine of volitional insanity, and to confine their directions, in speaking of madness at all, to those cases in which the knowledge of right and wrong has been defective. It must, however, be manifest to all thinking men that a much wider field is being opened to the consideration of the legislature. Not only must we apparently recognise the fact that incorrigible vice may be the only evidence of moral insanity, but we shall have by and bye to define legally the limits of controllable violence and of irresponsible impulse. To settle some of the most important points of common law has generally required no great strength of the human intellect, because the subject-matter, which relates chiefly to the contrast between what is just and what is unjust, renders the task particularly easy; but when we propose to deal with the subtilties of the human understanding, and to explain the inner workings of the human soul, there are difficulties to be surmounted which, apart from all circumstances affecting immediately the person concerned, are of the utmost consequence to society at large, and must tax the ingenuity of our law-makers beyond the powers they are usually called upon to exercise.

It is far from improbable that before long we shall have to reconsider and revise the principles which now govern our conduct in reference to the insane. Our knowledge of the pathology of mental disease is so imperfect, our treatment so purely empirical and so slavishly hampered by the sickly sentimentalism of the age, that madness, in its pathological aspect, is scarcely capable of holding a place by the side of disease in general. Here learned ignorance appears to be the highest philosophy; and the expert, who would guard his opinion against the severe logic of the judge in a court of law, must abstractedly screen himself behind a position of which the law as yet can take no cognisance. Moreover, we are treading on very delicate metaphysical ground when we pronounce absolutely on the existence of an insanity which has no connexion with the faculty of reasoning. To divorce moral liberty from intelligence while it still is united to personality, is to advance a problem for solution which may find advocates in the school of M. Cousin's speculative theology, but is not likely to be held of much value in the deliberations of sober Englishmen. We are far from questioning the honesty of those psychologists who have established to their own satisfaction the possibility of such a separation existing between moral impulse and the use of reason; yet we desire to see the whole question more thoroughly fathomed, and the phenomena at issue more explicitly handled.

We are not so sure that Locke's fundamental definition does not equally hold good in moral as in rational insanity; namely, "that madmen put wrong ideas together, and so make wrong propositions, but argue and reason right from them." The murderer who conceives the idea that his victim is his property, and that he may dispose of it as he pleases, reasons correctly from false premises.

We shall get no true explanation of these mysterious perversions of the human intellect until a tribunal is set up to try the validity of the plea, very different from the one now established. In the meantime, let us hold ourselves on our guard, and remember that, in all great changes that affect the liberty of the subject, we are bound to be as tenacious for the security of the public as we are tender over the persons of the accused. We have seen, within the last few years, grievous evils resulting to society from our adopting a mistaken leniency towards felons; and so great has been the pressure of public opinion on this head, that a wider margin of punishment has been entrusted to the discretion of the judges. We have now to approach the subject of moral insanity and its consequences very much in the same spirit in which we have been compelled to regard the criminal. We have seen that personal assaults with great violence, which are the results of uncontrolled temper, are capable of being dealt with by a suitable chastisement on the body of the offender, who, according to the theory of some alienist physicians, might well put in the plea of *ira furor brevis.*

Here, then, we have to define what are the distinctive characters which mark the difference between the madness of impulse and the ungoverned rage of the wretch who is taken up for beating his wife to a mummy. We do not for one moment mean to say such nice distinctions do not exist, and may be demonstrated; but we venture to affirm that an uninformed public, in the present state of the law, might reasonably suggest that, as the very acts committed by the impulsive madman partake of the character in some degree of those perpetrated by the infuriated felon, the treatment of the former should be made in its degree to resemble that which is adopted in the case of the latter. Such notions may in these days horrify the susceptibilities of a second-rate novelist, but they will be found very difficult to upset while we consent to be guided by the policy of justice and the canons of sound reasoning. If, as we suspect in the majority of cases, an element of impaired intellect be at the bottom of the impulsive outburst, the patient can no longer be held to be in the category of the morally responsible. If, on the other hand, there be no such element of distorted judgment, and the insanity is represented as belonging purely to the will, it remains for science to point out the difference between those vicious propensities over which the possessor has no command, and those which, if indulged in, would make him amenable to the penal laws of his country. It will be the province also of science to suggest, if not to dictate, those measures of treatment which shall on the one hand protect society, and on the other afford the best chance of recovery to the patient.

Our own conviction is, that a middle path will be found the most politic; that those who are entrusted with the direction of these affairs will find themselves embarrassed by prejudices that have taken a deep and lasting root in the public mind; and that they will have to steer between the alternative of absolute penal coercion and the negative proceedings of a mere moral reformatory. That such a *via media* may be consistently followed in this intricate undertaking, we have no doubt; it is the rule of common sense, which never forsakes the intentions of the English reformer when he is endeavouring to adjust the nicest state questions.

We have yet one word to say on the kind of persons which, in our judgment, would be best calculated to contend with and overcome the difficulties we have been considering. The monopoly of authority is, we conceive, at all times an unmixed evil; it has a tendency to cripple the executive, and unduly to resist the healthy pressure from without. That commissions and commissioners, appointed according to the established forms of the government, have, in spite of their exclusive leaning, generally executed their duties faithfully and well, we are ready to admit; but the exigencies of the case before us are such as to defy the penetration of all ordinary commissions. The foundation of a commission intended to grapple with the hidden things of human thought must be composed of men not only deeply versed in the principles of general pathology and physiology, but in the subtle power of dialectic skill. One of their principal duties would consist in appointing special commissions to gather evidence in particular cases. Let us for one moment consider a case in point. A man, in a fit of jealousy, commits a murder; and for his defence the plea of insanity is set up, although apparently the deed has been accomplished with the deliberate purpose of preconceived malice. We are much mistaken if one of the first acts of a scientific commission would not be to examine the medical men who had known the murderer from his youth, and to rest their decision mainly on the testimony afforded by such an examination. A commission thus constituted might well be permitted to sit by the side of the judge who tried the case. We should then have no secret court of appeal trying the case over again; and we might then hope to see a trial affecting the life or liberty of the subject conducted by men who have no fear of being considered either inconsistent or unmerciful.

THE ROYAL COLLEGE OF PHYSICIANS.

The Royal College of Physicians, on the 26th instant, elected Dr. Alderson as their representative at the Medical Council in the place of Dr. Burrows, who has been elevated to the high position of President of the Council. Dr. Alderson was elected for the full legal period of five years. The College of Physicians influence at the Council has of late been markedly on the increase, just as has been markedly on the decline the influence of the College of Surgeons. The College of Physicians merits this reward. It has always endeavoured to carry out in the matter of education the injunctions of the Medical Council, and in this respect contrasts favourably with the College of Surgeons. In some slight particulars it appears that the College of Physicians, in the matter of their educational curriculum, is not in accordance with the Medical Council; the Fellows have therefore determined so to alter their regulations and by-laws as to bring them into complete unison with the Medical Council's present programme of Medical Education.

THE ROYAL COLLEGE OF SURGEONS.

The Council of the Royal College of Surgeons will have prepared a surprise for many of their friends and enemies (if they have any). Mr. Partridge has been elected by them to the Examinership vacant through the death of Mr. Green. The prophets, who are wise in anticipation on occasions of this sort, had given the desirable or eagerly desired appointment to Mr. Hilton; but prophets fail sometimes, like other less wise people. The claims of the different candidates (if we may so designate them) for office have been measured in the eye of the Council by the following figures. Mr. Partridge received 13 votes, Mr. Hilton 7 votes, and Mr. Gulliver 1 vote. We regret to hear that, as a result of this election, one of the body has thought it right to retire from his seat in the Council. This latter incident will, of course, awake expectations in the bosom of some new aspirant for a seat at the Board. Our readers, no doubt, know well by this time, that the office of Councillor is not a lucrative office, that in fact the Councillor pays almost as much in entrance fees as he gets for attendance in Council; but then it is a stepping-stone to a very lucrative affair, viz., to an Examinership—at least the Council have hitherto always made it such a stepping-stone. They have never yet elected (as the new Charter permitted or enjoined them to do) an Examiner from the body of Fellows at large, that is, out of those Fellows not on the Council. They have always hitherto made it a sort of *intra* affair—electing their Examiners from out of their own Council-circle. But even this attention to their own wishes and interests does not (it would appear) enable the Council to suppress the rise of animosities and jealousies within the circle. We would, therefore, recommend to the Council to consider whether it would not be well—in order to prevent all intestinal feuds—to come to a resolution, that in future they will elect all Examiners from the Fellows not on the Council. Several advantages would result therefrom. They could carry into effect the principles of their reformed Charter; they would prevent all intestine animosities within the Council's bosom; they would have a larger and younger field from which to gather their Examiners; and, lastly, they would at once put an end to all exciting and unseemly canvassing and fighting for the office of Councillor. Those Fellows who then aspired to the office of Examiner would be the last to offer themselves for the office of Councillor; and the Council would then become what it ought to be—a steady and select assembly of *Patres Conscripti*, whose business it would be to regulate by their gray-haired experience the affairs of the College—leaving to the energy of modern scientific surgical and anatomical skill (in the full force of its life and bloom) the duty of examining; at the same time, however, modifying that energy by a due admixture of the long experience of the practical surgeon. Above all, such a method of electing Examiners would for ever put an end to all that subserviency which the non-Examiners on the Council, who have the Examinership in their eye, naturally pay to those greater men on the Council who are Examiners as well as Councillors. In other words, the Examiners will no longer override and rule the Council; and every Councillor will be able to speak and act solely in behalf of the interests of the College and of the profession at large, and not with the ever-present dread of giving offence to those who may at a future day reject him as unworthy of the Examinership, because he has made himself what the old Tories would call "troublesome"—*i.e.*, has done his duty. In conclusion, we would suggest these questions to the College: Why need Examiners be members of Council? Would not the interests of the College be better served if the Examiners were not members of Council?

CATTLE-BREEDING RENOVATED.

M. Marc Thury, Professor of the Academy of Geneva, has issued a rather surprising statement; and a statement which, if eventually confirmed as correct, is one of great practical importance to cattle- and other breeders. He has made the discovery that "cattle-breeders are enabled henceforth to obtain, according to their wishes, male or female animals"; and he now offers the secret of the discovery to the public, having already tested its accuracy by two years' experiments.

Arguing from certain facts observable in plants and in the lower animals, M. Thury came to the conclusion, that the ovum is not fully developed—has not arrived at maturity—at the first moment of its passage from the ovary; and that if it be impregnated soon after its escape from the ovum—*i.e.*, in this immatured state—a female will be produced; but if impregnated when mature, a male. From this, we suppose, it follows that woman is the immature development of a man.

This theory M. Thury put to the test of experience; having had an excellent opportunity for doing so "at the well-managed farm of M. George Cornaz at Montet." M. Cornaz, in a letter, corroborates the fact stated by M. Thury. He availed himself, he says, of the information given him under secrecy by M. Thury, and "has at once, and without the least difficulty, obtained all the expected results." *Imprimis*, in twenty-two successive experiments, he tried to procure heifers, his cows being of the Swiss breed and his bull a thorough-bred Durham, and "in every single instance," he says, "I obtained the wished-for result." He afterwards bought a thorough-bred Durham cow; and being desirous to obtain a thorough-bred Durham bull, "I operated according to Professor Thury's instructions, and the event once more confirmed the truth of the process imparted to me." Besides obtaining this pure Durham bull, he obtained also six other half-breeds—Durham-Swiss bulls. And to sum up, he tells us, "I have made in all twenty-nine experiments conformably to the new process; in not one single case has it failed me." And adds, "I look upon Professor Thury's system as true and perfectly safe; and I trust that he will soon enable all cattle-breeders and farmers to take advantage of a discovery which will regenerate the business of cattle-breeding."

This hope of M. Cornaz is now fulfilled by M. Thury, who publishes for the benefit of the world the method of carrying into practice his scientific discovery, which had been imparted as a secret to M. Cornaz. The following are the "Practical Instructions" laid down by M. Thury "for obtaining at will animals belonging to the one or to the other sex in cattle of the bovine race.

"1. The course, character, indications, and duration of rut-appearances should be previously observed in the cow upon which it is proposed to experiment, as they vary a little according to each animal. It is a well-known fact, for instance, that the duration of the rut varies in different cows from twenty-four to forty-eight and even a greater number of hours.

"2. When, according to instruction No. 1, the experimenter knows well the cow he intends to experiment upon, he is to operate as follows:

"To procure an heifer, have the cow served at the first indications of rut.

"To procure a bull, have the cow served at the end of rut time.

"3. Those animals in which the indications of rut are loose and uncertain, as is frequently the case with fattened or shut-up cows, should be excluded from the trial. Animals living in the open air should be selected in preference. Sound animals and such as are in regular conditions should be chosen.

"4. The same experiments may be tried upon horses, asses, sheep, goats, etc. Although hitherto untested as regards those animals, our theory promises with them the same results as have been obtained with cows."

SHAM NOMINATIONS.

Our readers will be surprised to learn that the Royal College of Physicians a few days ago recommended to the Board of Governors Sir Henry Holland and Dr. Copland as fit and proper persons to fill the office of Physician to St. Bartholomew's Hospital, vacant through the resignation of Dr. Burrows. Why such an incident should occur we will explain to the curious in such matters.

A property was left by Dr. Hamey many years ago (see Roll of the College, p. 198) to the College, from the proceeds of which a sum of £40 *per annum* was to be paid to a physician of St. Bartholomew's, *provided the hospital appointed one of two candidates nominated by the "elects" of the College.* The candidates were to be Fellows of the College, and the object of the bequest was evidently to vest in the College the privilege of appointing physicians to the hospital. As the governors of the hospital never accepted the nomination of the College, and are certainly now prevented from doing so by their system of the regular succession to the office by the assistant-physicians, the meaning of the bequest is obsolete. The sham at present consists in the request on the part of the hospital, who have no intention whatever of accepting the dictation of the College of Physicians, and have, therefore, no claim whatever to any payment under the deed.

It may be remarked, that at the time the deed was executed, there was only one physician to St. Bartholomew's Hospital.

Surgeon Turnbull, as our readers may have noticed, has been attacked by the Commander-in-Chief in the following terms:

"Surgeon Turnbull, in like manner, has laid himself open to the gravest censure. His conduct with reference to the entries in the hospital records will become the subject of further inquiry, and, should his explanations not prove satisfactory, most serious notice must necessarily be taken of his proceedings; but, at all events, his continuance in the Inniskilling Dragoons has become impossible."

In consequence of this inculpation, a special inquiry into the circumstances alluded to has been made; and we are glad to learn, as a result of the inquiry, that the inuendoes of the aforesaid Commander-in-Chief fall harmless to the ground. Surgeon Turnbull has been honourably acquitted of the charge of having made erroneous entries in the hospital registers, and of having in any way acted dishonourably.

DR. GARROD'S LECTURES
ON THE
BRITISH PHARMACOPŒIA,

Delivered at the Royal College of Physicians.

The first of a course of five lectures on "the *British Pharmacopœia*; its Construction, its Comparison with the *London Pharmacopœia*, and the Value of its New Remedies in the Treatment of Disease"—was delivered at the College of Physicians by Dr. Garrod, on Wednesday last, January 27th.

The lecturer commenced by observing that thirty years ago an attempt was made to effect an union between the three Pharmacopœias of London, Edinburgh, and Dublin; but that, after correspondence on the subject had been carried on during two years, the scheme was abandoned, it being found impossible to reconcile the differences which existed, and which were adhered to by the representatives of the Colleges. The reconciliation, then ineffectually sought, has at length been accomplished by the means of an Act of Parliament, rendering the formation of a National Pharmacopœia obligatory on the Medical Council.

That the new Pharmacopœia will prove satisfactory to all, he would not assert. In the course of his duties as one of the compilers of the work, he had had opportunity of hearing many and very various opinions as to its proper character. Some considered that the number of medicines to be enumerated in it should be as small as possible; and one physician—a man of some authority in the profession—had even suggested to him that twenty-five only should be retained as necessary for the treatment of disease. Others, again, would have the list enlarged. A third class were desirous that the Pharmacopœia should contain a list of merely the best known drugs and their simplest preparations; while the opinion of a fourth class was, that the work should contain a list of all the known medicines, and of all the formulæ into which they entered.

The Committee entrusted with the formation of the Pharmacopœia followed a middle course; introducing medicinal substances whose reputation was well established, and formulæ the utility of which had the support of experience. Some may, no doubt, consider that many medicines have been omitted which should have found a place in the book. But it was necessary to make allowance for prejudices for and against the use of certain medicines; and it must also be remembered that the Pharmacopœia Committee was necessarily composed of twenty members, to whose desires and convictions it was necessary to pay some respect.

Irrespectively of the contents of the book itself, an important work, the lecturer said, had been accomplished in the formation of a single British Pharmacopœia in the place of the three hitherto existing—a Pharmacopœia intended not only for use within the United Kingdom, but in all parts of the British dominions. Dr. Garrod here adverted to the great change of opinion which has taken place in recent years in reference to the efficacy of medicines. This change of opinion, although at present it may produce in the minds of some an unhealthy scepticism, will doubtless ultimately prove of great importance and value. It may be, he said, some consolation to the medical profession to remember that it is not among the votaries of medicine alone that such convulsions—such unsettling of faith—takes place; but it is one of the changes which from time to time occur in men's minds. Our real knowledge of therapeutics—of the influence of medicines over disease—is confessedly behind that of other branches of medicine, as diagnosis and pathology; and hence there is a great field open for the study of the treatment of disease, which, though difficult, and demanding the exercise of much patience and the abandonment of all prejudices, must be, on account of its ultimate object, a matter of the highest interest. More labourers in this field are required; and it offers the widest opening for research. But, in all such researches, we must not overlook the tendency of diseases to run a natural course. The neglect of this has led to great discrepancies as to the efficacy of various modes of treatment. Statistics have been appealed to in favour of certain remedies; other statistics, again, have been brought forward in disparagement of the same medicines; and this discrepancy, Dr. Garrod believed, has arisen from the fact being overlooked, that in both series of trials the disease has probably been following its own course, uninfluenced in either direction by the medicine administered. Yet there are medicines with regard to the influence of which there can be no question. Who can doubt the effect of certain agents in removing or alleviating pain, inflammation, or intermittent fever; in producing sleep, etc.? There is, then, a groundwork existing, on which future researches can be based.

Returning to the immediate subject of his lecture, Dr. Garrod next gave a sketch of the origin of the British Pharmacopœia; and read the clauses of the Medical Act of 1858, and of the supplemental Act, in which provision was made for such a work. The duty of its formation was placed in the hands of the Medical Council, who appointed from among their own members a Pharmacopœia Committee, with power to add to their numbers, and with directions to request the three Colleges of Physicians and the Pharmaceutical Society to co-operate with them, and to send delegates to the Committee. The London College of Physicians appointed Dr. Frederick Farre and Dr. Garrod as delegates; and Dr. Garrod observed, that Dr. Farre's extensive knowledge, derived from previous experience in such matters, of the manner of constructing a Pharmacopœia, his logical thought, and his untiring perseverance, had rendered him an invaluable coadjutor to the other members of the Committee.

Dr. Garrod then proceeded to speak of certain points in the new Pharmacopœia which would attract attention. The first of these to be noticed was the *language* in which it has been written. Many of the learned and erudite members of the profession would probably regret the change which had taken place, in the abandonment of the Latin language, and the publication of the work in English. They must, however, call to mind the fact that both the Edinburgh and the Dublin Pharmacopœias have been published in English. But, indeed, the question of language never came under the Pharmacopœia Committee; it having been already decided by a resolution of the Medical Council (on the motion of Mr. Lawrence, seconded by Mr. Teale) that the English language should be used, the Latin names of the medicines being appended.

In regard to the *measures* used in the new Pharmacopœia, no change has been made; that is to say, they remain the same as they were in the last edition of the London Pharmacopœia. In the *weights*, however, there have been important alterations. The troy or apothecaries' pound of 5760 grains has been abandoned; and in its place the avoirdupois pound of 7000 grains, divided into 16 ounces, has been adopted. The reasons for this alteration were explained. In the Dublin Pharmacopœia of 1850, avoirdupois weights were introduced; and, in the preface of the last edition of the Edinburgh Pharmacopœia, the College of Physicians of that city gave evidence of a disposition towards a similar change. The Pharmacopœia Committee contained representatives from the three Colleges in nearly equal numbers; and hence a majority was in favour of the adoption of the avoirdupois system. But then a difficulty arose, as to how the avoirdupois ounce should be divided; seeing that it contains 437.5 grains, whereas the apothecaries' or troy ounce contained 480. The avoirdupois drachm (16 making the ounce) was unfitted for adoption, as it was merely a nominal weight, and differed greatly in value from the other well known weight of the same name. Again, it was considered whether it would be possible to adopt the plan of the Dublin College, which had divided the avoirdupois ounce into 8 drachms, each containing 3 scruples. In this case, the drachm would have contained about 54 grains, and the scruple 18 grains. At length, Dr. Charles Wilson, one of the Edinburgh members, proposed an alteration of the value of the grain; that is, that the avoirdupois ounce, in place of containing 437.5, should contain 480 grains, and should then be divided into drachms and scruples; the new grain bearing, therefore, the ratio of 175:192 to the old one. This proposition was carried at the first conference of the Pharmacopœia Committee, and the manuscript of the new Pharmacopœia was prepared in accordance with Dr. Wilson's plan. The lecturer considered that the change proposed would have been on the whole convenient; the difference in the grain being too small to have any important effect. When, however, it became noised abroad that a new grain was to be employed, many grave objections were urged against it. The chief of these objections was the alteration of the value of the grain—the adoption, under the same name, of a weight different from that which was the standard starting point of all the recognised weights in the kingdom. On further deliberation, the Committee, acted on by pressure from without, finally determined to retain the avoirdupois pound, ounce, and grain, rejecting all intermediate weights. This plan, Dr. Garrod observed, has both advantages and inconveniences. The first of the advantages is, the abolition of a system of weights used for a special purpose only; and not always employed even in pharmacy, the avoirdupois weights being frequently used in the preparation of substances on a large scale. Again, the weights used in medicine are now brought into direct relation with those ordinarily used in business. The greatest inconvenience arising from the new plan appears to be, the necessity for using large numbers in writing prescriptions. No doubt this is a great inconvenience; but Dr. Garrod suggested that it may be overcome by prescribing medicines in single doses, and directing a number of such to be made up. With regard to the proposal for the adoption of the metrical system, Dr. Garrod said that this was impracticable. The Pharmacopœia was published under the provisions of an Act of Parliament; and a system of weights could not have been introduced which had not received legal sanction. To have introduced the ordinary and the metrical systems side by side would only have led to confusion in a work intended for practical use in medicine. In a purely scientific work, the case would be different.

The lecturer then proceeded to notice the *construction* of the Pharmacopœia. The volume is divided into two parts and a series of appendices. The first part contains a list of the materia medica; the second, the details of the processes for making pharmaceutical preparations and chemical substances. Of the appendices, he would speak hereafter.

The *first part*, that containing the Materia Medica, differs from the corresponding section of the last London Pharmacopœia in several points. It has about three times the extent, as far as the number of pages (difference of type being allowed for) is concerned. The augmentation, however, has not arisen from the number of new agents introduced, but from the manner in which the subject has been treated. In the last London Pharmacopœia, the materia medica list contained the names of various substances for the preparation of which no directions were given in the other part of the work; while those substances the formation of which was described were omitted from the list of materia medica. But, in the British Pharmacopœia, all ordinary medicinal substances, whether obtained in trade or prepared by certain processes, are introduced into the first part; so that the list is complete. For instance, in the London Pharmacopœia, calomel, corrosive sublimate, and tartar emetic, for the preparation of which directions are given in the second part, are omitted from the materia medica; while in the British Pharmacopœia they all appear in the first part.

The materia medica list of the London Pharmacopœia contained many articles not used in medicine, but in making pharmaceutical preparations. In the British Pharmacopœia, all such substances are omitted from the first part, and placed in an appendix.

The manner in which the articles contained in the materia medica are treated in the British Pharmacopœia differs from that in the London Pharmacopœia. In the latter, indeed, many tests, etc., are appended; but the introduction of such matter is the exception rather than the rule. In the British Pharmacopœia, on the other hand, much information is given. The English and the Latin names of each substance are given; then follows a definition; its symbol, if it be a chemical substance; if a vegetable, its botanical name and source, and a reference to some good figure of the plant. There are also given tests by which its strength and purity can be ascertained; and a list of the preparations into the composition of which it enters. Dr. Garrod gave, as illustrations of the plan followed, the descriptions of Oxide of Silver (*Argenti Oxidum*); Bael (*Bela*); and Santonine (*Santonina*). The matter appended to each of these is simple; but, with regard to more important articles, a large amount of information is given; so much, indeed, that the Pharmacopœia contains probably all that is essentially useful to be known by practitioners regarding the action of the medicines.

Dr. Garrod said that he now proposed to describe the remedies that had been newly introduced; all of which had been used in medicine, and some of which had been already introduced into the Edinburgh Pharmacopœia. He would not attempt to enter into details as to their composition, preparation, etc.; but would endeavour to give such information regarding them as would enable their physiological and therapeutical actions to be further investigated with advantage. He would in the first place pass in review the first part of the Pharmacopœia; that which contains the list of the materia medica, selecting the most important remedies for consideration; then he would notice the series of preparations contained in the second part; and lastly, if time allowed, he would make some observations on the appendices.

The first preparations that demanded notice were the *acids*.

Under the head of *acetic acid*, British vinegar has been omitted, and French vinegar substituted, as being more pure. The acetum destillatum of the London Pharmacopœia has been omitted. The percentage strength of acetic acid is somewhat reduced in the new work; and dilute acetic acid is directed to be made by mixing the stronger acid with seven times its volume of water. Glacial acetic acid (*Acidum Aceticum Glaciale*) has been introduced. This is an acetate of water. The value of acetic acid is partly chemical and partly therapeutic. But in the Pharmacopœia it is almost entirely used as an external agent. It is a counterirritant—a powerful caustic and escharotic. It dissolves cantharidine. The sore produced by acetic acid is severe, the action of the acid extending deeply. Dr. Garrod had sometimes employed acetic acid as a counterirritant in cases where the absorption of cantharides would be hurtful.

Sulphurous acid (*Acidum Sulphurosum*) has been introduced, in the form of a solution of the gas in water, as an external agent. In the appendix, also, hyposulphite and sulphite of soda will be found, and are sometimes employed. When sulphurous acid is used, the gas is rapidly evolved; when sulphite of soda or hyposulphite of soda is used, the evolution is less rapid, and in the case of the latter salt is accompanied by the disengagement of some sulphur, from which, however, no disadvantage arises. Sulphurous acid possesses peculiar chemical properties; it is a powerful deoxidising, bleaching, and disinfectant agent, and destroys vegetable life. It has been chiefly used as an external application in cryptogamic skin-diseases; and a good mode of employing it is by means of a mixture of the solution of sulphurous acid with glycerine. Some inconvenience arises from its liability to ready decomposition and the escape of the gas; and hence preference is generally given to the hyposulphites or sulphites, with the addition of a little acetic acid. When these are used, the sulphurous acid is evolved slowly, but continuously. It has been suggested that the acetic acid is here the real remedial agent. To determine this point, Dr. Garrod has treated cases of skin-disease—of pityriasis versicolor, for example—by applying solution of hyposulphite of soda (with acetic acid) to one side of the body, and a lotion of dilute acetic acid alone to the other side. In all cases, the advantage has decidedly been with the hyposulphite. Internally, hyposulphite and sulphite of soda have appeared useful in cases of chronic vomiting accompanied by sarcina.

Among the *strong acids*, the only alteration of importance has been an increase of the strength of nitric acid.

Among the *dilute acids*, the strength of dilute hydrochloric acid has been slightly increased; that of dilute phosphoric acid rather more so; dilute sulphuric acid remains of about the same strength as before; while the strength of dilute nitric acid is slightly varied. The differences in strength, however, are not such as produce any difficulty in prescribing the acids. An aromatic sulphuric acid has been introduced; also a dilute nitro-hydrochloric acid.

Dr. Garrod now proceeded to speak of *arnica*. The dried root forms an article of the new materia medica; and directions are given for preparing a tincture. It appears to be a powerful irritant, and in smaller doses a stimulant; and is regarded as an excitant of the nervous system. Dr. Garrod's own observations of the internal use of arnica have not been very numerous nor definite; but it has been recommended for cases in which strychnia is ordinarily employed—to which alkaloid it bears some resemblance in action. Externally, it is well known as a remedy for sprains, bruises, lacerations, etc.; and the tincture of arnica, used as a liniment or lotion, is supposed to aid the reparative powers. Dr. Garrod has endeavoured to put this to the test. He stated that for this purpose, he had performed a series of experiments on patients in whom dry cupping had been performed, so as to produce ecchymosis. The action of arnica lotion, tincture of arnica, spirit lotion, and spirit, had been tested; the result being to shew that the application of spirit to a bruise is decidedly of advantage; and that the addition of arnica is not attended with an increase of the benefit. He had, however, made his experiments with tincture of the flowers of arnica, whereas tincture of the root is directed in the Pharmacopœia; but this could not, he thought, be a valid objection, as the same active principles are contained both in the flowers and in the root of the plant.

THE BRITISH PHARMACOPŒIA.

The following notice appears in the *London Gazette* of January 26th, 1864:

Notice is hereby given, that the *British Pharmacopœia* has been published, under the direction of the General Council of Medical Education and Registration of the United Kingdom, and that the same has been printed by Messrs. Spottiswoode and Company, of New Street Square, in the City of London, printers, under the authority of the said Council. Dated the 25th January, 1864.

Francis Hawkins,
Registrar of the General Council.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, Feb. 18, 7 P.M.

SOUTH-EASTERN BRANCH: THE LATE PETER MARTIN, ESQ.

To the Members of the South-Eastern Branch of the British Medical Association.

Gentlemen,—I beg to inform you that the question of a testimonial to the memory of our late much-esteemed secretary, Mr. Peter Martin, of Reigate, is deferred for consideration to the next annual meeting at Brighton. I am, gentlemen,

Your obedient servant,
J. Armstrong,
President of the South-Eastern Branch.

Gravesend, January 27th, 1864.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The ordinary meeting of this Branch was held at the York, House, Bath, on Thursday, January 21st; the President, F. K. Fox, M.D., in the Chair. There were also present thirty members and two visitors.

New Members. The following gentlemen were elected members of the Branch:—John Roberts, Esq., Bath Mineral Water Hospital; Edwin Bush, Esq., Frome; A. Haviland, Esq., Bridgewater; R. Tilton, Esq., Stonehouse, Gloucestershire; T. W. Fryer, Esq., Kingswood, Bristol.

The following gentlemen have also joined the Branch since the commencement of the year:—J. Ramsay Brush, M.D.; H. Hensley, M.D.; J. W. Teale, M.A.

Papers. The following papers were read and discussed.

1. Operation for Artificial Anus. By G. Corbould, Esq.
2. Instance of Recovery from Leucocythæmia. By S. Martyn, M.D.
3. On Hospital Dietaries. By J. Beddoe, M.D.
4. Case of Tetanus. By R. W. Falconer, M.D.
5. Spasmodic Affections of Children. No. 3. Chorea. By E. L. Fox, M.D.

Correspondence.

IRIDECTOMY.

Letter from Wm. Bowman, Esq., F.R.S.

Sir,—I now proceed with my reply to Mr. Walton. He requires to know the *modus operandi* of iridectomy before adopting it. But if the *facts* of its promoters are correct, we may pursue the inquiry into the explanation of them at our leisure, without in the meanwhile withholding the operation from the patients who now stand in need of relief. We know that in glaucoma *the globe is hard*, and that after iridectomy (and by iridectomy I always mean the operation *as performed for glaucoma, and properly performed*), *the hardness is reduced, and the equilibrium of the circulation restored.* When further research shall have explained *the rationale of the hardness,* we may hope to be nearer than we seem to be at present to the explanation of the *mode* in which iridectomy *reduces the hardness.* Meanwhile the most philosophical course is to apply the remedy for the sake of its proved benefit, rather than to discredit it, or decline to adopt it, because we cannot explain its whole mode of acting.

Several very interesting suggestions have, indeed, been made on this head, though none can hitherto be said to be more than plausible conjectures. Von Gräfe himself, with the candour and scientific spirit which distinguish him, does not, or did not lately, profess to explain it fully; and a view which I myself, at an early period, thought to have some probability, has been ably criticised by Donders, and shewn to be untenable, at all events in the form then given to it. But surely all such discussions as to the *rationale,* highly as they must interest the minds of those who are continually witnessing the actual reduction of tension by the operation, should not weigh for one moment against its performance when a patient whose eye is hard stands in present need of our help. Were Mr. Walton once convinced of the reality of the remedy, he would, I am sure, himself lay aside such an objection from mere motives of humanity.

Mr. Walton argues at length in favour of *paracentesis corneæ,* as doing all for the relief of hardness that iridectomy can do. "At once I say, that benefit is to be got, not through any direct effect on the iris, but solely in consequence of the evacuation of the aqueous humour. It is not, then, the iridectomy that does this; but that which takes place as an inevitable step of the operation, as a preliminary measure—namely, the *paracentesis corneæ.*"

And then we have a long reference to Mr. Wardrop's excellent paper written half a century ago, and a profession of Mr. Walton's "greatest faith in the remedial efficacy of tapping the eye *in all inflammatory affections, and even under other states of disease*; and he has often found the repetition to tell, when a single operation has given but little or no result, and in very severe cases he has occasionally repeated the proceeding even several consecutive days. Yet he does not exalt the measure beyond the limit the originator modestly claimed for it." He goes on in the same vague general phrases: "It would not serve my purpose to do more at present than merely to state general results, for details" [*sic*]. "Again and again, I have seen dispelled by the corneal tapping, *the premonitory symptoms of what would be now called glaucoma.*" [Yet he presently takes pains to explain that those symptoms which are really of diagnostic value are, in his opinion, valueless; and that he does not feel able to diagnosticate glaucoma except in its last old-fashioned stage, as I shewed last week.] "I have repeatedly given relief by discharging the aqueous humour in *many stages of ocular disorganisation*, when nothing else" [Was iridectomy tried?] "would relieve." However, he has his reservations. "I am anxious to prevent any young surgeon from supposing that tapping the eye is a *perfect panacea*. It is not so; neither is any other operation a *perfect cure for all idiopathic inflammatory affections*." He then, at length, does speak definitely of tapping in the disease which he recognises as glaucoma, "the bad old-fashioned disease called glaucoma, as understood by me, and by my teachers, Lawrence, Tyrrell, Dalrymple, and expressed by Mackenzie in his works. According to my experience, it is a very rare disease; each attack of which, each paroxysm, inflicts a definite damage. The eye may be destroyed at once; or it may retain some amount of sight after several periods of renewed activity." Here, I presume, he has in view the inflammatory glaucoma, the acute, and perhaps the subacute, forms. Now, let us carefully mark what is his own experience of tapping in these, where his diagnosis shall not be questioned. "Tapping will often relieve, and so will iridectomy as a means of tapping." [He does not say that he has himself tried iridectomy in such cases while there was still some sight to be saved.] "Pain will be lessened, and perhaps the period of attack shortened. *I speak cautiously about the amount of substantial benefit to the eye, because I have so often seen all operations*" [Iridectomy in his own hands?] "*and treatment fail, and the eye perish.*"

Tapping, in fact, as I understand him, moderates the course and intensity of the disease, but nothing is said of its *arresting* it, of its *permanently relieving the tension* which destroys sight, nothing of any *recovery of sight*, or saving from ultimate disorganisation what he calls in another place "the wonderful mechanism of the glorious and precious eye."

The question here raised may appear to persons unacquainted with the recent literature of glaucoma to have much importance. Certainly, if *one tapping* of the aqueous chamber would *permanently* reduce tension in glaucoma, iridectomy would be at once superseded; though if the tappings to be efficacious are *to be repeated*, iridectomy might still have advantages. But unhappily no such permanent result follows; and I think more ample experience only is needed, *together with a more exact discrimination of the glaucomatous condition*, to convince him that *paracentesis corneæ* is at best but a very transient means of reducing eye-tension in glaucoma. The puncture heals in the course of a few hours, and then the intraocular cause of exalted tension (whatever it be) remaining unredressed, the tension is immediately reproduced. For nothing is more remarkable than the rapidity with which the aqueous humour is secreted, and the orifice being closed, the *whole eye contents* are almost immediately restored to their former excessive bulk, and the globe is hard again. If, indeed, *with glaucomatous tension, there co-exist more or less active inflammation*, with all its secondary consequences and aggravated risks (acute glaucoma or the higher varieties of the subacute), one or several frequently repeated tappings of the cornea may often serve as a temporising measure to abate the inflammatory symptoms and reduce the severity of the attack; but the hardness will be found to remain, and with the hardness the certainty of eventual blindness at an earlier or later period.[*] Thus iridectomy would still be necessary, while the delay the tappings would involve would probably much diminish the ultimate amount of sight saved.

Mr. Walton, in his work (*Surgical Diseases of the Eye*, 2nd edit., 1861, chap. xxvi), refers to Von Gräfe's memoirs on *Glaucoma* (translated in the Sydenham Society's volume for 1859, published in 1860, by Mr. Windsor of Manchester, one who perfectly understands the subject), in such a way as to show that he has perused them. Let me also quote from the same most competent authority a passage on this question of tapping the eye in glaucoma, which has apparently escaped Mr. Walton's attention, to show that this practice has been long ago considered, largely tried, and effectively condemned.

"Another year (says Von Gräfe in 1858) has passed since I wrote my essay on *Iridectomy in Glaucoma*, for the third volume of the *Archiv*. I have had many fresh cases, and I have operated on them at most different periods of the disease. So far as was possible, I have kept in view all the cases on which I had previously operated, for although the immediate improvement was clear enough, there was yet the possibility of its not being permanent. To my own observations have been added those of many of my colleagues, and now, when I have again to consider critically the question of treatment, I can at once and with pleasure declare, that I have not the least to retract of what I formerly advanced in favour of iridectomy. Some of the cases, indeed, have ultimately been more favourable than I had expected." (*Windsor's Translation*, p. 359.) "The uncertainty of the result [of iridectomy] in the later stages of acute glaucoma, especially as regards duration, are so directly opposed to its completeness and durability in the acute period, that the advice *to operate immediately and without hesitation*, cannot be too urgent. I must *most decidedly reject the recommendation to try first paracentesis*,—advice which has been urged from unfounded ideas of caution. Three years' extensive experience has taught me, that the results of paracentesis are, in the infinite majority of cases, temporary only. It is true that when methodically employed, it removes the acute character of the disease, and palliates the symptoms; it does not, however, prevent gradual deterioration of vision. Within from three to four months, this was almost invariably found to be the case, on a careful examination of the field of vision. When with these results we compare those of iridectomy, *there can be no reasonable cause for hesitation*. By such trials of paracentesis, the time is lost for radical treatment; for the degree of recovery essentially depends on the length of time the eye has been already affected, and not simply on the condition of the symptoms. Besides, we may reasonably fear that the repeated disturbances of the ocular circulation—and every change of pressure must be considered as such—may render the case less amenable to a treatment, the value of which has been actually proved. My clinic presents a considerable number of cases, where one eye has been treated by paracentesis in former years, the other by iridectomy. In other cases, where the treatment had been commenced with paracentesis, iridectomy was ultimately performed on the same eye, owing to the deterioration of vision, and to our having become acquainted with its beneficial action. *Only a glance at the fate of these different eyes is needed, to induce the abandonment of all other treatment in glaucoma than that of the immediate performance of iridectomy.*" (*Id.* pp. 363-4.)

It will hardly be suspected that I should not have put the same practice to the test on some of the numerous occasions that have been afforded me of doing so, when at various stages of various forms of *typical glaucoma*, for one reason or another, iridectomy could not be opportunely performed, or would not be at once acceded to by the patient. I may state that I have been *uniformly disappointed* as to any *permanent* result, or any saving of sight by this method, with very few exceptions indeed, the phenomena of which only served to support the general conclusion.

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[*] See Hulke, On the Surgical Treatment of Glaucoma (*Medical Times and Gazette*, March 27th, 1858, p. 318), where there is a full reference to this practice and its failure in glaucoma. Also my paper in the British Medical Journal, Oct. 11th, 1862.

Let it not be supposed, however, that *paracentesis corneæ* is an operation of which the value *in proper cases* is undervalued by me. I esteem highly the debt we owe to its eminent proposer* Mr. Wardrop, still happily among us, only I reject it in *typical glaucoma* as a permanent remedy; reserving it for certain cases of the glaucomatous class in which tension arises intercurrently in conditions not originally glaucomatous, and when the cause of tension appears to be so far temporary, that if relieved once, or sometimes even a few times consecutively, by puncture, it ceases to recur; and yet where, if unrelieved by the local outlet, it persists with all its usual ulterior consequences; only yielding to surgical relief. I have particularly found this puncture useful in the tension that sometimes follows needle operations for clearing the pupil after extraction of cataract, and I would earnestly counsel surgeons in any such case, even when the operation has been in itself of the slightest character, to watch narrowly for the occurrence of tension. The pain that is apt to come on from the second to the eighth day often originates in tension, and a timely puncture (perhaps repeated once or twice if necessary), carried also once or twice through the iris if it bulges, will generally allay it in a very satisfactory manner.†

I also need hardly say that I employ the useful little operation of tapping the aqueous chamber in some of those cases of *non-glaucomatous* inflammation of the cornea, anterior chamber, and iris, in which Mr. Wardrop recommended it. Here it sometimes, *though there be no actual tension*, sets forward the eye on a course of recovery, where the symptoms had previously been tedious or threatening. Very much might be written on the various conditions here alluded to, were this the place for doing so.

I must add, however, some remarks on the operation of *paracentesis corneæ*, lest it should be thought by any to be a proceeding unattended with danger. In fact, it is often a very delicate and critical proceeding, and it is never free from those risks which belong to every penetration of the aqueous chamber, especially when shallow, by an instrument. If it is to be repeatedly performed, these risks are repeatedly incurred. They have not been disguised by Mr. Wardrop, who says, "The chief difficulty arises from the pain occasioned by the pressure on the eyeball, necessary to keep open the eyelids; for until a sufficient portion of cornea is brought into view, and the movements of the eyeball completely under the management of the operator, the introduction of the knife should not be attempted."

And after describing the mode of holding the eye, and the share "the assistant" must take in the proceedings, he says very truly, that the patient is very apt to start when he finds the instrument coming in contact with his eye. I may add, that he is very apt to start also while the instrument is turned on its axis, and held stationary in the wound (as very properly advised by Mr. Wardrop, as well as by Mr. Walton), in order to favour the escape of the aqueous humour. And when the fluid is thus escaping, and the iris and lens are falling more forwards towards the cornea, the severe pain often felt is very apt to cause instinctive movements of the patient's head or eye, very dangerous to the lens, especially if the cornea be at all cloudy, so that the point of the needle is obscured from view. In glaucoma, also, the anterior chamber is so frequently very shallow, that, if *paracentesis corneæ* be attempted, the risk to the lens is much increased, even on the first entrance of the instrument, especially if the eye be also inflamed, and the patient rendered more acutely alive to the pain by having undergone the same treatment on previous occasions. Mr. Walton himself says of paracentesis (*Surgical Diseases of the Eye*, 2nd edition, 1861), "I believe that this evacuation is seldom practised in the present day, and that for many years it has been discontinued. Mr. Lawrence writes forcibly against it, prefacing his objections with the statement, that he has tried it in some instances, but with so little benefit, that he has not been induced to insist on the practice," p. 48; and again, "Should chloroform not be used, considerable difficulty will be found in exposing and steadying the globe of the eye; *when the patient is insensible,* the operation is very simple," p. 49. Compare this, by the way, with the following objection to iridectomy in Mr. Walton's recent letter: "Iridectomy is an operation that demands very considerable nicety in its execution, and is done better under the influence of chloroform. This is not in itself objectionable, but it has significance in my argument. There are many frequent unavoidable dangers attendant on it" [whether on the use of chloroform or iridectomy is not clear], "immediate and remote, of which the profession are ignorant, and they have been kept in the background." Mr. Walton says of paracentesis: "Common care will save the iris from injury, and the lens will be spared if the points of the instrument be kept forwards," p. 49. It may be said with equal propriety of iridectomy, that common care will save the patient from all the operative risks, provided that the eye is made quiet by chloroform, and the operator is well acquainted with the exact anatomy of the parts he is dealing with. Now, if chloroform is to be given whether paracentesis or iridectomy be performed, most patients would prefer that which has to be done but once, with a prospect of permanent benefit, to that which would probably have to be repeated on several successive occasions, without the surgeon even then being able to promise a real arrest of the disease. And this particularly applies to the subjects of glaucomatous disease, often weakly, nervous, or elderly persons, already depressed by pain and the dread of blindness.

It may not be out of place also to note here from one of the most eminent authorities, Dr. Jacob, a passage relating to the operation of tapping the eye for staphyloma (the eye distended by glaucomatous tension), and which I find in Mr. Walton's work, p. 333: "All you want is to let out all the aqueous humour that will flow, and to leave an opening likely to heal by first intention, until you see how your patient bears injury; mind that, for I can tell you that a very small matter sets up awful inflammation in some people. I have not seen either afford the least benefit, except temporary relief from pain. In a few days or weeks there has been a re-accumulation of fluid, and a return of the symptoms. In one case, after the second tapping, acute inflammation with suppuration followed." Mr. Walton thus quotes Dr. Jacob *àpropos* of a case, under his own care, of staphylomatous distension of the whole eye, evidently of glaucomatous type. Mr. Walton tried this plan of repeated tappings, with external pressure, and *ultimately performed "abscission."* Probably, a timely iridectomy would have allayed pain and saved the blind globe from abscission.

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* In recent times, for the operation is itself at least as old as the seventeenth century.

† I lately mentioned this method to my friend Mr. Teale, jun., of Leeds, and a few days after he sent me an account of an instance in which he had adopted my suggestion, and which was so interesting, that he may, perhaps, be induced to send you a short account of it.

I by no means think, indeed, that one not habituated to operations on the eye can always safely undertake either paracentesis or iridectomy. In itself, no doubt, paracentesis is the simpler. The question, however, is not which is the simpler, but which is the *more effectual for the permanent relief of tension.*

If in the passage above quoted Mr. Walton means that the risks *of the operation of iridectomy* have been kept in the background, I venture to differ from him. I think it is not so. They are well understood, and have been repeatedly stated. It is easy on paper to magnify these risks; no doubt much will depend on the operator's skill and delicacy of hand, and something on the individual peculiarities of the case. I have no wish to underrate the difficulties; rather I would describe them in order to explain how they may best be overcome. I believe they may be, in a very great degree, obviated, or, at least, reduced within very narrow limits. But were they much greater than they are, they would, in most cases, be wisely and cheerfully encountered, under the alternative of impending blindness. I am, etc.,

W. Bowman.

5, Clifford Street, January 26th, 1864.

[Want of space obliges us to defer the remaining part of the letter until next week. Editor]

Letter from S. Browne, L.K.Q.C.P.

Sir,—I now proceed to redeem the promise which I made some time back, when you did me the honour to solicit my views on the much debated question of "iridectomy as a 'cure' for glaucoma". I beg, however, before I enter upon any discussion of the subject, to tender to you my individual thanks for having brought this important matter before the public in the Journal, and for the very temperate and impartial tone which has characterised your leading articles upon this *quæstio vexata.* I feel satisfied that our profession will award to you unqualified praise for the high reasoning powers which have pervaded these articles, and for the candid manner in which you have directed the controversy.

For several years—indeed, ever since the subject of iridectomy in connexion with the treatment of glaucoma came to be spoken of in the medical press of this country—I have devoted considerable time and attention to learn, if possible, the *exact* nature of the disease of the eye named "glaucoma" by the iridectomists, and to comprehend the *rationale* of the operation said to be so successful in restoring vision which had been injured or nearly lost through that affection. Well, the result of my inquiries and experience is, that the so-called glaucoma has not yet been accurately defined; nor has the operation for its "cure" been based upon the recognised principles of scientific surgery. It is true that various writers upon the subject have endeavoured to enunciate the one and to explain the other; but these gentlemen have differed so widely both in the pathology of the affection and in the *rationale* of the operation, it must be obvious to an unprejudiced observer—which I claim to be considered—that, in the school of the iridectomists, there is not even *now* any settled understanding; there are no determinate principles upon which its disciples fully agree! To these points I shall presently more specially refer.

My individual experience of glaucoma and iridectomy may be summed up very briefly. During the last four years, I have carefully observed every case of eye-disease, more than five thousand in number, that has come before me; and I have not been able to recognise more than one per cent. which I could classify as glaucoma; namely, deep-seated inflammation of the tissues of the eyeball; dilated pupil; probable effusion within its structure; and tension of the entire globe; severe pain, with impairment or almost complete loss of sight; the disease at the same time running a more or less rapidly destructive course, and not being controllable by medical treatment. But I have seen, within the same period, a large number of cases of acute inflammation of the deep tissues of the eye—with the symptoms of effusion; namely, dimness of vision, in several degrees—and appreciable tension of the globe. These were cases of choroiditis, or chronic iritis; were perfectly manageable; and in them, under proper treatment, the eyes were restored either to tolerably good or to unimpaired sight.

In some of the cases referred to as glaucomatous, I performed, with all the care I could exercise, the operation of removing a portion of the iris, amounting to about one-sixth of its bulk; and although by the step I have alleviated, in some instances only temporarily, the sufferings of the patient, I regret that I have not in any case been able to restore the sight to a more perfect condition than has followed after constitutional treatment and the evacuation of the aqueous humour; and that, too, in cases with analogous symptoms.

By these remarks it will be seen that, in this country, acute or chronic glaucoma is a disease fortunately of rare occurrence; and that my personal experience of iridectomy for its treatment has not created in me any sanguine hopes of its efficacy. But here I must guard myself from being misunderstood. I simply refer to the operation of iridectomy as applicable to the treatment of the so-called glaucomatous affections of the eye; as, in common with every ophthalmic surgeon, I have found the formation of an artificial pupil by incision and removal of a portion of the iris—in fact, by iridectomy—in suitable cases, frequently successful in restoring very useful sight. I may likewise remark, that I have found iridectomy a good operation in cases of cataract with synechia posterior, which I have extracted by linear section.

My own experience of iridectomy in the treatment of glaucoma having only afforded me negative results, I naturally felt anxious to read the correspondence which has appeared in your Journal, hoping that I might receive important information, and possibly have my views either changed or modified; but, alas! after all the ink that has been shed in the controversy, I find that I am not much better informed upon the subject; and that I cannot consistently alter the opinions which I had already formed, founded upon my personal observations and on my independent judgment. And certainly I now feel myself not only justified in thus holding by my former views, but also in publishing them before the profession; for I maintain that it is the bounden duty of every man, who practises general or special surgery, to investigate the principles of every novel proposition touching his art, and to adopt or reject it manfully, according as his reason and experience may guide him.

I have already stated my reasons, based on personal observation, for rejecting iridectomy as applicable to the treatment—I dislike the term "cure", it is not nicely professional—to the treatment of glaucoma; and I shall now briefly state why it is that I still reject it, even after the lengthened, I cannot say learned, correspondence which has taken place regarding the operation.

In the first place, then, I find that its advocates are at variance relative to the pathology of glaucoma. Several of them, indeed, appear to ignore every pathological consideration; and there are others who really do not seem to comprehend the matter under discussion, though strongly advocating the operation of iridectomy as the "cure" in certain undefined conditions of the eye; while, at the same time, they forget every principle of surgery in their haste to vote upon the question!

The second consideration suggested by the correspondence, is the vast numbers of cases of the so-called glaucoma, that appear "as thick as leaves in Vallombrosa" in and about London! Well, not having seen them, I cannot say that such did not and do not exist; but I may be allowed to entertain a shrewd suspicion that many of the cases which on this side the Channel we regard as simple though severe inflammation of the deep structures of the eye, are pressed into the service of the iridectomists, the admirers of the "new" and "brilliant" operation. Otherwise, how is it that, while we have here the usual amount of cases of choroidal, corneal, and iritic disease, we see so very few of those dire affections that can only be cut short by cutting up the iris? I maintain that we have the usual proportion of severe inflammation of the deep structures of the eye, and that these are quite amenable to treatment without iridectomy; and I likewise maintain, after more than twenty years' experience in an ophthalmic institution and in a general hospital, that I have not seen two per cent. of acute or chronic glaucoma, as I understand that disease, which I have already defined —cases, in fact, which were not controllable and controlled by suitable medical and surgical interference; iridectomy not forming a part of the treatment.

Then, as regards "tension" of the eyeball, which *now* seems to be the great point, the one index to guide the ophthalmic surgeon in selecting the cases for iridectomy, I unhesitatingly affirm that, if any surgeon will presume to operate upon every eye in which there is failing vision, and in which he thinks he discerns undue tension of the globe, he will take a most unjustifiable step, and will act in violation of sound pathological principles. And I say this the more readily, as the iridectomists have not failed to affirm that the opponents of the operation are doing a vast amount of wrong in not adopting it. But why do I say so? Simply because I have, over and over again, treated cases, and have under my observation at this moment patients, where the eyes, suffering from acute choroidal, corneal, and iritic inflammation, have or had the symptoms that have been assigned to glaucoma, failing sight and tension of the eyeball being prominent signs; and yet, by proper treatment, iridectomy not forming any part of that treatment, the eyes have recovered, or are recovering, with useful or good sight; and that is as much as the iridectomists can claim for their most brilliant operation! Nay more, I have lately had a patient with goître under my care, in whom the eyes were prominent and *tense*, with impaired powers of sight; yet just as the enlarged gland diminished in volume, so did the abnormal condition of the eyes recede also. Would any man in his senses, and with a just regard to the honour of our noble profession, operate in such a case because he had discovered that dimness of sight and tension of the eyeball were present?

Before I bring these observations to a close, I cannot but allude to a certain tone which has more or less pervaded the letters of the iridectomists, but more especially of one who is the leader of the school. I refer to the patronising air, the offended dignity, but more particularly to the denunciatory terms in which his opponents have been threatened with loss of name and fame, and, by consequence, of practice. Such a course, permit me to tell the writer, is wrong. No surgeon has the right to stand up among his equals—his peers—and thus denounce any of his brethren. I contend, on the contrary, that any educated and conscientious surgeon has not only the right to express his opinions, but to maintain them, too, by legitimate argument and conduct, without being denounced before the profession and the public as perpetrating a grievous wrong because he will not adopt the course pursued by others, when his experience and conscience tell him that he is following the path of rectitude and honour.

After all these observations, I may be told, as others have been, that I am incapable of recognising a truly glaucomatous condition of the eye; and that hence I cannot appreciate the *nice* principles of iridectomy! Still it will be time enough for me to cry *peccavi* when the iridectomists have settled among themselves—*non nostrum tantas componere lites*—what *their* glaucoma really is, and when they shall have agreed to lay before the profession their views based upon easily understood principles, thus giving a *reason* for the faith that is in them.

I am, etc., S. Browne.

9, Donegall Square, Belfast, January 19th, 1864.

MEDICAL EDUCATION.

Sir,—I think the profession is much indebted to you for your bold disregard of existing interests in taking up the subject of the "diluted omniscience" now required of medical students. The difficulty under which the licensing bodies lie is this—they desire to encourage the prosecution by the students of some scientific studies not necessary to the mere practice of their art; partly to keep up their status as educated men, partly to give them logical habits of classification, partly to promote the general interests of the individual sciences so learnt; and they at present see no means of accomplishing their objects without requiring all these studies to be entered upon by all. My card enclosed will show you that I have been for some years a lecturer on the Practice of Medicine, and that I have been an examiner of candidates for two licensing bodies, so that I may claim to know something of students; and my experience is, that the plan adopted results in a general contempt by the pupil for those branches of learning of which he is required to have a smattering.

What I should like to see is this—not the obliteration from the schedule of these courses of lectures, but the requirement of attendance on only one or other of them, to be selected voluntarily by the pupil himself. I would demand, for instance, a better acquaintance than is now expected, of *either* natural philosophy, *or* mechanics, *or* botany, *or* materia medica (natural history of drugs), *or* zoology, *or* comparative anatomy, *or* medical jurisprudence; but I would not allow boards to admit the pupil to examination to more than one, or to require attendance in more than one branch.

The Educational Committee of Privy Council have long adopted this principle, and have found it most efficacious in discouraging smattering and encouraging real knowledge.

Irrespectively of the relief to the candidates, this plan would be a great advantage to examiners; as it would enable them without false shame to call in assessors in the collateral branches. I have a painful recollection of the ridiculous position in which I found myself, when, on two occasions, I was called upon to set papers on botany—not because I knew more about it than my colleagues, for we were all equally ignorant; but because I chanced to be junior or "pony." Of course, if we required a knowledge of it from all candidates, we could not but profess all to be acquainted with it, and were ashamed to delegate our duties to any expert, however much we felt the expediency of so doing.

I have a decided opinion as to other modes of diminishing the burdens laid on the shoulders of our budding Galens; but am anxious not to provoke differences by proposing too trenchant a reform all at once, or to lengthen this letter, and therefore merely add my hope that you will continue to agitate the question till some relief is given to your obliged servant, A London Lecturer.

Medical News.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 26th.

Bennett, Thomas Graham, Brighton
Blanchet, Jean Baptiste, Quebec
Carr, Charles. Newcastle
Colden, Edward, Wandsworth Road
Coulter, John Gordon, Belfast
Dalley, Charles Thomas, Markfield, Leicestershire
Eastes, George, Folkestone
Eddison, John Edwin, Leeds
Hughes, Richard, Llanddeniolen, Carmarthenshire
Ireland, John Roaf, Kingswinford
Leach, Samuel Forest, Mile End
Low. Alexander James, Jersey
Lucey, William Cubitt, Bermondsey
Pearless, Charles Durrant, East Grinstead
Phillips. John James, Towyn, North Wales
Power, William Henry, Queen's Square, Bloomsbury
Ross, David Palmer, Penang. East Indies
Shannon. George, Magherafell. co. Derry
Waters, John George, Cheshunt
Watson, George Henry, Jersey
Wigmore, William, Oswestry
Worger, Thomas Hewlett, Chiswell Street, Finsbury

Apothecaries' Hall. On January 21st, the following Licentiates were admitted :—

Atkinson, Warner, Harrington Square
M'Nair, Frederick, Guy's Hospital

APPOINTMENTS.

Baylis, Charles C., M.D., appointed Medical Officer of Health for Birkenhead.

Cavanagh, James W., Esq., elected Henorary Medical Officer to the North Dispensary, Liverpool, in the room of L. E. Desmond, Esq., resigned.

Cock, Frederick, M.D., elected Consulting-Physician to the Farringdon General Dispensary.

Connor, William, M.D., appointed Medical Officer to the Royal Victoria Patriotic Asylum, in the room of J. J. Paul, M.D., resigned.

Langdon, Thomas C., Esq., elected Surgeon to the Hants County Hospital, in the room of H. G. Lyford, M.D., resigned.

Oxley, William, Esq . appointed a Medical Officer of the Rotherham Dispensary, in the room of H. Wilkinson, Esq.

Robinson, Edward, Esq., appointed a Medical Officer of the Rotherham Dispensary, in the room of the late B. Robinson, M.D.

Watts. Frederick H., Esq., appointed Resident Apothecary to the Middlesex Hospital, in the room of D. Devereux, Esq., resigned.

Poor-Law Medical Service.

Allan, Christopher J., M.D., to the North Alton or No. 1 District of the Alton Union.

Angus, James A , Esq., to District No. 7 of the Newcastle-upon-Tyne Union.

Collyer, James, Esq., to the Town District and the Workhouse of the Edmonton Union.

Dalgleish, Jonathan, Esq., to District No. 5 of the Newcastle-upon Tyne Union.

Dukes, Charles M., L.R.C.P., to the Highway District of the Edmonton Union.

Godson, Charles, Esq., to the Mill-corner and Cockfoster's District of the Edmonton Union.

Jones, John T., Esq., to the Llanfihangel District of the Festiniog Union, Merionethshire.

Joynson, George T., L.F.P.S.Glasg., L.S.A.Lond., to the First Division of the Northwich District of the Northwich Union.

Mackley, Herbert, L.F.P.S.Glasg., to the Wilsden District of the North Brierley Union.

Permewan, John, Esq., to the Parishes of Gwennap and Stithians, in the Redruth Union.

Ringrose, John, Esq., to the Cooper's Lane District of the Edmonton Union.

Sandford, Horace V., M.D., to the Bentley or No. 3 District of the Alton Union.

Sykes, Benjamin C., M.D., to the Cleckheaton and Hunsworth District of the North Brierley Union, Yorkshire.

Webb, Thomas W., L.F.P. & S.Glasg., to the Kilpatrick Dispensary District of the Cashel Union.

Wilson, Thomas, M.D., to the South Alton or No. 2 District of the Alton Union.

Royal Navy.

Anderson, William, Esq. (*b*), Assistant-Surgeon, to the *Hector*.
Butler, Edward J., Esq., Assistant-Surgeon, to the *Royal Adelaide*.
Elliott, George F., M.B., Assistant-Surgeon, to the *Hogue*.
Fenn, Edward, Esq., Assistant-Surgeon, to the *Victory*.
McKenna, Arthur, M.D., Assistant-Surgeon, to the *Prince Consort*.
Ward, Cornelius, Esq., Acting Assist.-Surgeon, to the *Mæander*.

DEATHS.

Anderson. On January 24th, at King Street, Whitehall, Mary, wife of C. Anderson, Esq., Surgeon.

Dennison. On January 20th, at Margate, aged 73, Mary, widow of R. B. Dennison, M.D.

Honeywood, James, Esq., Surgeon, at Blackfriars Road, aged 45, on January 20.

*Lye, John Bleeck, M.D., at Hereford, aged 76, on January 17.

Mackenzie. On January 20th, at 11, Chester Place, Hyde Park Gardens, Mary, wife of F. W. Mackenzie, M.D.

Macpherson. On December 9th, 1863, at Cape Town, Mary Jane, wife of E. M. Macpherson, Esq., Staff Surgeon-Major.

Rees, David, M.D., at New Cross, aged 87, on January 20th.

Rind, M. McNeilll, Esq., Deputy Inspector-General of Hospitals, at Saugor, Central India, on December 17th, 1863.

Wickham, William John, Esq., Consulting-Surgeon to the Hampshire County Hospital, at Winchester, on January 19.

Imprisonment for Inoculation. A woman has been sentenced at Cashel in Ireland to two months' imprisonment for inoculating two children with the small-pox.

Death of Dr. Bleeck Lye. We regret to have to announce this week the death of Dr. Bleeck Lye of Hereford. The crowded state of our columns prevents us this week alluding more fully to the event.

St. Bartholomew's Hospital. Mr. Holmes Coote resigns his assistant-surgeoncy to the Orthopædic Hospital, Mr. Coote succeeds Mr. Skey at St. Bartholomew's, and Dr. Kirkes takes the physicianship vacant through the resignation of Dr. Burrows.

Deaths in London. In the week ending January 16th, 2,427 deaths are recorded in the Register of Deaths for the Metropolis, being 877 above the average. "These persons," says the Registrar, "were killed almost suddenly by the cold wave of the atmosphere."

The Conspiracy against the French Emperor. The poniards seized on the four Italians engaged in the plot against the Emperor's life have been confided to Dr. Reveil for an analysis of the substance with which the blades had been poisoned.

The London Hospital The publication is announced of Clinical Lectures and Reports by the medical and surgical staff of the London Hospital. This volume will be published under the editorship of Dr. Andrew Clark, Dr. Down, Mr. Hutchinson, and Mr. Maunder. It is hoped it will be ready in June next.

A Rare Verdict. On the 24th inst., an inquest was held at Kingsland on a girl, aged 19, who died from the effects of a shock she received by another young woman dressing up as a ghost. Deceased instantly fell back screaming into the arms of the governess. Blood gushed from her nostrils, and she was carried downstairs insensible. A doctor was sent for, servants sat up with her all night, and everything possible was done for her, but she never recovered from the shock. The jury returned a verdict of "Death from obscure disease of the brain and hysteria, accelerated by a fright, and that the said death was caused by misfortune."

Royal College of Surgeons. At a meeting of the Council on the 22nd inst., Professor Partridge, F.R.S,, of King's College, was elected a member of the Court of Examiners, and Mr. John Flint South a member of the Dental Board, in the vacancies occasioned by the lamented decease of Mr. Joseph Henry Green. The vacant seat in the Council will not be filled up until the annual meeting of the Fellows in July next.

The Mortality in London. The state of mortality in the metropolis was lower last week than the previous one, but is still very high. The deaths last week amounted to 2180, which is 247 lower than last week, but was 651 higher than the corrected average for the last ten years. There were 2076 children born; which is less than the deaths by 104. It is very rarely that the births do not more than make up for the deaths of the week.

The Queen and Mr. Brown. Her Majesty has planted an evergreen oak in the grounds of Frogmore House, to commemorate the happy event of the birth of the young Prince, and before leaving Windsor Her Majesty expressed her high appreciation of Mr. Brown's skill and attention, and as a proof of which Her Majesty has been graciously pleased to present to that gentleman a very valuable garnet ring, set with diamonds, in acknowledgment of his services in connection with the event. (*Court Journal.*)

Odontological Society. At the annual general meeting held on January 4th, the following gentlemen were duly elected officers and councillors for the year 1864:—*President:* Edwin Saunders, Esq.—*Vice-Presidents (Resident):* T. A. Rogers, Esq.; W. A. N. Catlin, Esq.; W. Imrie, Esq.; W. Perkins, Esq.; G. A. Ibbetson, Esq.; (*Non-Resident*): C. S. Bate, Esq. (Plymouth); W. K. Bridgman, Esq. (Norwich); S. Tibbs, Esq. (Cheltenham); W. A. Roberts, M.D. (Edinburgh).—*Treasurer:* Arnold Rogers, Esq.—*Librarian:* J. B. Fletcher, Esq.—*Honorary Secretaries (Ordinary):* Alfred Coleman, Esq.; Charles Vasey, Esq.; (*For Foreign Correspondence*): Thomas Underwood, Esq.—*Councillors: (Resident):* W. D. Saunders, Esq.; I. Sheffield, Esq.; W. A. Harrison, Esq.; C. J. Fox, Esq.; H. T. Kempton, Esq.; R. T. Hulme, Esq.; J. Tomes, Esq.; W. M. Bigg, Esq.; F. W. Rogers, Esq.; G. Owen, Esq.; A. Hill, Esq.; *(Non-Resident):* D. Hepburn, Esq. (Edinburgh); C. D. Rogers, Esq. (Newbury); S. L. Rymer, Esq. (Croydon); G. Buchanan, Esq. (Glasgow); E. P. Parkinson, Esq. (Brighton); W. Hunt, Esq. (Yeovil). The President in his address, congratulated the members on the present satisfactory condition of the Society, evinced by its numerical strength of 319 members, and the balance of £546 : 8 : 8 in the hands of the Treasurer at the end of the last session.

Sergeant *v.* the General Council of Medical Registration. This case raised an important question, under the Medical Act, 1858, affecting the medidical profession. The applicant was qualified and registered at the time of the passing of the Act; but the usual annual letter having been since sent to him, addressed to his last place of residence, it had received no answer within the six months (owing to a change of address), and the Council proceeded to strike out his name. In Trinity Term last he applied for a *mandamus* to the Council to restore his name under their general power to do so, "if they should think fit;" but the Court doubted if this raised a legal duty to do so, so as to render them liable to a *mandamus*, They, however, granted a rule *nisi* under another section of the statute, to hear and determine on his application to be registered *de novo* on due proof of his possession of the requisite legal qualification. The Lord Chief Justice put the case of a practitioner whose name was struck off through mere *laches* or neglect on his part in not answering the usual letter. Surely he was not to be excluded for ever from the practice of his profession? The Court, without calling on Mr. James to support the rule *nisi*, made it absolute for a *mandamus*.

Death of Mr. Wickham of Winchester. We regret to record the death of Mr. Wickham of Winchester, one of the consulting surgeons to the Hampshire County Hospital. Mr. Wickham and his ancestors have occupied a high position in surgery at Winchester, for above a century; and have left a name and reputation, as honourable and lasting as the venerable city itself. Mr. Wickham was educated at the Borough Schools, and subsequently studied at Edinburgh and Paris. He passed the College of Surgeons in 1815, and became honorary Fellow in 1843. Mr. Wickham had been out of health for some months; but latterly, repeated attacks of epilepsy terminated his useful life. He had been for more than forty years connected with the Hampshire County Hospital, and during that lengthened period conducted a very extensive private practice. His contributions to medical literature were a *Treatise on Diseases of the Joints*, with various papers on surgical subjects in the journals of the day. As an operator and lithotomist, he was very successful, and his operations were extended to various parts of the county, and elsewhere.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Mr. Streatfeild's letter shall appear next week.

We shall defer any further notice of the suit touching the King and Queen's College of Physicians' power to grant the title or degree of Doctor of Medice, until judgment had been delivered in the case.

The Late Mr. Peter Martin.—Sir: I have read with the utmost satisfaction the remarkable list of subscriptions towards a testimonial to the late Mr. Peter Martin; but I beg permission to say one word as to the appeal to the profession. Members of the South-Eastern Branch who, like myself, are anxious to do honour to the memory of that good man, who worked for us for so many years with a constancy that ended only with his death, are desirous to have a memorial by that Branch alone, and only await the official movement to send our contributions. I trust this will speedily be arranged, and a treasurer appointed.

I am, etc., An Ex-President.

[Our correspondent will find a letter on this subject from the President of the South-Eastern Branch, at p. 133. Editor.]

Midwifery Statistics.—Sir: It will oblige me if some member of the profession will inform me what, throughout Great Britain, has been the average number of deaths in obstetric practice to the mothers, during the last five, seven, or ten years; viz., cases fatal before delivery; within twelve hours of delivery; and at a later date, but consequent on delivery. I am, etc.,

A Midwifery Practitioner of Fifty Years' Standing.

COMMUNICATIONS have been received from:—Mr. Henry Lee; Dr. A. T. H. Waters; Mr. Brodhurst; The Secretaries of the Epidemiological Society; Shamrock; Dr. Kelly; J. W.; Dr. S. Fletcher; Mr. Kidgell; Dr. H. Marshall; The Secretary of the Western Medical and Surgical Society of London; Mr. R. S. Fowler; Dr. Swayne; The Secretary of the Odontological Society; Mr. G. E. Forman; The Registrar of the Medical Council; Dr. Routh; Mr. William Bowman; Mr. T. Francis Edwards; The Registrar of the Medical Society of London; Dr. S. Martyn; Mr. Jonathan Hutchinson; Mr. T. M. Stone; Dr. S. H. Agar; The Honorary Secretary of the Obstetrical Society of London; Mr. John Windsor; An Ex-President; Dr. J. Armstrong; Mr. William Copney; and Mr. Curgenven.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.--Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.— Great Northern, 2 P.M.— London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Clinical Discussion.—Epidemiological Society, 8 P.M. Dr. Camps, "On the Hygiene and Epidemiology of the Indian Army, based on the Report of the Royal Commission."—Odontological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Garrod, "The British Pharmacopœia: its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."—Obstetrical Society of London, 8 P.M. Mr. Baker Brown, "On Fibrous Tumours of the Uterus treated by Surgical Means"; Mr. Bryant, "Ten Cases of Ovariotomy, with Remarks"; Dr. Tyler Smith, "Additional Cases of Ovariotomy."

THURSDAY. Harveian Society of London, 8 P.M. Mr. W. Adams, "On the Pathology and Treatment of Fracture of the Patella."

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Garrod, "The British Pharmacopœia: its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."—Western Medical and Surgical Society of London, 8 P.M. Mr. J. R. Lane, "Sequel of a Case of Vesico-Uterine Fistula, in which Pregnancy occurred after Closure of the Os Uteri by Operation."

SUBSCRIPTIONS.

THE following Laws of the Association will be strictly enforced:—

15. The subscription to the Association shall be One Guinea annually; and each member on paying his subscription shall be entitled to receive the publications of the Association of the current year. The subscriptions shall date from the 1st of January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous. If any member's subscription remain unpaid twelve months after it shall have become due, the publications of the Society shall be withheld from such member until his arrears be paid.

16. The name of no member shall remain on the books of the Association, whose arrears extend over three years; but the omission of the name from the list of members shall not be deemed, either in honour or equity, to relieve any member from his liability for the subscriptions due for the period during which he has availed himself of the privileges of membership.

THOMAS W. WILLIAMS, *General Secretary.*

Birmingham, January 1864.

ADVERTISEMENTS.

Clock Making.—"Benson's great piece of Clock Work is certainly a marvellous achievement in clock-making, both as regards the workmanship, and its capacity under difficult circumstances for time measuring."—*Mechanics' Magazine*, Sept. 15, 1862. Clocks by the first artists of the day for the drawing room, dining room, bed room, library, hall, staircase, bracket, carriage, church, turret, railways, warehouse, counting house, musical, and astronomical. Church and turret clocks specially estimated for. Benson's illustrated pamphlet on clocks (free by post for two stamps) with descriptions and prices, enables those who live in any part of the world, to select a clock. Also a short pamphlet on Cathedral and public clocks, free for one stamp. Prize Medal and honourable mention in classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

Watch and Clock Maker by Special Warrant of Appointment to H.R.H. The Prince of Wales.

Price's Glycerine, its Uses and Purity. See "De la Glycerine, de ses Applications à la Chirurgie et à la Médecine," by the eminent French Surgeon, M. Demarquay. pp. 240. Paris: P. Asselin. 1863. Or, "On Glycerine, and its Uses in Medicine, Surgery, and Pharmacy." By Dr. W. Abbotts Smith. London: H. K. Lewis.

Surgical Instruments.—Arnold & SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

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Liquor Bismuthi, (Schacht)—a fluid preparation of Bismuth, not decomposed by dilution. This article has been extensively used at the Bristol General Hospital, and in private dispensing, since 1857; and is recommended by many of the faculty as more efficacious and more convenient of administration than any other form of the remedy.

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For Varicose Veins and Weakness. Very superior SURGICAL ELASTIC STOCKINGS and KNEE-CAPS, on a New Principle, pervious, light in texture, and *inexpensive*, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working-classes.

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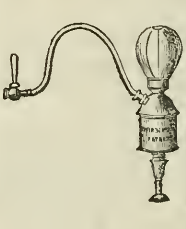

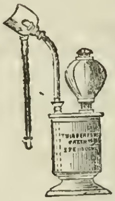

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TESTIMONIALS.

"TWINBERROW'S 'DOUBLE-ACTION (Syphon) SYRINGE' is the most generally useful Instrument of the kind with which I am acquainted. For the more ordinary purposes it is especially well fitted, being COMPACT, PORTABLE, and NOT LIABLE TO GET OUT OF ORDER. By a very simple arrangement the Instrument may be rendered available as an EYE DOUCHE, an EAR SYRINGE, and for WASHING OUT THE BLADDER. For these purposes it is peculiarly well adapted, being continuous in its action.—JOHN ERICHSEN, Professor of Surgery at University College, and Surgeon to the Hospital."

"I have seen and made use of your DOUBLE-ACTION SYRINGE, and think very highly of it.—WM. FERGUSSON, Professor of Surgery at King's College, and Surgeon to the Hospital."

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TWINBERROW, Dispensing Chemist, Sole Patentee, 2, Edwards Street, Portman Square, London.

A Word or Two

ON

MEDICAL EDUCATION:

AND

A HINT OR TWO FOR THOSE WHO THINK IT NEEDS REFORMING.

BY

P. M. LATHAM, M.D.

"SCIENCE is his forte, omniscience is his foible." This was spoken by one well able to instruct mankind; and with such a lucky way of doing it, that he could wrap up wisdom in a witticism. And this was one of the wisest and wittiest things he ever said. He aimed it at some individual, and perhaps hit him and made him smart. Had he aimed it at our profession, would he have hit it? Perhaps he would; and if he had, we should only have laughed at it. For crowds keep one another in countenance where individuals feel sharply.

The Profession of Medicine, in itself and in the things pertaining to it, is running over with knowledge. The studies proper, preparatory, and collateral to it, are enormous. There are given us things to see which for their minuteness make our eyes crack; and things to understand which for their vastness and infinitude, as they come pouring in upon our minds, make us cry out, "Hold, enough!" Well may they, small and great, all so generously forced upon us in the way of educational culture, turn us poor physicians to sadness, when we think of the return the world may expect at our hands. "Beneficia eousque læta sunt dum videntur exsolvi posse; ubi multum antevenêre pro gratiâ odium redditur." (*Tacit. Ann.*, iv, 18.) Benefits give pleasure as long as they seem within the possibility of repayment; when they have gone much beyond it, dislike takes the place of gratitude. Is not the medical profession at this day accumulating scientific obligations upon itself, which it can never repay in any tangible current coin of usefulness either to itself or to the world?

Having been a good long time physician to a large hospital, I was in the way to see how medical men might be made or marred in the training. So noting or fancying some extravagances in the course of their education laid down by authority, and thinking they boded some harm to the profession, I presumed to bear my moderate testimony against them. This was more than a quarter of a century ago. But my voice was a feeble one. It was no match at all for the edicts of halls, colleges, and institutions, new and old, which were rivalling one another in the ruinous amount of taxation they levied upon the time and thought of medical students, with their hundreds and hundreds of lectures sentenced and inflicted upon them without mercy. At length, however, I am told that our rulers are going to revise their taxation papers, and make their educational imposts with some regard to what their subjects can bear and can afford. Some public bodies, upon a retrospect of this quarter of a century or more, have come to find out and proclaim their error, and are honestly bent upon repairing it. And they shall not want my voice, though now much more feeble than ever, for their encouragement and congratulation.

There is no doubt whatever that the grievance has been a real and serious one, and that the more thoughtful students and the best and more experienced teachers and practitioners of medicine and surgery have been convinced in their own minds that it was so, even for more than a quarter of a century.

It is now two and twenty years since I ceased to be physician to St. Bartholomew's Hospital, and it was a few years before that time, that I had a most interesting conversation with two medical students. They possessed the better order of minds, and had devoted to their professional education at St. Bartholomew's three years with great applause. The day for the annual award of prizes was just passed, and they had swept away between them all of any account and credit. On the following day, they came to me both together, begging to be told how they were to learn their profession. This was the simple way in which they put the question to me. There was no mock humility in it. Their look and manner were much too serious for me to suspect anything of the kind. Thus the matter stood with them upon their own shewing. During three whole years they had been hard at work upon all that lectures and museums could teach them. And verily they had thus far their reward. But they had utterly neglected the wards of the hospital. This was their own honest confession and regret. Their avowed temptation and excuse were the *éclat* that awaited them, when they returned into the country, from the distinctions they had gained.

Here are two right headed, accomplished, students, in the hour of their triumph, convinced that thus far they had not gone the right way to work for making themselves good practitioners.

Ten or a dozen years ago, I was present at the annual celebration of one of our medical schools. The distribution of the prizes had already begun, when an eminent member of our profession came in, and, finding a place vacant near me, he took it and sat down, and looked over the printed list of successful candidates which I held in my hand. Whereupon he exclaimed, "Fifty distinguished students! why, they will all be ruined!" He to whom I allude was then our best living example of science and practical experience combined in their just proportions. In him they had done all that they could do for professional success, and he was looked upon by the world as well deserving the high position which he held. He held it without envy. Moreover, he had been a teacher. Now his words need not be taken at the full of what their literal force will bear. But at least they meant this: that the system under which the fifty medical students had gained their present credit was a wrong system in itself, and that so they would find it in the long run.

Take, then, Sir Benjamin Brodie—for he was the man to whom I allude—to represent the best and most experienced of teachers and practitioners, and take the two students who have been mentioned to represent the more thoughtful of their class, and we have the sober judgment of learners, teachers, and practitioners, that there has been something radically unsound in the medical education prescribed by authority for more than a quarter of a century.

I often think of my profession and its fortunes as of a poor man with a crowd of rich and noble relations. He thinks surely they must help him in the world. And so he cultivates them assiduously; and perhaps they are well enough disposed towards him. But then they are not constantly taking him by the hand, and lifting him over the rough places of life; and simply because they cannot. The truth is, they do not understand his daily objects; and if they were to meddle with them, they would only mar them. Perhaps, however, they may render the poor fellow good service every now and then by chance. Besides he has always the credit of belonging to them; and that is something as the world goes. But let him beware of that very common evil among us, the vanity of large acquaintance; of having, or affecting to have, an intimacy with everybody worth knowing. It is a vanity not fit for all men to indulge in. All cannot afford the expense of time and trouble required to keep it up.

Now here are real truths signified, whether my parabolical mode of putting them be wise or foolish; truths in which our profession is concerned, and would do well to consider. There is nothing honest or of good report in the whole world, nothing of scientific truth or of high speculation, morally and mentally, with which medicine does not claim legitimate kindred. But then there are cunning genealogists among us who would make out the links of kindred to be surer and closer than they are, and the rest of us acquiesce for the glory of the thing.

There is not a more difficult problem in the world than the education for a particular profession. In universities, so that the things taught be good in themselves, education may be as miscellaneous and omnifarious and even as redundant as you please. The object is to rouse the mind and let it make acquaintance with its powers and inclinations, so that it may judge of its own natural fitness by what it is able to do the best. In universities, education is for all professions and for all callings. But when you come to the particular profession or calling, whatever it may be, and seek to educate for it, you must draw to a point, and become discriminate and eclectic, and, above all, very fearful and suspicious of redundance and excess, especially if it be the medical profession with which you have to do.

Now what is this medical profession? It is the art how to treat, cure, and minister all possible relief to men, women, and children, when they have come to harm from disease, accident, or any other adversity. This is the core and kernel of the whole matter. And with this strictly and restrictively in view, a sort of magistracy was given to certain bodies over medical education for the public good. It was empowered to settle, first, the course of training indispensable for all who would practise medicine and surgery; secondly, to test by sufficient examination, one by one, the competency of all, before they enter it: to tell them how they are to fit themselves, and then tell the world who are fit.

Here are two about as delicate and ticklish problems as can well be conceived; and one can plainly see that in both of them the temptation would be to err on the side of excess and in things extrinsic: an error which, of all professions in the world, ours would least bear with impunity.

For the first are instituted lectures on Anatomy, not a few, but by hundreds; lectures on the Principles and Practice of Medicine, lectures on the Principles and Practice of Surgery, on both not a few, but by hundreds; lectures on Forensic Medicine, including Toxicology and Toxicological Analysis; lectures on Materia Medica. Every one of these things, by the very names they bear, claim or seem to claim their right of place in medical education.

Then there are lectures on Chemistry as a science, lectures on Botany as a science.

But Physiology remains to be mentioned, which, in the hands of a powerful, accomplished, and popular teacher, may be made everything of, and so win the student's mind away from all other teaching. The subject itself is infinite. The difficulty must always be to keep it within bounds, and make it the subject of a separate course. There are physiologies animal and vegetable, and physiologies *de aere, aquis et locis*—physiologies that may be made to comprise the whole world within us and the whole world without us.

On most of these subjects, it is not thought enough to specify the number of lectures to be attended: prizes are offered annually to stimulate competition, and are given to the most proficient in all of them. The sum of the knowledge which they contain implies a respectable start on the way to omniscience; and the student who, with thus much in his head, can still find room for a trifle of medicine and surgery, may be almost said to know a little of everything. Now I am convinced that none are helped to become good practitioners by this discipline; that the majority are hindered by it; and those who, having gone through it, turn out good practitioners nevertheless, become such in spite of it.

But where is the excess? What are the things extrinsic that can be pared off? Many a great chemist, a great botanist, or a great master of analysis, may be found to contend that what he has to teach is indispensable to the medical student; that the principles of his science are at the root of all rational practice. But beware of great authorities. They have a tyrannous way with them. They make common sense afraid to stand up and say what it knows to be right. Believe them, and they would commit the student to the whole circle of the sciences, and make him unhappy because he finds himself unable to follow his leaders. Surely there must be some shorter and easier way than theirs of making physicians and surgeons, and yet a safe way withal, or it will fare badly with mankind.

Now I have my own little suggestion to offer. It is a humble one, but not unbecoming wise men to adopt: a humble one, but bringing no loss of glory to the profession in the end. Have a very great care, then, of your medical student, and how you guide him at starting. Now especially is the time for good advice, if you have any to give. Take him now into the wards of the hospital at once; fit or unfit, as people reckon fitness, thither take him. He may have learnt all sorts of things already, or he may scarcely have learnt anything at all. But as soon as you have become his masters, thither take him, and there let him remain and make it for the present his sole field of observation and thought, or curiosity, and have a guard that the best things from without do not reach him there, to his hindrance or destruction.

When you would teach a man to read, you do not begin with the history of letters; where and by whom letters were first invented, and where and by whom the printing-press; but you leap over a century or two without remorse, and put a dainty alphabet into his hand, and tell him something about vowels and consonants. But about labials, dentals, and gutturals, the less said the better. Lips, teeth, and throat make their own division of labour, and settle matters for themselves wonderfully. People do not come to read by being taught the philosophy of reading, but simply by doing the thing itself, simply by reading. So, if you would teach a man medicine and its practice, you must not begin with half a dozen philosophies, or with any philosophy at all, but you must put, as it were, his alphabet into his hand at once, and bid him learn its simple characters one by one, and then help him to join them together and make the best sense of them he can.

Well! but your student in the wards of the hospital is considered to be making acquaintance with diseases, specialising them, learning their right names, discerning between this and that, and getting up his diagnostics and nosologies. Verily this is a good deal more than learning his alphabet, and a good deal beyond it. For technical names and diagnostics and nosologies import the finish and last polish of his perfect work; yet great stress is laid upon them, enough to imply that the common run of individual cases can be finished and polished off in this fashion. But go into hospitals, and see the facts how they stand. There you find diseases mature and complete; and there diseases (and plenty of them) immature and incomplete, and scarcely deserving the names they bear: diseases in their embryo, their travail, their gestation, now coming to the birth, now ending in abortions—their course broken in upon, and their events determined by accident. Truly there are things in these hospital wards better worth learning than the diseases themselves—more simple, more primitive, more alphabetical (if you please), and yet more profound—things which are a key to the very diseases and their agreements and discordances; a key to their remedies, too, their successes, and their failures, and to discrepancies of their effects inexplicable without them; which tell why pneumonia (so called) is now cured by bleeding, and now by brandy. These primitive, simpler, and more profound truths are now what they have been always. They are the common ground upon which the great physicians of distant times, Sydenham, Heberden, and the President of the College that now is, would be found to think and act alike, and upon which (were it possible) they could meet and consult together to-morrow, and treat, as well as they could be treated, most of the great emergencies of diseases. But what are the things? They are pains; they are heat and cold, and sleep and wakefulness; and they are the pulse: all easily read, but all vital in their details, and vital comprehensively, including the sentient energy of the nerves and vital motive energy of the blood-vessels throughout the body. In a word, they are the immaterialism of disease, with which a man can only gain acquaintance by constant and familiar converse.

So unlike all other things in the world are medicine and the practice of it, that indications of treatment (simple things, but great mysteries) need to be pointed out to the most intelligent student with the care and patience that you would teach his letters to a child. But, in order to this, you must have the right men for physicians to hospitals, and they must choose the right men for their clinical clerks. And thus there will be gradations of clinical teaching and learning, free and unforced, which every man will look back upon in life as the best and soundest part of his professional education.

Now your student, who is to begin in the wards of the hospital, must continue to frequent them with the mind of a learner during all the years of his pupilage.

But lectures, courses of lectures on medicine or surgery (for of these only would I venture to speak), when are they to come? Not too soon. Not until the student, from such experience as he has, can exercise some judgment upon the subject matter of what he hears. Unquestionably, there is great profit to be had from lectures, if they come in at their proper place, and are properly used. Still, mixed with their good, there is some hazard of evil. They are a temptation to the more contemplative mind to learn diseases by the study of models, rather than of the things themselves. They tend to divorce him from the workshop and the chips and fragments and rude designs that lie about within it, and introduce him into a room swept and garnished and hung round with masterpieces for his contemplation. This may be all very well for gentlemen who patronise the arts; but this is not the way to make the artist.

Here I must stop. The whole subject of medical education is far too large and difficult for me, and I confess myself not up to it; but it is exciting at the present moment a just and serious and painful interest, and presses hard upon the wisdom of those who, fully aware of its past mistakes, are expected to decide what henceforth it shall be. There is one part, however, of medical education in which I was once actively engaged, and had come to hold strong beliefs. Upon it, at least, I thought I might venture to touch. But what I had to say must be said quickly, and now or never. I must strike while the iron is hot, while the interest of the subject is at its glow. Let this be my excuse for meddling with the subject at all, and plead my pardon if the "word or two" and "hint or two" which I have presumed to give my betters should be wide of the mark.

University of London. The certificates of the Norwich Hospital for hospital practice and instruction in chemistry, will in future be received by the University of London, for the degree in medicine.

To Distinguish Artificially Coloured Wines. Blume gives the following simple test. Saturate a piece of bread crumb with the wine to be tested, and place it in a plate full of water. If the wine be artificially coloured, the water very soon becomes coloured reddish violet, but if the colouring matter is natural, the water, after a quarter or half an hour, is but very little coloured, and a slight opalescence only is perceptible. The test depends upon the difficult solubility of the real colouring matters of wine in water free from tartaric acid. (*Elsner's Chem. Techn. Mittheilungen*, 1862-1863.)

Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

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LECTURE II. (*Concluded.*)

Pathology in its Relations to the Practice of Medicine. On certain Pathological States as the Result of Impaired Nutrition consequent on the Imperfect Performance of Function. Diseases of Degeneration attacking the Heart, Lungs, etc. Fatty Disease of the Heart. Sudden Death in Relation to Diseases of the Heart. Emphysema of the Lungs, Phthisis, etc.

HAVING referred at greater length than I originally intended to the subject of degeneration as attacking the heart, and the questions which incidentally arose out of it, I shall be obliged to pass over the other fatty diseases, as atheroma of the arteries, and its relations to aneurism, and atheroma of the capillaries of the brain in its relations to apoplexy and cerebral softening, in order that I may refer to that second example of degeneration to which I have alluded, affecting the lungs. There is no pathological condition to which the lungs are subject which is identical with fatty disease; and, although an atheromatous state of the blood-vessels of the lungs is occasionally met with, a deposit of fat in the air-sacs is, as far as my observations go, an exceptional thing. There is, however, a disease of the lungs which, I believe, partakes very much of the nature of fatty degeneration; I mean emphysema. Whether in consequence of the difficulty which attends all investigations into the morbid changes which take place in the ultimate pulmonary tissue, or from the imperfect knowledge which long prevailed of the mere anatomy of the lungs, the pathology of emphysema has been exceedingly obscure, and its therapeutics unsatisfactory. Considered by many as a mere secondary affection, the result of mechanical distension, and consequent on bronchitic inflammation, its real pathology has received but little notice, as a substantive disease it has been almost overlooked, and, under the impression that the structural changes which characterise it admit of little or no relief from the application of therapeutic measures, practitioners have contented themselves with the treatment of the bronchitic and asthmatic symptoms so constantly associated with it, and have neglected the use of those remedies which have been found beneficial in other diseases of degeneration.

It is unnecessary that I should insist on the importance of a correct knowledge of the minute structure of an organ of so mechanical a nature as the lungs, if we would wish to understand the morbid anatomy and pathology of its diseases. With reference to this particular affection, there is perhaps no other which shews more fully the important mutual relations of anatomy, pathology, and therapeutics; for by an examination of the structural changes which occur in the different stages of the disease, and by watching the steps which mark its progress, we have the strongest possible indications of its pathology, of the causes of the symptoms it produces, and of the therapeutics by which its advances should be met.

The most important question to all who are investigating the nature of the disease, is, whether there is any degeneration of the pulmonary tissue preceding or attending it; for clearly this lies at the base of all measures intended for its relief.

My own observations have led me to conclude that all cases of emphysema cannot be included, either with reference to their pathology or determining cause, under the same head. Where the disease is partial, and situated, as is then usually the case, along the margins and at the apex of the lung, and is associated with, or has followed, some other pulmonary affection,—as, for instance, chronic bronchitis, or, in fact, any disease which has been attended with long-standing or violent cough,—I believe the morbid changes may have been brought about mainly by mechanical violence, without there having been any pre-existing affection of the lung-tissue.

But the case is far otherwise with that more general affection which is denominated lobar, where the whole of one lung, or of both lungs, is involved in the disease. That this form differs very materially in its pathology from the partial emphysema I have alluded to, will, I think, be admitted by all who will give a careful attention to the subject. The insidious manner in which the disease sometimes comes on; the almost entire absence of cough frequently observed, as well as of all other symptoms, except a gradually increasing dyspnœa, and, as the patients often describe it, a "smothering in the chest"; the occasional rapidity with which the affection progresses; the secondary consequences which ensue; and the general cachexia which often supervenes,—all point to the grave character of the malady, and, I believe, to its constitutional origin in some degeneration of the pulmonary tissue.

But the question arises as to the exact nature of this degeneration.

As I have elsewhere entered fully into the consideration of this question (*Researches on the Nature, Pathology, and Treatment of Emphysema of the Lungs*, 1862), I will merely remark here, that with the view of determining the point, I have examined a large number of specimens of emphysematous lungs; and although I have, in a few instances, found globules of fat interspersed over the air-sacs, yet in the large majority of cases I have found no indications of fat whatever; and I consider its presence as an accidental, and not a necessary, element in the disease. I cannot therefore agree with these who consider the disease due to fatty degeneration. I have occasionally found atheroma in the blood-vessels of emphysematous lungs, but then it has always been present in the general arterial system as well; and, from its absence from the pulmonary vessels as a general rule in emphysema, this disease cannot be considered as essentially connected with fatty degeneration of those vessels.

Although, therefore, we must conclude that the disease is not one of fatty degeneration, yet from the mode of its production, and from the morbid changes it gives rise to, I cannot entertain the slightest doubt that it is one of a closely allied nature; that, in its severe forms, *it is essentially a constitutional disease; and that one of its most important features, and probably the primary step in it, is a malnutrition of the pulmonary tissue—of the walls of the air-sacs, in fact.* This malnutrition affects either the basement membrane or the elastic tissue, or more probably both; this leads to loss of elasticity, subsequent distension, and atrophy. And this view which I have taken of the constitutional nature of the disease receives a strong confirmation from the fact, apparently well established, of its hereditary character.

Thus, then, we may be led, in this and other diseases, from a consideration of the changes which occur in the anatomical arrangement of an organ, to appreciate the nature of those pathological processes by which the changes are produced, and on the conclusions we may thus draw, to found a rational system of therapeutics. For, although we cannot say that the morbid condition of the lung points to any particular perversion of its function as the cause of emphysema, yet it shows the existence of a depraved nutrition, and indicates the principles on which the affection should be treated.

On the other hand, the special points to which I have referred in connection with fatty disease of the heart, show us the importance, not only of a study of morbid anatomy, but of the nature of those perverted functions of individual organs under which morbid deposits occur.

And in reference to the general treatment of these diseases, as with fatty degeneration of the heart, we know that by improving the nutrition of the organ, we can check or retard the progress of the malady, so with emphysema of the lungs. From a careful observation of numerous cases of the disease for several years past, I am convinced that the affection is one that should be treated on the same principles, *mutatis mutandis*, as guide us in the treatment of other diseases of degeneration, such as Bright's disease of the kidneys, fatty disease of the heart, etc.; and that with reference to the administration of remedies in the affection, there are none so valuable as the various tonics, and especially the different preparations of iron.

And is it not the case with regard to another affection of the lungs, that we can trace a close relation between the activity of their function and their healthy condition, and between the interference with their function and the supervention of impaired nutrition and disease? Can we not promote the development of tubercle in a healthy animal, by confining it in a close and ill-ventilated chamber? and is not pulmonary consumption in man essentially a disease connected with conditions of a like character? Is it not the disease of all others which attacks the close confined artisan, the sempstress who rarely brings her lungs into free action, the inhabitants of our crowded and ill-ventilated alleys? In fine, is it not especially the disease of great cities? and may we not sum up its main causes in the short sentence of Dr. Christison: "A conjunction of defective exercise and exclusion from the open air."

The latest statistics we have on this subject are those of the president of the section of Public Health of the Social Science Association. The facts which he has brought forward are not new to the profession; but they are of vast importance to the public. With only one point I shall trouble you, showing the influence of town life, and country life—or shall I say of activity, or inactivity, of the respiratory process?—in the development of tubercular phthisis. Taking the mainland of Scotland, Dr. Christison found that the mortality from all diseases, in town districts and country districts, was as 4 to 3; but the mortality from consumption was in the proportion of 333 for towns, to 186 for the country—in fact, it was nearly double in the towns.

Now, as I have remarked, facts of this kind have been long recognised by the profession; and to our more intimate acquaintance with the conditions under which tubercle is deposited, must be attributed the improvement in our treatment of pulmonary consumption.

And in reference to the question of climate as influencing the development of phthisis, a remarkable fact was stated by Dr. Christison, viz., that, of all the inhabitants of Scotland, those who are least liable to the disease are the Western Islanders; and that in the Isles of Lewis and Mull the affection is one of very rare occurrence amongst the natives of the place.

I must refer you to Dr. Christison's address for the details of his statistics; but the fact to which I have referred, of the exemption of the inhabitants of the wet, cold, and stormy Western Islands, is of great interest in a pathological point of view, and in relation to the manner in which the defective performance of function is productive of disease.

A TESTIMONY TO OUR CLIMATE. *The Times* of the 20th ult., chronicles the death of eight persons between 70 and 80, of five between 80 and 90, and of four over 90; the united ages of these seventeen persons giving an average of 82 years for each. On the 21st, we read of fifteen dying between 70 and 80, of eight between 80 and 90, and one over 90; the average of these twenty-four being very nearly 76 years a piece. On the 22nd there appeared two over 90, six between 80 and 90, and ten between 70 and 80; the average here being nearly 79. On the 23rd, thirteen between 70 and 80, seven between 80 and 90, and one over 90, making an average of 79½ each. We suppose our American cousins would say, if these 80 individuals, whose longevity we have noticed, had lived anywhere else but in our own land of fogs and changeable weather, they would never have died at all. (*Notes and Queries.*)

NAKED ARMS. A distinguished physician who died some years since in Paris, declared: "I believe that during the twenty-six years that I have practised my profession in this city, *twenty thousand children* have been carried to the cemeteries a sacrifice to the absurd custom of exposing their arms naked." Put the bulb of a thermometer into a baby's mouth, the mercury rises 90°. Now carry the same to its little hand; if the arm be bare and the evening cool, the mercury will sink to 40° Of course all the blood that flows through those arms must fall from 20 to 40° below the temperature of the heart. Need I say, when these currents of blood flow back into the chest the child's vitality must be more or less compromised? And need I add that we ought not to be surprised at its frequent recurring affection of the tongue, throat, or stomach! I have seen more than one child with habitual cough and hoarseness, choking with mucus, entirely and permanently relieved by simply keeping the hands and arms warm. Every observing and progressive physician has daily opportunities of witnessing the same cure. (*Phil. Med. and Sur. Reporter.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CLINICAL ILLUSTRATIONS OF AMAUROSIS.

(Communicated by Jonathan Hutchinson, Esq.)

Case i. *Loss of Sight in one Eye, with Symptoms of Cerebral Congestion: Climacteric Period.* Mrs. D., aged 48, rather pale, and moderately stout. The catamenia were regular until six months ago, since which they had not occurred. She was liable to palpitation. Pulse strong, 90. She had been liable to headaches occasionally, but not unusually so; and they had never been restricted to the forehead. Six weeks ago, she had a violent bleeding from the nose, from the right nostril. To this she was previously quite unaccustomed. The bleeding recurred every night for a week. She was under medical treatment for a week, and was told that it had saved her from apoplexy. There had been no giddiness, but since then she felt giddy. Her mother died aged 72, "of apoplexy".

Mrs. D. had good sight until after the attack of epistaxis. About a fortnight after it, she found that she could not see to do needlework by candlelight. She had before enjoyed good sight, and never needed glasses; had earned her livelihood at waistcoat-making. She then found that the right eye was by very much the worse; it was almost blind. She believed that it became blind suddenly. At any rate, one evening it was dull; and the next morning, on closing the other, she found herself in darkness. She could now only just see to count fingers with the right eye. With the other she could read minion.

Ophthalmoscope. The retina about the optic disc looked a little hazy, but not much so.

Case ii. *Unsymmetrical Amaurosis: Detachment of the Retina in the Affected Eye.* Mr. C., aged 59, was sent to me by Mr. Wright of Clapton Square. He was in great alarm about a sudden failure in sight in the right eye. About a fortnight previously, he had, after having been exposed to cold on the top of an omnibus, perceived first a bright star moving about before the eye, and subsequently a black speck, which he frequently mistook for a spider hanging from his hat-brim. The eye rapidly became worse; and when he came to me, he was only able to perceive light. The pupils were of equal size. The right dilated well with atropine; and I then found that the retina was detached in its lower half, floating as a light grey veil, with vessels coursing over it. It moved about in different positions of the eye. I could not bring the optic disc into view. There had been no pain in the eye, but a dull heavy aching on the inner side of the nose.

Mr. C. told me that, until within the last year, he had enjoyed excellent sight, as proved by the fact that he had gained several prizes for rifle-shooting. During the last eight months, however, he had been becoming so rapidly short-sighted with his right eye, that he had been obliged to give up rifle-practice altogether.

This gentleman remained under my treatment for two or three months, during which he much improved in general health. No alteration occurred as regards the state of his eye. He was a tall, rather thin man; and had, for some time previously to the attack, been subjected to much mental anxiety. His urine did not contain albumen.

Case iii. *Severe Frontal Neuralgic Pain, with so-called Rheumatic Pain in the Limbs generally; Temporary Failure in Muscular Power in the Lower Extremities; Photopsia and White Atrophy of the Optic Nerves; Symmetrical Amaurosis (incomplete).* Samuel C., aged 41, was admitted June 2nd, 1862. He was a navvy from Dover, of large body, great muscular development, and with a small head. He first noticed a fog before his eyes last Christmas—"a dirty fog". Just before that, he had "rheumatics in his head", with great pain over the right eye. The "rheumatics" began in October, and the pain was such that it kept him awake night and day. It affected all his limbs; but he had no swelling of the joints. His limbs came to tremble, and he could walk with difficulty. His right side was the worse. He could now walk well, but was not strong, and could not see well enough to walk boldly.

A month or two ago, he used to see sparks of fire before his eyes. These had now diminished, and he often passed a day without seeing them. The pupils were of normal and equal size, rather large, sluggish. He could not make out the largest letter. "There was a fog over everything." He never saw muscæ. He was now robust-looking and florid. The tongue was nearly clean. He smoked moderately; drank freely, probably very freely, rum and beer—"ten to twelve or sixteen pints of beer a day". The left was the better eye.

June 2nd. The conditions were similar in both eyes. The media were clear. The optic disc was sharply defined, very flat, bluish white, but not in an extreme degree. The arteries were small; the veins of full size. The choroidal vessels were readily distinguished; the retina was transparent. He was ordered iodide of potassium five grains, and solution of bichloride of mercury twenty minims, three times a day; and a blister to the nape of the neck.

July 24th. He had continued the medicine regularly, and had two large blisters to the nape. He now stated there was much "less dulness before his eyes". He could spell out No. 16. There was less heaviness in the back of the head. He could tell the time by the clock. He thought he could walk better than he did. The pupils were of normal size, and fairly mobile (very much more active than six weeks previously). The medicine was repeated.

August 18th. He was worse to-day. He could only just see the letters of No. 20. He had been a fortnight at Dover, and thought that the glare of the sun and of the white cliffs did not agree with his eyes. There was not much headache. He slept well, but was not sleepy in the day. He was ordered to take three times daily an ounce of a mixture containing five grains of extract of belladonna in twenty-four ounces of water.

Case iv. *Paralysis of Left Arm and Leg, with great Pain in the Shoulder and Hip: Symmetrical Amaurosis, with Intense Pain in the Scalp, coming on about Two Years after the Paralysis: Amaurosis total in Six Months: Grey Atrophy of Optic Nerves.* Mary Collins, aged 42, was admitted in August 1862. She had perfect sight until the previous Christmas. She first noticed that her eyes were failing, and she was getting dark. She then had "the cruellest pain in her forehead, as if there was something between the skin and the bone." She had had ten children, five of whom were living. She always had good health before her present illness, and was never subject to headache. Two years ago, one hot summer day, she walked seventeen miles, and then drank some cold water. She slept very badly the following night; and, a fortnight later, "pins and needles came in her left arm". She had afterwards great pain in the left shoulder and left hip, and then "the pain went to the crown of her head". Her husband and she differed as to whether it was two or four years since she became paralysed, but both agreed that it followed the occurrence referred to, and came on gradually. She had only been two months blind; and it was a remarkable point, that sometimes her sight had greatly improved, and then again wholly failed. Although now quite unable to perceive light, she still asserted that even yesterday "for a few moments she could see into the yard, but she could not keep it".*

The pupils were of large size, and quite motionless; the aspect was amaurotic. She was quite paralysed in her left arm and leg, which hung useless. She could feel in the hand, but only very imperfectly. With great difficulty I got a glimpse of the optic disc in the right eye. It was not white, but of a mottled grey specked with black, very ill defined. The arteries were small; the veins of moderate size; the choroid normal; the pupils were widely dilated.

There can be little doubt that in this case all the symptoms—the loss of sensation, loss of motion, neuralgic attacks, and final symmetrical failure of sight—are due to some central cause.

Case v. *History of Temporary Paresis of Sensation in the Right Fifth Nerve: Sudden Failure of Left Eye, rapidly passing into Total Blindness: no Disease in the Eyeball itself: Diagnosis, Effusion of Blood into Left Optic Nerve-Sheath.* Mrs. U., aged 54, was admitted July 1862. She was healthy-looking, and had never been ill before—"never in bed a day". She was not liable to giddiness, but now and then to a little swimming. All of a sudden, six or seven weeks ago, she had numbness of the right side of the upper lip, cheek, and side of the nose. The skin felt dead. When she went into the air, it felt as if she put her whole face into ice. This troubled her so much, that she used to cover her face with her handkerchief when she went out. At this time she had great difficulty in keeping her hands warm; they were always cold. Her feet were not cold. At present, she has quite lost these symptoms, and her hands are warm. Her legs then swelled; they had never done so before, and the swelling was gone when she was admitted. Suddenly, a week ago, whilst sitting at work one afternoon, she noticed a sort of dimness before her eyes. In trying them, she found that the dimness was before the left only. In the course of a few hours, the dimness had advanced to total blindness of the left, and she had no perception of light. There was no giddiness, sickness, or other cerebral symptom. Her appetite was good. She was active, and always rose at five.

When admitted, she could not with the left eye see the sun or distinguish the window. The other eye was perfect. The left pupil was a little larger than the other, and quite motionless; it dilated to thrice the size of the other when the other was covered, and remained quite fixed; contracting immediately on light being admitted to the other. Under atropine, the left pupil dilated well. The media were clear; the vessels of the retina were seen clearly; the veins were rather large; the arteries small. The optic disc was round, and of normal colour; the central white portion very white and circular; the yellow spot was normal.

My conjecture in this interesting case was, that either there was effusion of blood into the optic sheath, or else an intracranial aneurism pressing on the nerve.

Transactions of Branches.

NORTH WALES BRANCH.

CASE OF PROLAPSED UTERUS: REMOVAL OF THE ENTIRE ORGAN.

By T. Francis Edwards, Esq., Denbigh, Surgeon to the Denbighshire Infirmary.

[*Read at Rhyl, July 7th*, 1863.]

Dr. West, in his able and interesting *Lectures on the Diseases of Women*, has, in reference to the descent of the womb, divided it into three stages of displacement, viz: the first, second, and third degree of prolapse.

The *first* degree is a simple relaxation of the organ within the pelvic cavity, but still preserving its normal situation.

In the *second* stage, there is a partial loss of position; the uterus being placed with its fundus directed backwards, and the os and cervix forwards, so that its long diameter corresponds to that of the pelvic outlet.

The *third* degree, or *procidentia uteri*, is said to exist where there is complete prolapsus with protrusion of the uterus beyond the vulva. It often follows the internal prolapse, and generally—perhaps almost invariably—takes place gradually; except in these very rare instances where the womb has been protruded at once externally; an example of which occurred in my own practice, in a girl of 14, a few years ago.

The causes which operate in producing these uterine lesions are doubtless so well known to you all, that I will not occupy your time with any further allusion to them; but will confine my remarks to the third and severest form of uterine prolapse—the womb in a procident state—bearing direct reference to a case which has come under my special notice for many years, and which progressed into a condition of irreducible prolapse, necessitating extirpation of the entire organ.

The history of this case, which I will deal with as succinctly as the facts which it embodies will allow me, is as follows. My patient is at present 74 years of age; and about twenty years ago, first experienced the distressing symptoms of uterine displacement.

She went on becoming gradually worse for five years; when, the symptoms being much aggravated, she was obliged to obtain professional assistance and advice. The gentleman to whom she applied (a surgeon of great experience and intelligence) examined her, found the uterus protruding externally, and recommended her to wear a ball-pessary; which he inserted, after reducing the uterus into the cavity of the vagina. The introduction, however, of this foreign body caused so much pain and uneasiness, that she was unable to bear its presence more than a week or nine days; when it was with much difficulty removed (by the same gentleman) by the aid of instruments, in consequence of the string having broken off.

She was afterwards ordered to wear an uterine bandage, which was supplied to her from the Denbigh Infirmary. This she was also unable to endure, as the mechanical pressure of the pad on the perinæum caused so much irritation, that she was in a short time obliged to discontinue its use. The only appliance that she could tolerate with any degree of comfort was a sponge dipped in oil, and inserted into the vaginal passage.

During the last eight or nine years, I have been called upon (not unfrequently during that period) to replace the uterus; and each time found it lying pendulous between her thighs; as complete a specimen of external prolapse as ever existed. The organ for this length of time presented the appearance of a womb somewhat similar to a natural one, excepting that it was much hypertrophied, of a redder colour than usual, with superficial ulcerations on its surface; but with os, cervix, and fundus, distinctly preserved.

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* Probably this was an effort of imagination.

She has stated to me that she has not suffered from lingering or instrumental labour—the fruitful source of prolapsed uteri; that she has never had laceration of the vagina or perinæum; that she is the mother of four children, and has had two miscarriages. She does not attribute the occurrence, which for so many years made her life miserable, to any neglect or mismanagement of the labour; but recovered well after each child-birth. She experienced at times difficulty in passing urine; but neither pain nor difficulty in going to stool. There was present (but not persistently so), a discharge of a leucorrhœal character; and occasionally there was hæmorrhage, but never to any alarming extent.

Within the last twelve or fourteen months, I have been summoned three times to replace the uterus of this woman within the vagina; and found that there was more difficulty in reducing the mass each time, and that the ulcerations on the surface were somewhat increased. I therefore strictly charged her to send for me immediately the womb came down.

On April 7th last, I was called to her for the purpose of replacing the womb, which had again become externally protruded. I went directly, but found that, instead of sending for me as soon after the protrusion had occurred, as I had strictly enjoined her to do, the uterus had been down two days, and was then much engorged and enlarged in size. I, of course, endeavoured to replace it; and a considerable portion of that day and the next was spent in persevering, but unavailing attempts at reduction.

Finding, therefore, that matters were assuming so serious an aspect; that all my efforts at replacement were unsuccessful; and that the uterus was passing into a state of sphacelation, I at once determined, before proceeding any further, to seek the advice of my medical friends, and consult with them as to the propriety of immediate operation, as the only means of saving the woman's life.

The following gentlemen, viz.: Drs. Turnour, Jones, Hughes, E. P. Williams, and my friend, Mr. Vaughan Jones of Festiniog, who happened to be in Denbigh at the time, met on April 9th, for the first time. After a consultation, in which the subject was thoroughly canvassed, they coincided in opinion as to the nature of the case; and resolved upon the immediate application of a ligature upon the already corrupting mass, on the ground that to leave my patient in her present condition, would be to abandon her to a state which must prove inevitably and rapidly fatal. I accordingly, in their presence, applied a strong whip-cord ligature upon the neck of the tumour, with the view of allowing nature to complete its detachment. I gave her an opiate, and she passed a tolerably easy day. I saw her the first thing in the morning; and, though she had passed a rather sleepless, restless night, she did not complain of much pain. The pulse was quick, but of moderate power, and compressible; tongue furred, but moist; she had no great thirst, and no particular tenderness of the abdomen. The tumour was much congested, the ligature appearing to act satisfactorily. The fœtor emitted from the semiputrescent mass was considerable; it was, however, controlled by the free use of the solution of the chloride of lime and Collins' disinfectant.

The next day (April 11th), I found that the ligature was slackened; and as the fœtid exhalation was very offensive, I thought it advisable to remove by excision the whole organ. This, I accordingly did, in the presence of, and with the concurrence of the gentlemen whom I had brought with me, having first applied a fresh and tighter ligature upon the neck of the tumour. A strong dose of opium was given, and she was plentifully supplied with wine, quinine, and beef-tea.

April 12th. She had passed a favourable night. The pulse was good—98. She had no unnatural thirst. She complained of slight uneasiness in the hypogastric region; but beyond that, was going on as well as could be expected. The parts looked well, having no appearance of gangrene spreading. There was a slight purulent discharge from the vagina. She went on progressing favourably day after day; and the ligature came away just seven days after its application.

From this time she became daily convalescent, and in three weeks after the removal of the tumour, was walking about the streets of Denbigh, to the astonishment of her friends and neighbours, and to my very agreeable surprise.

She is at present in good health, though she complains of pains in the loins, and weakness and tremblings of the inferior extremities. I have lately examined her *per vaginam*, in order to ascertain the state of the parts, after the removal of the uterine mass. I must mention first, that the vaginal passage, immediately after the excision of the womb, did not appear to exist in fact; presenting, both to sight and touch, an occlusion to the vaginal entrance; but in a few days, the inverted vaginal walls gradually retracted; and at the present time, the vaginal canal has resumed its proper form and direction, and is natural in every way, except its terminal extremity. On introducing my finger as far as possible, I find that the vaginal passage is so altered at its superior part, that I am somewhat at a loss to render clear by description the state of the parts as it now exists. The finger comes into contact with a loose, patulous fold, somewhat resembling to the touch a relaxed os uteri when dilated to the size of a shilling or larger. On introducing the finger through this *quasi* opening, it is stopped by a thick resisting substance; this appears to be the floor of the bladder, which when filled with urine, is more distinctly felt. And I think there can be little doubt of this, when I record the fact, that a catheter introduced into the bladder can be felt by the finger when pushed up into the peculiar opening alluded to.

Such are the facts in connection with this rare case in obstetric surgery, as they have come under my notice; and I will conclude my remarks by endeavouring to explain the altered appearance the womb presents.

In a case of external prolapse of fifteen years' duration, I presume that the uterus and its appendages, after so long a strain upon their natural attachments, must undergo the greatest possible changes. The cellular tissue becomes enormously multiplied; the mucous membrane extensively altered; the ligaments so elongated that they *may* become agglutinated by chronic inflammatory exudation, the uterus itself being no longer *in situ*; and perhaps it is reasonable to suppose that the structure of the uterus itself is rendered into something other than what it was originally. The vaginal tissues undergo similar changes, and the supports to the uterus after twenty years' strain participate largely in these altered conditions.

I shall only occupy your time by reading a case precisely similar to the one I have narrated; the only one that I have been able to find in the archives of obstetric surgery, that I have had access to. The case is one which happened in the year 1757, and is related by Smellie in a letter by Mr.

Oakley of Birmingham, bearing the above date, to Mr. Smellie.

"Sir,—I was lately called to a woman near this town. I found her in bed, and she gave me the following account of her case. That assisting her husband in lifting a weight that afternoon, 'she felt a lump fall out of her body,' on which she sent for a midwife, who endeavoured to restore it into its place, but not being able to reduce the same, advised to send for me. Upon examination, I found the uterus out of the os externum, about the size of a large man's fist, hard, and the glands scirrhous, each having the exact appearance of a garden-bean. The patient was low and faint; had but little pain. As reduction was impracticable, I immediately directed emollient and discutient fomentations with poultices, and after some days, I bled her in small quantity, for she was too weak to bear the loss of much blood. The body was kept open, and when restless with pain, quieted with opiates. Notwithstanding which, it increased in size, and after three weeks discharged a thin ichor from its surface, and in about six weeks *the patient died.*

"I should take it as a very great favour to have your opinion about extirpation by ligature, which, I think, might be easily done, and which I proposed to the patient, but she would not submit to the operation.

"My opinion was, that I could not resolve his question, as I never had any case in which it could not be reduced; but no doubt, when a gangrenous appearance begins, and there is no hope of the reduction, what he proposed should be attempted to save the patient's life; but such operations should not be attempted without the concurring approbation of experienced surgeons, nor should it be undertaken but when the patient has strength, and the gangrene is only begun in the lower parts, and not advanced above the parts that are to be separated. Mr. Girle of St. Thomas's Hospital, once appointed the pupils to attend the amputation of the uterus; but luckily for the patient, it was reduced the night before."

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

TREATMENT OF APNŒA FROM DROWNING: RELATIVE MERITS OF THE MARSHALL HALL AND SILVESTER METHODS.

By Robert L. Bowles, Esq., Folkestone.

[*Read at Canterbury, November 28th, 1863.*]

You are all probably aware that the National Life-Boat Institution wishes to take the opinion of the medical profession on the relative merits of the Marshall Hall and Silvester methods, in the treatment of the apparently drowned. Those who reply to the communication issued by the Institution, will doubtless be materially guided in the opinion they give, by the result of the inquiries so wisely instituted by the Royal Medical and Chirurgical Society, and published by the Society in July 1862.

The report of the committee is not only of the deepest interest, but is, in one point of view, especially satisfactory; inasmuch as it is the result of the most careful experiments and deliberations of scientific men of world-wide reputation. So far, therefore, as their conclusions go, the importance of these experiments cannot be over-estimated. As, however, it is sought to establish on the basis of the report a principle, on the perfect truthfulness of which depend the lives of numbers of individuals, it behoves every member of the profession not to trust too much to authority, but to think and investigate for himself.

A *principle*, it appears to me, has more influence on mankind than a thousand empirical facts stowed away in the mind's *vade mecum*. A principle is, one might almost say, intelligent. It is ever on the alert to be applied; not merely to that end to which it was originally directed, but to other allied objects which may arise at any future time.

Now, it appears that the Royal Medical and Chirurgical Society are seeking to establish the following principle; that, in the treatment of the apparently drowned, the main object to be sought is the *introduction of air* into the lungs. But, in my opinion, the primary object should be the *expulsion of the water*, or other foreign matter, which may be present in the lungs.

The instructions of the Royal Humane Society terminate with the following note:—"The above directions are chiefly Dr. H. R. Silvester's method of restoring the apparently dead or drowned, and have been approved by the Royal Medical and Chirurgical Society." It is this note to which I would draw your attention; and I hope, after having adduced my reasons, you will think with me that the Royal Medical and Chirurgical Society is premature in thus endeavouring to supersede a method which has already stood the test of experience by one at present imperfectly investigated.

The inquiry of the committee was conducted—1. By means of experiments upon living animals; 2. By means of experiments upon the dead human body.

In the first place, the principal phenomena of apnœa in its least complicated form—namely, when produced by simply depriving the animal of air—were investigated; secondly, the phenomena of the more complicated form of apnœa, drowning.

In simple apnœa, the average duration of the *respiratory movements* after the animal had been deprived of air was found to be 4 minutes 5 seconds. The average duration of the *heart's action* was 7 minutes 11 seconds; thus showing that this last action continued 3 minutes 15 seconds after the animal had ceased to make respiratory efforts.

The next question investigated was the period after the deprivation of air at which, under natural circumstances, recovery is possible, without the aid of any artificial means of resuscitation.

These experiments led to the conclusion that a dog may be deprived of air during 3 minutes 50 seconds, and afterwards recover without the application of artificial means; that a dog is not likely to recover, if left to itself, after having been deprived of air during 4 minutes 10 seconds.

The force of the inspiratory efforts was found to be so great that they were capable of raising, in the case of the dog, a column of mercury four inches; showing how foreign bodies may be drawn into the lungs in cases of drowning, and the importance of this fact in the pathology and treatment of apnœa. In drowning, as a striking contrast to simple apnœa, it was found that one minute and half's submersion sufficed to destroy life.

To quote the committee's own words in summing up this part of the subject, they say:

"Other experiments satisfactorily showed that the difference of time between simple apnœa and that by drowning is not due to submersion, or to depression of temperature, or to struggling; but that it is connected with the fact, that, in the one case, free passage of air out of the lungs and of water into them is permitted; in the other, the exit of air and the entrance of water are prevented."

"There can be no doubt, from other considerations put forward, that although both these circumstances are concerned in producing the difference observed, yet that is mainly due to the entrance of water and the effects thereby produced."

The *treatment* of apnœa, unconnected with artificial respiration, was next considered.

"Many other methods of resuscitation which have been recommended were employed, including actual cautery, venesection, cold splash, alternate application of hot and cold water, galvanism, puncture of the diaphragm.

"Although some of the above means were occasionally of manifest advantage, no one was of such unequivocal efficacy in a sufficient number of cases to warrant the committee in specially recommending its adoption."

The experiments for the investigation of the various forms of artificial respiration were well considered; and not to trouble you with details, I may state that the investigation resulted in the superiority of the Marshall Hall and Silvester methods to any others. In both it was found that the amount of exchange of air varied much; but that, in general terms, the Marshall Hall method gave from a few to fifteen cubic inches, whilst the Silvester method gave from nine to forty-four cubic inches.

As I purpose making some critical remarks upon the committee's suggestions, I feel that clearness will demand that those suggestions be read to you at length, although already published in the medical journals. The committee recommend:

"That all obstruction to the passage of air to and from the lungs be at once, so far as is practicable, removed; that the mouth and nostrils, for example, be cleansed from all foreign matters or adhering mucus.

"That, in the absence of natural respiration, artificial respiration by Dr. Silvester's plan be forthwith employed in the following manner. The body being laid on its back (either on a flat surface, or, better, on a plane inclined a little from the feet upwards), a firm cushion, or some similar support, should be placed under the shoulders, the head being kept on a line with the trunk. The tongue should be drawn forward so as to project a little from the side of the mouth. Then the arms should be drawn upwards until they nearly meet above the head (the operator grasping them just above the elbows), and then at once lowered and replaced at the side. This should be immediately followed by moderate pressure with both hands upon the lower part of the sternum. This process is to be repeated twelve or fourteen times in the minute.

"That, if no natural respiratory efforts supervene, a dash of hot water (120° Fahr.) or cold water be employed for the purpose of exciting respiratory efforts.

"That the temperature of the body be maintained by friction, warm blankets, the warm bath, etc. In the case of drowning, in addition to the foregoing suggestion, the following plan may be, in the first instance, practised. Place the body with the face downwards and hanging a little over the edge of a table, shutter, or board, raised to an angle of about thirty degrees, so that the head may be lower than the feet. Open the mouth and draw the tongue forward. Keep the body in this position for a few seconds, or a little longer if fluid escape. The escape of fluid may be assisted by pressing once or twice upon the back."

From the first part of this report—viz., that on living animals—it would seem that if a minute and half's immersion will destroy life, we have but little hope of saving the lives of those who have been drowned; whereas we have the most conclusive evidence of very able men, that a person may be much longer immersed than this and yet be restored to life. I would especially illustrate this by reference to the case reported by Dr. Wiblin of Southampton (*Lancet*, Nov. 1857). By a large number of persons the body whs said to have been submerged ten minutes, and the corroborative evidence is clearly very strong in support of this; for example, after various other efforts had been employed, a man dived three times, and the whole length of a ship had to be dragged three times, before the body was found, and it was then, I believe, very deep in the water. It was forty minutes in this case before the slightest inspiration was observed, and an hour and a quarter before the ribs moved perceptibly; and not for five hours could the patient do without artificial respiration, only half a minute's interruption of the Marshall Hall method inducing a state of coma.

Besides this, there are many well-authenticated cases, especially one related in Dr. M. Hall's book on *Drowning*, by Mr. Cook, who was at the time assisting Mr. Stedman of Guildford. From careful calculation it is asserted that the body was under water fully eight minutes, and when taken out was cold and blanched, and to all appearance lifeless. The heart was still. After the employment of the Marshall Hall method, the first gasp was observed in from five to seven minutes; and from this time he very slowly recovered. There could be no doubt in this case as to the completeness of the immersion, for the head was fastened under a sluice.

The strong evidence of experience is thus opposed to that part of the report; at least, as regards the human subject. And, moreover, Dr. Waters of Liverpool, who experimented on the same subject, found the average duration of the heart's beat to be twenty-six minutes in eighteen cases; whereas the committee found the duration to be only about seven minutes. The experiments of Mr. Edwards also give a different result from those of the committee. These discrepancies are sufficient to make us hesitate before we attempt to look upon the conclusions drawn from the report as unalterable.

If I correctly understand the report of the committee, the mode, too, of experimenting was imperfect. A tube was inserted into the windpipe below the glottis, thereby taking away entirely the protective power of the glottis, which, we all know, is very great on the attempted introduction of foreign matter into the trachea; and you will observe that much stress is naturally laid on the great difference in the length of time in dying from apnœa and from drowning.

I must now beg you to consider the second part of the report; viz., that referring to the experiments on the dead body for the purpose of investigating the means of artificial respiration.

The general results obtained by the experiments were, that in the Marshall Hall method from a few to fifteen cubic inches were inspired; whereas in the Silvester method there were inspired from nine to forty-four cubic inches.

I would here remark that in the experiments performed by Dr. Long Fox, Mr. C. Hunter, and myself, for the late Dr. Marshall Hall, at St. George's Hospital, we obtained by the Marshall Hall method an average of from fifteen to thirty cubic inches; and our experiments were very numerous, and extended over a long period of time. We also tried what is now named the Silvester method long before Dr. Silvester brought it before the public; and we succeeded, as he did, in inducing inspiration; but we found so many difficulties in the way of making it a "ready method", that we discarded it in favour of the postural method, which was much more applicable and uniform in its results.

I do not desire to prove that one system is absolutely right and the other absolutely wrong. An intelligent medical man would have both systems at his fingers' ends, and be able to decide which would be more suitable to the case under his observation; but I do desire to prove that, for the use of the public at large, one system is decidedly more suitable than the other, for the following reasons.

1. In the Marshall Hall method, the tongue and all foreign matters must be cleared away without the necessity of further thought on the part of the operator.

2. The water which is present in the lungs in all cases of drowning will gradually drain away each time the body is in the prone position.

3. As no direct inspiratory force is employed, further than the natural elasticity of the ribs, the water is less liable to be jammed, as it were, tighter into the minute ramifications of the bronchial tubes.

4. When the patient is in the position recommended in the Silvester method, the tongue may appear to an unpractised eye to be well forward, while the base of it lolls back and covers the glottis; and if there be fluids in the stomach (which is not uncommon), they are very liable to be thrown up into the pharynx when pressure is made on the sternum; and when the pressure is removed, the next inspiration would certainly draw the fluid into the bronchial tubes.

5. One person can perform the Marshall Hall method at once, without any preparation; which is certainly not the case in the improved method recommended by the Medical and Chirurgical Society.

6. In the Silvester method, from the continued stretching of the pectoral muscles, the inspiration becomes less and less the longer the manipulations are continued, as we found in our experiments at St. George's in 1856.

In remarking upon these reasons in favour of the Marshall Hall method, I must beg you to remember especially that the first and most vital point is that nothing should stop the way of the access of air.

Only a fortnight ago, I was present at the reduction of a dislocation of the shoulder in a county infirmary. The patient was sitting on a chair fastened to a post, whilst the pulleys were on the arm. After chloroform had been administered for some time, the man suddenly ceased breathing and became deadly pale, the jaw dropped, and the tongue touched the incisor teeth. The gentleman who had charge of the chloroform immediately procured water and dashed it on the face and back. Seeing the man did not recover, I, at once, though a stranger, introduced my finger into his mouth, and hooked up the base of the tongue, when the patient instantly inspired, and rallied without further difficulty.

The recommendation of the Committee to exert pressure on the sternum whilst the patient is recumbent, is most directly and palpably a dangerous proceeding. In 1860, this subject was kindly brought forward for me at the Medical and Chirurgical Society by Mr. Cæsar Hawkins, at which time I was able to prove the reality of the danger of foreign matters being carried from the stomach to the lungs, not only by repeated observations on the dead subject, but also by observations on the living body. A case was related of suffocation in a drunken man, under the care of Dr. Bristowe, in which a quantity of grumous matter from the stomach was found in the bronchial tubes.

You will doubtless, too, remember, gentlemen, that I brought the same subject before you in May 1862, and related a case of delirium tremens that occurred in the practice of Mr. Bateman of Folkestone, in which sudden asphyxia ensued on an attack of vomiting. No *post mortem* examination was allowed, but it was almost certain that some of the contents of the stomach had passed into the lungs, and caused death. At the same meeting, Mr. Reid confirmed my argument, by stating that this was an acknowledged danger in cases under surgical treatment by the long splint; for if vomiting occurred, the patients were sometimes unable to turn round sufficiently on the side to prevent being choked. To-day, Mr. Eastes of Folkestone tells me that, in cases of drowning, he has seen a quantity of fluid ejected from the stomach when the patient was turned face downwards.

As for the existence of water in the lungs, this is now, I think, satisfactorily proved to every one, both by direct experiment on animals, and by pathological observation on the human subject. You will probably remember that I brought before you a successful case of the treatment of drowning, in which the water was seen to ooze away from the chest for a considerable time. I am convinced that the expectation of the water coming away at once, as supposed by the Committee, is utterly hopeless and unreasonable.

The only plausible objection to the Marshall Hall method is that less air is inspired than in the Silvester method. To this I reply, *so much the better*. The Committee proved that it was the presence of water which killed more than the want of air; and as long as water is present, the air, being forcibly drawn in, can do nothing but mischief. Moreover, persons in a state of syncope want but little air—see how feebly and how seldom they inspire; and, certainly, those who like myself have anxiously and narrowly watched the breathing of a man recovering from drowning, will come to the same conclusion.

I trust, gentlemen, that you now see with me the extreme importance of mature reflection before allowing yourselves to be unduly influenced by the recommendations of the Royal Medical and Chirurgical Society. The National Life Boat Institution has already adopted the Marshall Hall method, and I believe with the most satisfactory results; but from so much having been said of the superiority of the Silvester method to that which they now employ, they wish the profession to inform them whether it is their duty to substitute the new for the old and well tried plan. I hope, from what has been now brought before you, that, even if you do not feel justified in specially advising the Marshall Hall method, you will at least write to the Society, and give as your opinion that the evidence in favour of the new method is not at present sufficiently strong to justify the Society in altering their present rules.

Reviews and Notices.

On the Treatment of Syphilis and other Diseases without Mercury. By Charles R. Drysdale, M.D. Pp. 133. London: 1864.

The author of this work has called the attention of the profession to a very important subject upon which (the evidence being now before us) he believes judgment should be delivered. He thinks that we have now sufficient materials for summing up and giving our verdict; and accordingly he proceeds to lay before the profession the evidence upon which he has come to the conclusion that mercury was needlessly introduced into the profession, and that it now holds its place among the list of remedies solely from its having been used by the practitioners of the past, without any evidence that it is ever of the slightest service.

To support this view, Dr. Drysdale quotes passages from various eminent authors. For instance, he gives us the experience of Dr. Fergusson in Portugal. Dr. Drysdale quotes at length Dr. Fergusson's reasons for not giving mercury to the native Portuguese; but he does not inform us that Dr. Fergusson, after all his experience, found mercury necessary for the treatment of syphilis in the English officers and men.

Again, Dr. Drysdale quotes Mr. Rose.

"I ventured" (Mr. Rose says) "to lay aside mercury entirely, with a view of observing for a time the progress of the virus when not interfered with by this specific. The result has been very different from what I had expected; and the cure in every case has been effected without the necessity of having recourse to any mercury whatever."

But Dr. Drysdale does not tell us what Sir Benjamin Brodie, who witnessed Mr. Rose's experiments, does; viz., that in private practice, Mr. Rose was continually getting into scrapes by his non-mercurial treatment of syphilis; and that later in life, after his experience had been matured, he used mercury in syphilis like other practitioners.

Dr. Drysdale quotes, at some length, what Mr. Pearson says mercury will do "under the direction of an unskilful man"; but omits altogether to inform us what Mr. Pearson's own practice was in the treatment of syphilitic diseases.

The evidence that Dr. Drysdale has adduced is, therefore, in the nature of special pleading; one side of the case only is argued. And, however this may be calculated to influence those who with Dr. Drysdale see only a part of the question, we cannot think that he has advanced any evidence upon which he can claim a verdict from those members of the profession who have studied the whole subject; or from those who have read the book of nature as it lies open for their inspection.

It was an observation which Sir B. Brodie was continually repeating, that there is no medicine that can do much good, which may not also, if abused, do much harm; and if mercury is to be abandoned because it has been badly administered, we should, upon the same ground, have to discard almost every other drug. Our new *Pharmacopœia* would contain only sarsaparilla and a few innocent decoctions and infusions.

But what we chiefly have to complain of in Dr. Drysdale's work is, that he has made no attempt to distinguish between those syphilitic affections which are supposed, in the present day, to require mercury and those which are not. In Dr. Fergusson's, Mr. Rose's, and Mr. Guthrie's time, all sorts of syphilitic affections were indiscriminately treated by mercury; and it is surely most unfair to attempt to make the modern practitioner responsible for the errors of treatment in what, as regards the knowledge of syphilis, must certainly be regarded as one of the dark ages.

There can be no doubt that Mr. Rose did cure without mercury a large number of syphilitic cases in the Coldstream Guards; but there is also little doubt but that the soldiers who did not find themselves getting well, or who did not like to be made the subjects of experiment, sought and obtained mercury elsewhere during their treatment. We have been informed of a person who formerly carried on a thriving business at Knightsbridge, by selling mercury in different forms to the soldiers, who might be, and no doubt were, at the same time, under the care of their regimental surgeons.

The experience that has been accumulated during the present century has, we have reason to know, led many of the surgeons of the Guards, not to discard mercury in cases of syphilis generally, nor to give it indiscriminately in all instances; and when they do give, they often adopt the plan of introducing it into the system through the skin, by inunction or by calomel fumigation, by which most of the evils attributed to its internal administration are avoided.

Regimental surgeons have better opportunities than others of observing the natural progress of disease, and of testing the effects of remedies. The result of their experience is, therefore, most valuable; but it must not be lost sight of that they labour under the disadvantage of treating one class of patients only. An experiment may fairly, perhaps, be made upon a common soldier; but a similar experiment can scarcely be made with regard to an officer; so that practically the information gained by regimental surgeons may be considered as having reference to, and as being proved by, the cases of common soldiers only. Now, in many parts of the world, it has long been ascertained that these men get well of their venereal complaints without mercury; and the reason is probably the same in all countries. The man who enlists is generally one that has no other occupation, and one who belongs to the lower classes of society. He is one who has not improbably been subject to syphilis before joining the army, or who is not unlikely to have inherited the disease from his parents. Such persons are very much in the same condition as the Portuguese to whom Dr. Fergusson so pointedly refers, and are, as a rule, subject to that variety of syphilis only which does not infect the constitution; or if they get the other variety, it appears in them in such a modified form as not to require any particular specific treatment.

These facts were well observed and graphically recorded by Dr. Fergusson; but the explanation of them has only been given of late years. That explanation is contained in the announcement of the law, that, after a person has once had the infecting form of syphilis, he is not likely to have the same disease again; or, if he do have it a second time, it will appear in a form so modified as not to require the same treatment as was requisite for the original disease.

Transactions of the Odontological Society of Great Britain. Vol. iii. 1861-62-63. Pp. 436. London: 1863.

This volume contains short abstracts of the proceedings at the monthly meetings of the Odontological Society, and, in full, the papers read at the meetings. The subjects of the papers are: Disease and Treatment of the Pulp, by Mr. S. Cartwright; Caries and its Treatment, by Mr. Bridgman; The Nature of Dental Caries, by Mr. Coleman; The Necessity of Plasticity in Mechanical Dentistry, by Mr. Truman; Description of an "Articulator", by Mr. W. Campbell; Certain Conditions presented by Amalgams used in filling Faulty Teeth, by Mr. J. Tomes; Diseases of the Pulp, by Mr. Belisario; Anæsthesia in Dental Surgery, by Mr. Coleman; Absorption of Bone and Dentine, by Mr. Bridgman; Manufacture of Mineral Teeth, by Mr. Truman; Treatment of Dental Caries, by Mr. Bartlett; Retarded Development of the Permanent Teeth, by Mr. Vasey; Cases of Supernumerary Teeth, by Mr. Tomes; Local Neuralgia dependant on Diseased Teeth, by Mr. Cattlin; Exostosis, by Mr. J. Walker;

Treatment of Inflamed Dental Pulp, by Mr. Bate; and Prize Essay on the Pathology of Dental Caries, by Mr. Bridgman; etc.

In this list there are, as will be seen, several subjects treated of, and that with ability, which are not only interesting to the dentist, but also to those engaged in general practice, and who are frequently called on to treat diseases of the teeth. The getting up of the book—as regards paper, typography, and binding—shows that the Odontological Society have not been sparing of expense in this particular; and, wherenecessary, well-executed woodcuts and coloured plates are introduced.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S. The Drawings by H. V. Carter, M.D. The Dissections jointly by the Author and Dr. Carter. Third Edition. By T. Holmes, M.A.Cantab., Assistant-Surgeon and Lecturer on Anatomy at St. George's Hospital. Pp. 788. London: 1864.

Beyond the fact that this third edition of Mr. Gray's well known work on Anatomy has been brought out under the competent supervision of Mr. Holmes, there is little room for comment on our part. The editor informs us that the original plan of the book has undergone no alteration, except "an attempt to give greater precision to the language, and to supply the necessary references to anatomical works of merit which had been published since the date of the last edition."

Progress of Medical Science.

MATERIA MEDICA, CHEMISTRY, AND PHARMACY.

New Alkaloid from the Calabar Bean. Messrs. Jobst and Hesse, of Stuttgardt, have instituted a chemical examination of the Calabar bean. They found the active principle to be contained in the cotyledons only. It was obtained by treating the beans with alcohol, and then acting by means of ether on the residue left after evaporation of the alcoholic solution. The etherial solution after evaporation left pure *physostigmine*. Physostigmine is a brownish-yellow mass, amorphous, and in the first instance separated in the form of oily drops. It is easily soluble in ammonia, caustic and carbonated soda, ether, benzole, and alcohol; less soluble in cold water. From the ethereal solution it is entirely precipitated by animal charcoal. The watery solution has a faintly burning taste, a clearly alkaline reaction; it gives a copious kermes-coloured precipitate with biniodide of potassium, and a precipitate of hydrated oxide in solution of chloride of iron; fused with hydrate of potash, it evolves fumes which have a strongly alkaline reaction. Acids dissolve it easily, and yield solutions of salts, which have mostly a dark red, more rarely a dark blue, colour. The hydrochlorate of physostigmine yields precipitates, with tannin acid, reddish-white: chloride of platinum, pale yellow; chloride of gold, bluish—a reduction taking place; bichloride of mercury, reddish-white. Twenty-one beans yielded only a little alkaloid. Two drops of a watery solution of the alkaloid placed on the eye caused the pupil to contract after ten minutes to about one-twentieth of its original diameter. In this condition it remained for an hour; after from four to six hours it had again assumed its former size. Taken internally, physostigmine is as poisonous as the most dangerous cyanides. The alkaloid from one bean was given to a rabbit. Five minutes afterwards it fell, remained motionless, and died twenty-five minutes later, or half an hour after the taking of the poison. Physostigmine causes contraction of the iris, even in the eye of an animal which has already been dead for some time. A rabbit's eye, treated with two drops of watery solution an hour after the animal had been killed mechanically, showed a contraction of the pupil to one-fourth of the other eye. A rabbit killed with physostigmine did not show this feature; but it was exhibited to a small degree by one which had been killed by cyanide of potassium. This shows that muscles, though dead, are yet liable to be influenced specifically, and not only by the galvanic current, but also by physostigmine. (*Ann. Chem. und Pharm.*, Jan. 1864.)

Coca. The resemblance of the word to cocoa—a species of palm yielding the cocoa nut—and to cacao, the fruit of the *Theobroma cacao*, is apt to lead people to imagine that it is derived from one or other of these plants. This is not the case; coca is a name given to a shrub (*Erythroxylon coca*) which grows on the eastern declivities of the Andes of Peru and in Bolivia. It grows wild, but it is also cultivated. The leaves are collected and dried, either in the sun or over a fire. Great care is observed to keep the leaves dry, as damp soon renders them inert. Their flavour, Von Tschudi states, is slightly bitter and aromatic, and very like the inferior kinds of green tea. In the fresh state, the smell is almost overpowering. Weddell says that the leaves were used in the time of the first Incas, but only by the sovereigns and by the priests in their religious ceremonies. The juice of the thorn-apple was also used by the latter, to throw themselves into a state of ecstacy; and the Indians still believe that they can, by drinking it, hold communication with the spirits of their ancestors. In Peru each Indian carries a pouch with the dried leaves and a gourd with unslacked lime. When he takes the leaves, which he does four times a day, he chews them until they form a ball, and then inserts a little of the lime into its centre. Europeans, when they begin to chew, use sugar, but they soon have recourse to something more pungent. All the mountain Indians, Von Tschudi states, use from one ounce to one and a half ounce a day. It excites a copious flow of saliva. Its action resembles that of the thorn-apple, rather than that of opium. It produces dilatation of the pupil. Weddell says that it acts as a sustaining stimulant. In addition to increasing the flow of saliva, observes Wackenroder, it produces a sense of warmth and fullness in the stomach, increases bodily activity, and checks the occurrence of hunger and sleep. It never causes, even when taken to excess, sleep. The coca-chewers require but little food, Tschudi states; but Weddell did not find this to be the case: they were able to go a long time without food, but when they did eat they consumed as much as those who did not chew. Abused, it produces a peculiar aberration of the mind, indicated by hallucinations (Weddell), and after some years wears out the mental activity. The gait becomes unsteady, the teeth greenish and stumpy, breath offensive, lips and gums pale, and the skin yellow, and the expression of the face apathetic (Tschudi). In moderate quantities it is conductive to health, and the Indians live long. Tschudi employed an Indian 62 years of age, for five days and five nights at digging. He took only two hours sleep nightly, and but very little food. He chewed the leaves constantly, renewing them every three hours. He drank a strong infusion of the leaves when at Puna, 14,000 feet above the sea; it enabled him to climb the heights without difficulty. He had no cerebral excitement, but felt great anxiety and a disinclination for food for some time afterwards. It would, he observes, be a better stimulant than ardent spirits. It contains an active principle analogous to theine, which has been called cocaine. Weddell seems to have been the first who obtained it. Frémy, who made a more careful analysis, says that it is very bitter, uncrystalisable, soluble in alcohol, but insoluble in ether.

SURGERY.

Vesical Tenesmus following Sprain of the Hip. A man, aged fifty-six, was admitted into the Hôtel-Dieu under M. Laugier, having severely sprained his right hip by an accident. He was unable to move the limb, and complained of being unable to pass urine. On introducing a catheter, the bladder was found to be empty. Nothing could be found to account for the symptom: no blood had passed by the urethra, and the patient's complaint was in reality limited to an excessive slowness in the discharge of urine, which was nevertheless complete. No effusion of blood could be detected on examination *per rectum*, nor was there any sign of fracture of the pubic bone. A symptom, however, appeared soon after the accident, which led to a supposition as to the origin of the tenesmus. Sensation was impaired in the whole of the right lower limb. Celsus, in his eighth book, speaking of dislocations of the thigh, says that, "if they take place anteriorly, there is often suppression of urine." These words have been by some interpreted to mean that the bladder is pressed on by the head of the thigh-bone; by others, that the urethra is pushed aside. A circumstance, however, related by M. Laugier may suggest another interpretation. In an experiment made with Louvrier's machine for reducing ankylosis, considerable force having been applied to a knee anchylosed in consequence of muscular contraction, the tendons and skin were torn; and the patient was seized with retention of urine. In this case, without doubt, as in those where dysuria has set in after dislocation of the hip and contusion of the pelvis, there was injury of the sacral and sciatic plexuses, and of the nerves proceeding to the bladder. Paralysis of the arm is often observed after dislocations of the shoulder or of the vertebræ, from stretching, irritation, and contusion of the branches of the brachial plexus. M. Laugier's patient presented similar symptoms in the right lower limb; there was evidently contusion of the nerves of the lumbar and sacral plexuses. The dysuria cannot be regarded as a reflex phenomenon, but was a consequence of injury of the sacral plexus. (*Gaz. des Hôpitaux*, 5 December, 1863.)

Treatment of Abscess by Chlorine Water. M. Hervieux recommends injections of chlorine water in the treatment of chronic abscess. In 1858, while acting for M. Noel Guéneau de Mussy at the Pitié Hospital, he had under his care a man who had a deep fistulous opening in the groin, which had resisted all kinds of treatment, and to which, for several months, nothing but simple dressing had been applied. M. Hervieux employed injections of chlorine water, varying the strength according to the state of the parts; and in less than a week the fistula was perfectly healed. In a very obstinate case of large axillary abscess lately under his care, he has employed the same means, with the results of rapidly producing contraction of the cavity and improving the health of the patient—a young woman aged twenty. (*Bull. Gén. de Thér.*, 30 Nov., 1863.)

DR. GARROD'S LECTURES

ON THE

BRITISH PHARMACOPŒIA,

Delivered at the Royal College of Physicians.

Dr. Garrod's second lecture was delivered on Friday, January 29th. The lecturer said that, before proceeding with his notice of the new remedies introduced, he would say a few words on the *change of nomenclature* which had occurred in the Pharmacopœia. Some striking alterations have taken place in the naming of the drugs and preparations; and these changes, though not entirely approved by all the members of the Committee, have not been made without due consideration. The following are some examples of the changes. Chlorine, rendered *Chlorinium*, and Iodine, rendered *Iodinium*, in the London Pharmacopœia, are now termed *Chlorum* and *Iodum;* Chlorinated Lime is now called *Calx Chlorata* in place of *Calx Chlorinata;* and Tincture of Iodine, formerly *Tinctura Iodinii*, is now *Tinctura Iodi*. Why have these changes been made? Some members of the Committee objected to the names *Chlorinium* and *Iodinium* that they were wrongly formed, being merely the English names with a Latin termination; and it was considered that, in the formation of Latin names for such substances, the roots of the words should in preference be adopted. Hence, by making use of the roots, ἴον a violet (or ἰώδης, violet-coloured), and χλωρὸς green, the words *Iodum* and *Chlorum* were formed. Hence, also, the term *Chlorata* in place of *Chlorinata*. Again, a change of name has been adopted in the case of substances whose composition is not very definite or is imperfectly understood. Thus, the Sulphuret of Potassium (*Potassii Sulphuretum*) is now called Potassa Sulphurata or Sulphurated Potash; and the Potassio-Tartrate of Antimony (*Antimonii Potassio-Tartras*) or Tartar Emetic, now appears under the name of Antimonium Tartaratum or Tartarated Antimony. In some instances, however, the principle of not using a name giving a definite idea of composition has not been carried out; as in the instances of Citrate of Iron and Ammonia (*Ferri et Ammoniæ Citras*) and of Citrate of Iron and Quinine (*Ferri et Quiniæ Citras*). Again, certain preparations have, in successive editions of the London Pharmacopœia, undergone change of name, in accordance with the mutations of chemical views as to their constitution, which has given rise to perplexity and even to danger. This is especially the case with the preparations of mercury. The Committee, therefore, thought it best to give to these names having little or no scientific meaning; and hence they have re-introduced the terms Calomel (*Calomelas*) and Corrosive Sublimate (*Hydrargyrum Corrosivum Sublimatum*) for the two Chlorides of Mercury. The Protiodide and Biniodide of Mercury are now called simply the Red Iodide (*Iodidum Rubrum*) of Mercury and the Green Iodide (*Iodidum Viride*) of Mercury. The Nitric Oxide of Mercury is now Red Oxide of Mercury

(*Hydrargyri Oxidum Rubrum*); and the Ammonio-Chloride of Mercury (*Hydrargyri Ammonio-Chloridum*) of the former Pharmacopœia, is in the British Pharmacopœia termed merely Ammoniated Mercury (*Hydrargyrum Ammoniatum*). The names here mentioned are intended for use in prescriptions; but in each case the chemical composition of the salt is appended. Again, the well known bismuth salt, which has been at various periods, and in different Pharmacopœias, an oxide, a trisnitrate, a subnitrate, and a nitrate, is now called simply White Bismuth (*Bismuthum Album*); and is chemically defined as a trisnitrite ($Bi\,O^3, NO^5$). There have also been some changes in the names of the alkaloids; *e.g.*, Quinia for Quina, etc. The noun substantives ending in *as* (as *Nitras*, etc.) have been made feminine; hitherto they have been neuter in the Edinburgh and Dublin, feminine in the London, and masculine in the United States Pharmacopœias.

The first article of the Materia Medica which Dr. Garrod noticed in this lecture, was the

Aconitum Napellus. In the Pharmacopœial preparations of this there are several alterations. The alkaloid *Aconitia* is re-introduced. Under the name *aconitina*, it appeared in the London Pharmacopœia of 1836; but for some unknown reason, was omitted from that for 1851. In this interval of time, however, it had gradually come into use as an external remedy. Aconitia, as now re-introduced, is defined as "an alkaloid, $C^{60}\,H^{47}\,NO^{14}$, obtained from aconite root"; and certain distinctive characters and tests are appended, which are very necessary, as, from its high price (though this is less than it formerly was), the alkaloid is very liable to adulteration. Most of the so-called aconitine, indeed, imported from the continent, has been found to be inert. In its pure state, aconitia is an intense poison. When rubbed on the skin, it produces a sensation of tingling, followed by numbness. From its highly poisonous properties, aconitia should never be administered internally; in some experiments performed several years ago, Dr. Garrod found that one-fiftieth of a grain was sufficient to destroy large dogs. Its action is, however, not rapid; for half an hour elapsed before the death of the animals took place. The nervous system appears to be first acted on by aconitia; and through this the heart's action is influenced. There is paralysis of sensation especially, rather than of motion; the heart's action becomes gradually slower; and death takes place. This is what occurs in animals; and similar symptoms have been observed in man, in cases of poisoning by aconite. As an external remedy, aconitia is very valuable; and Dr. Garrod has found nothing equal to it for the relief of neuralgic pains. The Pharmacopœia directs an ointment to be made by dissolving eight grains of aconitia in half a fluid drachm of rectified spirit, and mixing with an ounce of lard. This is a clean and elegant preparation.

The *Tincture of Aconite* of the British Pharmacopœia is of much lower strength than its predecessor. In the London Pharmacopœia, each ounce was equal to 180 grains of the root; while it is now equal to 54 grains only. The London tincture was too strong for internal and too weak for external use. That now ordered is intended to be given internally; and for external use we have now a spirituous solution, termed *Liniment of Aconite*, having eight times the strength of the new tincture. The liniment also contains some camphor (one ounce to the pint.)

In addition to the root of aconite, the *fresh leaves and flowering tops*, "gathered when about one-third of the flowers are expanded," are now introduced into the materia medica. An *Extract* of the fresh juice is directed to be made from these parts of the plant; but Dr. Garrod considers it an uncertain preparation.

Aloes. In the London Pharmacopœia, three kinds of aloes are mentioned: the Barbadoes, Socotrine, and Hepatic. In the British Pharmacopœia, the hepatic aloe is discarded, being in no respect superior to the Socotrine. It has been a very common opinion that the watery extract is a preferable remedy to the aloes itself; that the portion insoluble in water—the resin—is much more irritating to the bowels than the soluble part of which the extract is formed. To test the accuracy of this opinion, Dr. Garrod had separated the soluble portion and the resin of socotrine aloes, and had caused pills to be made of each. These were given to a number of patients; and the effect of each dose was carefully noted. The result was, that the watery extract was found to be a much more powerful purgative than the resin; and also—contrary to the general supposition—that it was much more liable to produce griping. Dr. Farre made, at the same time, a similar series of experiments, and arrived at the same conclusion with Dr. Garrod.

The preparations of Barbadoes aloes are, enema, extract, pill, compound gamboge pill, compound colocynth pill, and pill of colocynth and hyoscyamus; those of Socotrine aloes are, enema, extract, compound extract of colocynth, pill of aloes and assafœtida, pill of aloes and myrrh, and compound rhubarb pill. Thus, in each preparation, a distinct form of aloes is used; and there is an opportunity of testing the relative efficacy of the two kinds.

Preparations of Ammonia. The salt lately called *Sesquicarbonate of Ammonia*, is now termed *Carbonate* for the purposes of prescription; but is described as being chemically a sesquicarbonate ($2\ NH^4\,O, 3\ CO^2$). In the *Aromatic Spirit of Ammonia*, the cloves and cinnamon have been omitted, and thus the liability to change of colour is obviated; and the amount of alcohol is increased. The *Fœtid Spirit* and the *Compound Tincture* of Ammonia have been omitted. In the *Liquor Ammoniæ Acetatis* there is an important change. It was formerly made by mixing the sesquicarbonate of ammonia with dilute acetic acid; thus prepared it was liable to undergo change. Now, however, it is made by neutralising acetic acid by means of liquor ammoniæ; and the new preparation has about five times the strength of the preparation of the same name in the London Pharmacopœia. It might be asked, why acetate of ammonia itself was not introduced into the materia medica? The answer is, that the salt has been omitted, on account of the difficulty of its crystallisation and preservation.

The *Liquor Ammoniæ Citratis* of the London Pharmacopœia has been omitted.

Two new salts of ammonia have been introduced; the *Benzoate* and the *Phosphate*. The benzoate is formed by neutralising benzoic acid with ammonia. It is more soluble than benzoic acid, and can be readily given in a liquid form. It is rapidly absorbed; and the benzoic acid is converted into hippuric acid—not undergoing decomposition within the body, but taking to itself some other substance, probably glycocoll, which forms with it hippuric acid; and this is then eliminated by the kidneys. The change in the quality of the urine produced by benzoic acid renders the salt useful as a medicine when the kidneys require stimulating; it acts beneficially on the mucous membrane of the bladder where there is a tendency to phosphatic deposits, and generally in chronic inflammation of that viscus. The urine is not affected by the ammonia of the salt; because ammonia is not eliminated by the kidneys, but escapes by other passages, probably chiefly by the skin and mucous membranes. Benzoate of ammonia may be given in large quantities without producing any injurious effects.

The *Phosphate of Ammonia* consists chemically of ammonia combined with tribasic phosphoric acid and water ($3\,NH^4O, PO^5 + 5\,HO$). Phosphoric acid, as is well known, is an important agent in the animal economy; and it differs remarkably from the other acids, in that, with one atom of base, it forms an acid salt; and with two atoms an alkaline salt. The alkaline solution of phosphate of ammonia is believed to dissolve and hold in solution urate of soda; and there is evidence in favour of the use of this salt in cases of urinary diseases occurring in gouty habits. Dr. Garrod believed that it is useful when its use is long continued; and that it is not liable to prove injurious.

Preparations of Antimony. There has been much difference of opinion as to the *Compound Antimonial Powder* of the London Pharmacopœia; some considering it to be an active preparation, while others have asserted it to be inert, or at least inferior to the secret preparation known as "true James's Powder" (*Pulvis Jacobi Verus*). Now the metal antimony forms two oxides; a teroxide having basic properties (SbO^3); and antimonic acid ($Sb\,O^5$). Besides these, there has been described an antimonious acid ($Sb\,O^4$); but this is probably a compound of the other two oxides—an antimoniate of antimony. The teroxide of antimony is dissolved freely in weak acids, and in the stomach is probably converted into a salt of the metal; while the antimonious acid (so-called) is very insoluble. It is said that in James's Powder, the antimony exists in the soluble form; while in the compound powder of the London Pharmacopœia it is insoluble. The Committee had made several experiments, and had examined the pharmacopœial preparation; specimens of James's Powder obtained from Newbery and from Butler (both of whom profess to have the original receipt); and a specimen of James's Powder furnished by Mr. Squire, and said to be sixty years old. In these the amount of antimonious acid varied from 45 to 63 per cent, and that of teroxide from 1 to 9 per cent; the amount of both being greatest in the old preparation. In all the specimens, the bulk of the powder was made up of phosphate of lime. Probably, Dr. Garrod observed, one of these preparations is as good as another.

Antimonii Terchloridi Liquor is introduced, and is used in the formation of oxide (teroxide) of antimony (*Antimonii Oxidum*). This oxide is insoluble in water, but is soluble in hydrochloric acid, and dissolves readily with cream of tartar. It is introduced into the Antimonial Powder (*Pulvis Antimonialis*), which is made by mixing one ounce of oxide of antimony and two ounces of precipitated phosphate of lime. This must be equal or superior to James's Powder, provided the proportion of teroxide be constant. It is the opinion of many, that all the good effects of antimonial salts can be obtained from properly regulated doses of tartar emetic. This may be true; but it is probable that a non-irritating salt, which is slowly acted on and dissolved, will be more certain in its effects. Whether the phosphate of lime does more than add to the bulk of the medicine, is a question that must be left for future decision.

The *Solution of Terchloride of Antimony* is used as an external agent, and in making other antimonial preparations. It is a powerful caustic; and, when evaporated, leaves the substance known as *butter of antimony*.

Beberia. This is an alkaloid obtained from the bark of the Bebeeru, or greenheart tree. The bark is brought to England in large flat pieces; it has a very powerful bitter and somewhat astringent taste. It contains an alkaloid, beberia, of which the sulphate has been introduced into the Pharmacopœia. The salt has not been crystallised; but in commerce it is met with in the form of "dark brown translucent scales, yellow when in powder; with a strong bitter taste; soluble in water and alcohol." The free alkaloid is in the form of a yellow amorphous powder. Beberia is one of the many substances that have been proposed as substitutes for quinine. It was chiefly introduced into medicine through the recommendation of Dr. Douglas Maclagan of Edinburgh, as being equally efficacious with quinine, and less liable to affect the nervous system. Dr. Garrod had, however, much doubt as to its powers over intermittent fever; in his practice, it failed in several cases of this disease, which were at once relieved by quinine. He had been told by an Edinburgh physician, that beberia is not useful in intermittent fever but in neuralgia of an intermittent character; this, however, requires to be tested. In testing the effect of antiperiodic remedies, we must bear in mind the effect of change of climate and of diet. The dose of beberia is ordinarily from one to five grains; in some of the cases of intermittent fever, Dr. Garrod had given as much as ten grains.

Conium Maculatum. The *fruit* (commonly called *seeds*) of this plant are now made officinal; in the London Pharmacopœia the leaves were directed to be used. Hemlock owes its activity to an alkaloid—conia; and this, when free from acid, tends to become liquid, and very readily undergoes decomposition. Hence it must be kept in sealed tubes. Even while still within the plant, it is liable to change; and hence arises the uncertainty in strength of the preparations made from the leaves. This uncertainty, it is believed, has been (to some extent at least) obviated by the use of the fruit.

Within the last few years Dr. Garrod has made many observations on conium, and has compared the tinctures of the London and British Pharmacopœias. Conium is regarded as a powerful sedative of the nervous system, especially the spinal cord. It is most frequently given to allay spasm, as of the respiratory organs; and also has been used in cases of cancer. At first Dr. Garrod, in his experiments, commenced by giving 20 or 30 minims of the London tincture; but he soon found that even much larger doses produced no physiological symptoms; and in twenty cases he had given doses varying from a drachm to half an ounce, and in one case even as much as an ounce. The tincture which he used was prepared from carefully dried leaves, and by establishments of acknowledged reputation. On the other hand, in the patient who had taken an ounce of the London tincture, slight symptoms were produced by five drachms of the new tincture (British Pharmacopœia). Hence the latter is apparently about twice as strong as the tincture of the leaves; but still it is not very potent.

Dr. Garrod had given conium in several cases of spinal disease, with advantage. It relieves those cases of paraplegia which are attended with a subinflammatory state of the spinal cord, indicated by pain in the back and startings of the legs, and with incontinence of urine—those cases, indeed, the symptoms of which are aggravated by the use of strychnia. He referred in illustration to an interesting case which had come under his notice. The patient had been exposed for some time on a raft at sea; and was suffering from spinal meningitis. The symptoms were markedly relieved by conium; and were as distinctly aggravated whenever, for the sake of testing the effect of the medicine, the conium was omitted and strychnia substituted for it.

[Errata. In the report of Dr. Garrod's lecture in last week's Journal, at page 132, col. i, line 17, for *Santonina*, read *Santoninum;* and at line 23, for "action of the medicines," read "physical and chemical characters of the medicines."]

Small-Pox appears to be raging at Washington.

Frightened to Death. Another instance of death resulting from the effects of sudden terror is recorded. A girl, aged 15, in good health, a little after ten o'clock at night saw one or two men on the roof of the house. She shrieked out as if much terrified, three days afterwards was taken seriously ill, and died. Mr. G. Haycock, surgeon, said that the immediate cause of death was apoplexy, resulting from the fright the girl had sustained. The jury returned the following verdict:—"That the deceased expired from the mortal effects of apoplexy, caused by extreme fright, and her said death arose by misadventure."

British Medical Journal.

SATURDAY, FEBRUARY 6th, 1864.

MEDICAL EDUCATION.

We beg to call especial attention to a very remarkable communication from Dr. Latham, which appears in our impression of to-day, on the subject of Medical Education. The words of wisdom which fall from the pen of one so experienced in teaching cannot fail to have great weight with the profession. We rejoice to find, that so high an authority supports the views lately given in this Journal on the subject of the education of the student. We expected, when remarking upon the evil system which forced upon the student's mind in the shape of lectures such a mass of ill-digested food, that we should have received the angry rebukes of lecturers. To our great surprise and delight, three teachers, at all events, of metropolitan medical schools have given in their warm adhesion to the reforms proposed by us. This is a happy omen. It shows that our medical teachers are too high-minded and patriotic to allow private interests to stand in the way of the rightful education of the student.

This question of Medical Education is at this moment the question of the day in medical politics. To regulate the education of the student is the chief business of the Medical Council; and it is well known—thanks to the motion of Mr. Syme—that at the next meeting of the Council the question will have to be seriously debated. There is a general feeling in the profession, and amongst unprejudiced teachers, that the system heretofore and at present pursued, and which has ended in increasing to a lamentable degree the forced attendance of the student upon lectures, is radically defective; and that so far from advancing, it only interferes with his real acquirement of knowledge. The Medical Council has already forwarded to the different medical corporations questions on this point—asking opinions and advice; and when the Council meets in April next, the reports of all these licensing bodies will have to be considered and digested. It is well, therefore, that the profession at large should turn their attention to the matter, and aid the Council by their advice in arriving at a true solution of this most complicated subject—the student's education.

The first burthen from which the student requires relief, is the attendance on the intolerable courses of lectures now laid forcibly on him. The absurdity of the system, and the injury which it exercises on the mind of the student, are patent to all of us. What sustains the anomaly is, the dread of interfering with vested rights, and the worship of ancient practices. But this must no longer be. The Medical Council, if it do its plain duty, will lay down *simpliciter* the courses of study which the youth ought to follow, not the courses of study which it is to the interest of this or that school or teacher that he ought to follow. Lectures must in future be arranged solely for the benefit of the students, and students not used for the benefit of the lecturers.

It must be remembered that in London, and no doubt in other places, schools of medicine have been unnaturally forced into existence. A given number of medical men united about a hospital, or elsewhere, discovered that they wanted to teach medical students; and so put themselves forwards to get students, instead of waiting until students came to seek their instruction. In this way, the supply of instruction has in certain quarters been of an unnatural character—the instructors having in view not simply the instruction of the student, but other objects of a kind much more personal to themselves. Wherever this state of things has prevailed, this nursing of medical schools into existence, no doubt much injury to education has resulted; and it will be the duty of the Medical Council to redress the injury.

It seems to us, that the reform urgently required demands a reduction of the number of medical schools, and a reduction of the number of lectures at present demanded of the student. First, as regards the schools, let us see how the case stands. A multiplicity of schools necessarily produces a number of small schools. Small schools are, of necessity, poor schools. And at poor schools, instruction can hardly be as well carried out as in well-endowed schools. The lecturers at small schools undoubtedly make great personal sacrifices in the matter of teaching; but why should they make such sacrifices? Why should not every man be well paid for his labour? And, again, is it reasonable to suppose, that an ill-paid or a no-paid lecturer will for ever continue to deliver himself of his lecture with the same satisfaction and force as a well-paid professor does? Can any one reasonably expect of him that he will do so?

Now it does so happen, that the reduction of the courses of lectures and the reduction of the number of schools, would come together excellently in practice. Let us, in order to show this, suggest for consideration the Utopia of medical instruction which our system, if followed, would make in this metropolis, for example; and see how beautifully the thing works on paper at all events.

In our model medical republic, the schools would be reduced to such a number as would suffice to make teaching a pecuniary consideration worthy of a scientific professor's attention. We would have no teachers but well-paid teachers, and, therefore, such as were able to teach, and had proved themselves to be masters of their subject before they entered upon the business of teaching it. The professors should be made for the chairs, and not the chairs for the professors. Just let us imagine for a moment what would probably happen if St. George's, St. Mary's, and the Middlesex medical schools were united in this sort of Utopian triple alliance. Let us imagine the three schools fraternally united in one central and neutral lyceum. We suppose it will be granted that the working plant of any one of these schools would perfectly suffice for the supply of the wants of all the three schools combined; that one dissecting-room, one museum, one set of lecture-rooms, one set of porters, etc., would do equally well the work of the three schools. Well, when we recollect that the working stock of each of these schools represents a sum of between £6,000 and £7,000, we may imagine what an enormous saving such a combination would at once effect, and, of course, to the benefit of the professorial chairs.

Then, again, no one will, we suppose, deny that one set of lecturers could do the lecturing work equally as well, at all events, as it is at present done by the three sets of lecturers. The professor, when he is at it, can address a hundred or two of students with much more effect than he can a dozen or a score. By this concentration of schools, professorships would become valuable holdings; and the picked men out of the three schools would then become the chosen lecturers.

Thus our Utopian medical republic would give us a splendid and richly furnished school, well-paid chairs, and carefully selected and capable professors, whose business it would be, mainly and above all, so long as they remained professors, to teach effectively and completely. Being paid an equivalent for their services, they would be without excuse if they did not fully render those services. Another great good, therefore, resulting would be this: a man of science would then be enabled to live comfortably on his professorial salary whilst busied with science, and whilst awaiting calmly his possible rise into the golden regions of future practice. Instead of keeping our rising scientific lecturers on starvation salaries, or no salaries at all, we should pay them decently whilst engaged in the business of teaching. We should then also enable men to devote themselves wholly to science, if they had the gift that way, instead of making them wear out their lives in the petty details of the practice of medicine, in order to enable them to keep themselves afloat as teachers. The teacher of science would then live by science.

In a former article, we indicated what (as we view the thing) should be taught in this our model school. We would have no lectures given except those which require demonstration and illustration. We should have our three hospitals, and our one school; and nothing should be taught in the school which could be more fitly taught in the hospitals, and nothing in the hospitals which could be more properly demonstrated in the school. The schools should prepare men for the capacity of rightly appreciating what they see, and can only see, in the hospital. Medicine and surgery should be taught in the hospitals; surgical operations, at the school. Chemistry, anatomy, physiology, pathology, and pathological anatomy, belong to the school. The medical student's materia medica should be comprised under botany and chemistry (which of course, belong to the school), and the pure course of materia medica handed over to the pharmaceutists. Midwifery would belong both to the school and to the hospital.

Moreover, in our model school, courses of lectures would be remodelled. Thus, for example, the teaching of pathological anatomy should belong to the physician and to the surgeon. The physician who dilates in his clinical lecture learnedly on kidney-diseases, for example, has taught his hearers defectively, unless he has also demonstrated to them the physical changes which attend those diseases. It is very well for the student to be made familiar, in an abstract way, with pathological changes of structures; but he is only half taught, if he be not shown by his clinical teacher the connexion which actually and in practice exists between the altered structure, as shown in the dead body, and the disturbance which that altered structure occasioned during life. The separation of the teaching of pathological anatomy from clinical medicine and surgery is an unnatural divorce.

But we must now for the present conclude. We think we have suggested a tolerably large opening for a change in medical education; and, although our suggestions have been floating in the regions of Utopia, we yet trust that they will bear some serious consideration.

AN "INFALLIBLE" REMEDY.

A Committee has lately been sitting in New York to investigate the value of sarracenia purpurea as a cure for small-pox. The Committee have made their report, on the strength of all the published observations touching the matter on which they could lay their hands. This is their summary of the value of the article. Let us hope the enthusiastic will learn a lesson from it.

"Your Committee has endeavoured to lay before the Society the history and recorded experience thus far in the use of the sarracenia purpurea for the treatment of small-pox, and in conclusion would respectfully submit the following, as their deductions from the testimony here accumulated. 1. That the analyses already made of the plant do not give any active principle or elements which would indicate any great medicinal potency. 2. That the discoverers and advocates of the specific remedial power of the sarracenia purpurea over variola have given apparently too great credit to the *post hoc* circumstances, as being *propter hoc* influences (one reason for this latter inference being suggested by the loose, unscientific, and eulogistic style of the communications). And 3. That the reliable recorded experience thus far appears to preponderate against the remedial efficiency of this plant in those forms of the disease which do not generally recover under the administration of ordinary remedies."

ST. BARTHOLOMEW'S STAR.

We naturally expect that the medical schools of this metropolis would send forth many men eminent in the several branches of our profession; but it rarely happens, as is the case at the present time, that all the highest offices of honour and distinction in our medical corporations are occupied by the *alumni* of one school. It may, however, interest the profession to be informed that the President of the General Council of Medical Education and Registration in the United Kingdom, the President of the Royal College of Physicians, the President of the Royal College of Surgeons, the Master of the Society of Apothecaries, and the President of the Royal Medical and Chirurgical Society, were all of them students of the medical school of St. Bartholomew's Hospital. Abernethy was one of their instructors; and it has been related of him, that when entering the theatre of that hospital to deliver an introductory lecture, regardless of the cheering with which he was greeted, but impressed with the appearance of so many young men seeking to qualify themselves for the medical profession, he cast his eyes around, and, thinking aloud, as was his practice, he exclaimed, "God help you all! What is to become of you?" That question is now answered; and, had Abernethy lived, he would have had good reason to be proud of the professional reputation of many of the then students of St. Bartholomew's; but he could scarcely have expected that the Presidents of all the great medical corporations in England should have been his pupils. A coincidence so extraordinary deserves to be recorded.

TOWNLEY THE MURDERER.

The opinion so often repeated in this Journal, that if ever a murderer ought to have been hanged, according to law, Townley was the man, has now found the fullest confirmation. Drs. Hood, Bucknill, Meyer, and Helps, have examined the man in Bethlehem Hospital, and have unanimously certified that he "is of sound mind." "Neither in mode of speech nor in look and conduct was there any sign of insanity observable in him." Moreover, these gentlemen knock to the ground all the pretty scaffolding of delusion, hereditary predisposition, and unsoundness of mind, on which was raised the idea of his legal incapacity. Townley, therefore, is, in the eye of the law, still a punishable criminal, and he is to be punished by being removed to a state of penal servitude for life. Sir George Grey cannot, after what has occurred, quite make up his mind to send him from Bethlehem back to the gallows at Derby. What will the public think of the medical evidence given in this case, as it now stands out in the most prominent relief of strong opposition? We fear that we shall not all of us exactly receive the applause of society in that particular. Good, however, must assuredly come out of this unpleasant affair; and in this respect, that in cases of this kind, the prosecution—the Crown—must be in future prepared to deal with the hypothesis of insanity in a proper and dignified manner. It must provide its own skilled and impartial men, who shall give calm and unprejudiced advice; and who shall appear both for the purposes of protecting the criminal, if he be really lunatic, as well as for the purpose of seeing justice executed if he be a responsible agent.

GRATUITOUS MEDICAL SERVICES (?).

Mr. Leech, Townley's lawyer, writes in the *Times*, that neither Mr. Gisborne, Dr. Goode, Mr. Harwood, nor Dr. Forbes Winslow, have received any remuneration for their services rendered in this case. Dr. Forbes Winslow, he writes,

> "Who has been accused of receiving a large fee for his services as a psychological expert, refused to enter upon an examination of the prisoner's mental condition, unless he were permitted to do so unfettered and uninfluenced by any pecuniary engagement, and up to this moment he is without fee or reward."

We read this at the same time that we read in another journal that

> "The fees paid to the counsel for defending Townley were as follows:—Mr. Macaulay, Q.C., received 150 guineas; Mr. Serjeant O'Brien, 75 guineas; and Mr. F. Stephen, 25 guineas."

Are we really to understand that our medical brethren are going to give gratuitous services in this case? or are we to conclude that, when Mr. Leech says these gentlemen have not *yet* received any fees, he simply means that they will be duly remunerated in the course of time—that is, when the lawyer's costs are properly arranged and made out? It is all very well for the solicitor to throw dust in the eyes of the public; and we sincerely trust that he *is* throwing dust in their eyes in this matter; and that it is not really the fact, that our profession have been doing the gratuitous, whilst the men of law have been pocketing heavy fees in this case. Indeed, we will not believe that Dr. Winslow and the other medical men receive no fee, until Mr. Leech assures us that they have absolutely refused to do so.

Our readers will see, from the following, that the reforms in education proposed by Mr. Syme are not, in Edinburgh at least, to be left in the state of mere suggestions. Some of the important recommendations made by him in reference to the examinations have already been sanctioned by the Senatus Academicus.

> "The Senatus Academicus of the University of Edinburgh," we read, "at their meeting on Saturday last, agreed to sanction the following recommendations of the Medical Faculty:—1. The Medical Faculty recommend that there should be from three to five class examinations each session, conducted by means of questions and written answers, without aid from books or notes. 2. That with each medical professor who conducts written class examinations, there shall be associated one or more assessors, to be selected by the Medical Faculty from the Examiners in Medicine, or from the members of the Faculty, to whom the questions to be proposed shall be submitted for approval, and who, along with the professor, shall examine the answers, and determine their value. 3. That in the event of any student gaining 75 per cent. of the marks in any department, he shall be exempt from further examination on that subject when he appears for his degree examination. 4. That in the event of a student gaining 50 per cent. of the marks in any department, he shall only be required to undergo an oral examination on that subject when he appears for his degree examination."

The portrait of Sir Richard Blackmore, Physician in Ordinary to William III, has been presented to the College of Physicians, through the Treasurer, by Richard Almack, Esq., of Milford, in Suffolk, a near relative of Mrs. David Pitcairn, whose maiden name was Almack. Mrs. David Pitcairn left by will to the College the three following splendid portraits: Dr. William Pitcairn (President, 1775) (painted by Sir Joshua Reynolds); Dr. David Pitcairn (painted by Hopfner); and Dr. Mathew Baillie (painted by Sir Thomas Lawrence).

The honour of knighthood has been conferred by the Lord Lieutenant of Ireland on Dr. W. R. Wilde of Dublin. The dignity, his Excellency observed, was conferred not so much in recognition of Dr. Wilde's professional reputation, which had been recognised by many countries in Europe, but on account of the services rendered by him to statistical science, especially in connexion with the Irish census. We congratulate Sir William Wilde on his new dignity, and the medical profession in Ireland on the circumstance that it has been conferred on so worthy a member of their body.

In a late clinical lecture, M. Civiale thus speaks of his *confrères*: "Hospital surgeons appear not to see what is going on beneath their eyes; they do not make use of my instruments, which alone are good; they think there is no need for them to take any preliminary care in performing lithotrity; they take the first instrument that comes into their hands, and openly discard everything which may facilitate the operation and ensure its success. No wonder then that success is so rarely met with in our hospitals."

The death of M. Schönlein is announced. He died in his seventieth year, at Bamberg, in Bavaria, through stricture of the windpipe. Since 1819, he had been successively professor in the Universities of Würzburg, of Zurich, and of Berlin.

M. Broca relates an operation which has probably never been before performed in a civilised (Christian) country, viz., that of *infibulation*. It was performed in the case of a girl five years old, who was the victim of the most determined masturbation. It consisted in paring and uniting the surfaces of the labia majora so as to cover and form a barrier about half a *centimètre* long over the clitoris and the labia minora; and thereby also to prevent contact with the vagina and the neck of the uterus. A very small opening was left for the flow of the urine. A long discussion on the case took place at the Surgical Society, the general feeling not being in favour of the operative procedure. Its value in this case is to be hereafter reported.

According to MM. Schlagintweit, the most elevated human dwelling is the Buddhist convent Hanle, in the Himalaya Mountains. It is higher than Mont Blanc, being 15,117 feet above the level of the sea. The villages Chushul and Panamik are respectively 14,406 and 14,146 feet high. Shepherds, however, live for a few months of the year in pastures 16,500 feet high. In examining the glacier Higamann, MM. Schlagintweit camped for ten days at a height of 22,259 feet. At these heights, headaches, dyspnœa, prostration, etc., are experienced.

In a clinical lecture on glaucoma lately delivered, M. Liebreich says: "This disease, which was absolutely incurable before the discovery of Von Gräfe, is at present curable in all its forms. Iridectomy removes, we know not how, the inflammatory symptoms and the increased pressure; and the more pronounced these symptoms are, the more striking are the effects of the operation."

Professor Gintrac, in *L'Union Médicale*, gives an account of an epidemic of typhoid fever, and winds up as follows: "Once a pupil of the Paris school, a physician practising in a large town, and long attached to a great hospital, I had never observed a fact demonstrative of the transmission of this fever, and I had little faith in its contagiousness. But events have given me an opportunity of comparing two neighbouring and successive epidemics; one caused by infection, and the other manifestly produced and propagated by contagion. I conclude that, under certain circumstances, still undetermined, typhoid fever is contagious."

In the discussion in the French Academy of Medicine concerning vaccine, Bouillaud backs the opinion of Depaul; viz., that vaccine and variolous virus are identical. M. Bouillaud, however, kindly suggests that, notwithstanding this opinion, Jenner is not to be cast down from his pedestal. Jenner's invention does not consist in the discovery of vaccine, which does not exist, but in a new method of inoculation of equine variola, transmitted to the cow.

M. Trousseau describes an interesting case of progressive muscular degeneration lately under his care in Hôtel-Dieu. The man was a carver in ebony, and therefore not subject to any great muscular exertion. The affection began about the beginning of the past year with weakness of the muscles of the shoulder, which at length prevented his working; and, becoming gradually worse, he entered the hospital in November. The muscular atrophy was readily recognised. The patient made great and fruitless efforts to raise his hand when his pulse was felt. The muscles of the arms and the forearms of the shoulder, as well as the pectoral, were flattened, thin, and almost wholly atrophied. Over the head of the humerus there was little more than skin, and the infra- and supra-spinati muscles were completely withered. Electrical exploration produced merely very slight contractions, showing that only a few muscular fibres were still left undegenerated. The man, however, presented all the signs of excellent health; and his intellect was intact. His appetite was good, and general nutrition went on well. M. Trousseau frequently examined the state of his respiration. On entering the hospital, he breathed freely, and the play of the diaphragm and intercostal muscles was perfect; but, in the course of a month, the patient began to feel a weight at his chest, and that he could not expand it as formerly. In fact, the respiratory muscles began to fail. A few weeks ago, he was attacked with bronchitis, and thereupon his breathing became very difficult, and he was rapidly carried off asphyxiated. This is the way, M. Trousseau remarked, in which these sufferers are usually carried off. Sometimes the muscles of the larynx and œsophagus are paralysed; and then the patient dies suffocated, from the passage of food into the windpipe.

M. Broca has addressed a learned letter to M. Trousseau touching the latter professor's employment of the term used to express *loss of voice*. He discusses at length the value of the different words aphonia, alalia, aphasia, alogia, aphrasia, and aphemia, but is unable to make up his mind to a choice. Aphemia was the term he once selected; but he now finds objections to his own choice, and he thinks aphrasia might be preferred perhaps. In the difficulty he therefore refers himself to his master Trousseau. "I have hesitated between these two words, but am rather inclined to take aphemia; do you throw your opinion into the balance and decide."

THE LATE WILLIAM JOHN WICKHAM, Esq.

We regret to have to record the death of one of the earliest members of our Association, Mr. William J. Wickham of Winchester. His age was 66.

From quite an early period of his practice, he was surgeon of the Winchester Hospital, and had (together with Mr. Henry Lyford) a great surgical reputation in Hampshire, founded on his skill as an operator and his command of the various resources of our art in the general treatment of disease. He paid especial attention to the diseases of joints, and embodied his experience in a good practical treatise on that subject. That he was a bold operator, is shown by a case he published in the *Medico-Chirurgical Transactions,* in which he tied the distal ends of the carotid and subclavian arteries in a case of aneurism of the innominate artery. In difficult cases, he bestowed much thought and pains; and this, with his quiet observation, sound sense, and cool judgment, made his opinion valuable and much sought for in consultations. He was, besides, one whom his brethren could trust.

He was a gentleman in education, manners, and bearing, as well as in mind. He was genial, kind-hearted, and most hospitable, keeping up a high social standing, and supporting the dignity of his profession. His father, who died at an advanced age, had an equal reputation; and the hereditary good name is kept up by his son, who has for many years practised with him, and is succeeding to the well grounded confidence of the public. In all his family and domestic relations, his excellence was shown by the love of his family and their deep regret at their loss.

For several years, Mr. Wickham was a very active secretary of our Association in his district. He took part in organising two large meetings at Southampton; one in which the late Sir John Forbes was the chairman, and the other the great annual meeting of the Association. From some local causes, the Association has not increased in this district as in others; but has decreased in numbers. But as the new Army Medical School at Netley, with its staff of professors, must give a new impetus to medical science in Hampshire, we trust that a new district Branch will be again organised, and again flourish as it did some years ago, when our deceased friend was its active secretary.

Men like Mr. Wickham, who attain an extensive professional reputation on solid grounds in a county, who maintain a sound and true social standing, and who are felt by their medical brethren to be thoroughly safe and trustworthy gentlemen, do much to keep medicine in its proper rank in public estimation; and their names should be remembered as good examples.

THE LATE JONATHAN OSBORNE, M.D.

Dr. Osborne died at Blackrock, Dublin, on Friday, January 22nd. He had been complaining for some time past of bronchitis. Dr. Osborne graduated in 1818, and took the degree of M.D. in 1837. In 1840, he was elected King's Professor of Pharmacy and Materia Medica, in the place of Dr. John Crampton, and to this chair he was re-elected at the expiration of each term of office. He was a distinguished classical scholar, spoke Latin with fluency, and possessed a great knowledge of Greek. In 1858, he published in the twenty-fifth volume of the *Dublin Quarterly Journal of Medical Science,* a remarkable paper on the "Plague of Athens," as described by Thucydides, and established fairly his position that it was sea-scurvy; in the same journal he wrote on the poison used in the case of Socrates. He lately brought before the notice of the profession an animal heat thermometer for the measurement of the cooling power of the air on the human body. By the death of Dr. Osborne, the Professorship of Materia Medica in Trinity College is vacant. (*Dublin Medical Press.*)

THE LATE JOHN BLEECK LYE, M.D.

We have to announce the death this week of Dr. Bleeck Lye, who has for some time past been gradually sinking. He died on January 17th, in the 77th year of his age. He was born at Warminster; and was one of twelve children, and the last survivor of his family. Of his brothers, one was in the navy, and attained the rank of admiral; another was a captain in the army, and served in the 11th Dragoons in the Peninsular war. The youngest brother, a clergyman, was the rector of Rounds, in Northamptonshire, and held that living for thirty-five years. John Bleeck, the fifth son, commenced practice as a medical man at Ross in 1811, graduated at Aberdeen, and subsequently removed to Hereford in 1812, when Dr. Blount and Dr. Hughes were the leading physicians of the city—just fifty-two years ago!

At an early period after taking up his residence in Hereford, he became one of the physicians of the Infirmary, and held that honorary appointment, "to the great benefit of the charity," for nearly half a century. During his practice of more than that long period, his great ability obtained for him a reputation which placed him at the head of his profession. Having been thus so long connected with our noblest charitable institution, it can be no matter for wonder that the governors should have taken the preliminary steps for conferring distinction upon one who had so well established his claim to it; but it seems a matter of regret, that this course had not been taken at an earlier period, when the doctor could have more fully appreciated an honorary recognition of his long and valuable services to the charity.

As a medical man, perhaps the most prominent trait in his character was his singular geniality of disposition—his *naturalness,* if we may so write—which always made him a welcome visitor to the house of sickness.

Another leading trait of Dr. Beeck Lye's character was his disinterestedness; and it is perhaps this feature, so well known, which has been the foundation of the happy relations and mutual good understanding which so long subsisted between him and his professional brethren.

In his personal friendships, the Doctor was as unchangeable as we can ever expect humanity to show itself.

The primary causes of death were cancer in the stomach and the presence of a long-standing abscess.

Such a man cannot depart from our midst, without the tribute of popular regret. Dr. Bleeck Lye's memory will not be forgotten in Hereford and its surrounding country until the present generation shall have passed away; and fortunate indeed will be that man who shall step into his professional chair, and, like him, fill it as the first physician of the city and county of Hereford. (*Hereford Paper.*)

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

On Friday evening, January 22nd, a *conversazione* was held in the College of Surgeons, when Dr. Gairdner delivered an interesting lecture "On the Early History of the Medical Profession in Edinburgh" The paper was one of antiquarian as well as of medical interest; and the erudition and research which it displayed, appeared to chain the attention of the numerous audience, composed not only of members of the medical but of the other learned professions. Dr. Gairdner did not attempt to treat his subject in a systematic manner. His lecture may be considered as the continuation of one which he delivered before the College of Surgeons in 1860, on the history of that institution.

In his last lecture, Dr. Gairdner confined his attention almost entirely to the position occupied by the medical profession in Edinburgh during the sixteenth and seventeenth centuries. The lecture was interspersed with most interesting quotations and extracts, some of which elicited the greatest merriment. Dr. Gairdner gave examples of the serious consequences which resulted from the license of the College of Surgeons being, in olden times, more easily accessible to sons-in-law and sons of Fellows than to other individuals; and amused his audience by reading some of the enactments which the College was obliged to pass in order to protect its members from the turbulent and insolent conduct of their apprentices. Dr. Gairdner pointed out the curious fact that, long after the establishment of Protestantism, it was considered quite lawful to hold meetings of the College of Surgeons on Sundays, when any kind of business was transacted.

On the motion of Lord Deas, seconded by Sir H. Moncreiff, a cordial vote of thanks was given to Dr. Gairdner for his interesting lecture.

Since the Christmas vacation, the lectures on Physiology in the University have been delivered by Dr. Argyle Robertson, the assistant to the Professor, as Dr. Bennett has been obliged to leave Edinburgh on account of ill-health. For some time past, he has suffered from a laryngeal affection, which has been very much aggravated by lecturing. Having been strongly advised to try a change of climate, Dr. Bennett left a short time since for Torquay; whence he proceeded in a few days to Italy. As many of our readers will feel the greatest anxiety with regard to Dr. Bennett's health, I may state that, although rumours have been circulated which were calculated to cause alarm, there was no good ground for them; and that we may shortly hope to see Dr. Bennett restored to the health and strength so essential to the discharge of his important academic duties.

As Dr. Bennett will be unable to take charge of the University clinical wards in the Royal Infirmary, on February 1st, when by rotation they fall to his charge, it is uncertain what arrangements may be made. It has been rumoured for a long time that our very popular Professor of Medical Jurisprudence, Dr. Douglas Maclagan, intends to assume the functions of clinical professor; and it is, therefore, not improbable that we may shortly see his *début* in his new capacity. Dr. Laycock has had charge of the wards during the first three months of the session; and if Dr. Maclagan succeed him in February, it is not improbable that Dr. Bennett will resume clinical teaching in the summer.

The medical profession in Edinburgh has lately sustained a serious loss in the person of Dr. Newbigging, who, until a few months before his death, occupied the post of President of the College of Surgeons, and who was besides Physician to the Children's Hospital.

The mortality in Edinburgh just now is very high; the returns of the medical officer of health last week showing an increase of nearly forty on the deaths of the preceding week. Medical men in large practice affirm that the number of cases of influenza at present far exceeds that at any period which they can remember. For the last few months there have been a great many cases of fever in the Infirmary, a large proportion of the cases being typhus.

On Monday evening, the fifth ordinary meeting of the Royal Society of Edinburgh took place. The hall was crowded with the fellows and visitors, who assembled to hear an address by Professor Lyon Playfair, C.B., on the Chemistry of the Coal-Tar Colours. The chair was taken by Principal Sir David Brewster, one of the vice-presidents of the Society. His Royal Highness Prince Alfred was present. Dr. Playfair's lecture was delivered at the request of the Council, and consisted of a systematic and admirable account of the various pigments obtained from coal-tar. Professor Playfair introduced his subject by a slight sketch of its history; and closed it by drawing attention to the powerful influence which chemistry had exerted on the commercial relations of our country; and showed that the history of the coal-tar colours served to encourage those who pursued science for its own sake, for the sake of truth, and not merely with an utilitarian view. The coal-tar colours were, he pointed out, the indirect result of the beautiful researches of Hofmann; the mere overflowings of science into the channels of commerce. The lecture, which extended over a period of two hours, was admirably illustrated by experiments, and by magnificent specimens sent for the purpose by Messrs. Perkin, Nicholson, etc.

Suicide by Boys. During the week before last two boys, of 12 and 15 years of age, attempted to commit suicide.

New Preparation of Bismuth. Under the title liq. bismuthi there has been introduced to the notice of the Faculty a preparation, which purports to possess great advantages over the ordinary basic nitrate. The desirable points in this preparation are—first, its solubility; second, its slight taste; and third, its alkalinity. It has also the peculiarity of not being precipitable by water. (*Pharm. Journal.*)

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BIRMINGHAM AND MIDLAND COUNTIES. [Ordinary.]	Medical Department of the Birmingham Library.	Thursday, February 11th, 6 P.M.
METROPOL. COUNTIES. [Special General.]	37, Soho Square.	Tuesday, Feb. 16, 4 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, Feb. 18, 7 P.M.

WEST SOMERSET BRANCH: CONVERSAZIONE MEETING.

A CONVERSAZIONE meeting of this Branch was held at Clarke's Castle Hotel, Taunton, on Wednesday evening, January 20th. Thirteen members attended.

The Secretary read a letter from C. P. COLLYNS, Esq., the President, regretting his inability to be present, in consequence of family affliction. The members expressed their sympathy and sorrow at the cause of his absence. Dr. Gillett was then requested to take the Chair.

Communications. The following communications were made.

1. The Dietetical Treatment and General Management of Puerperal Women. By W. LEGGE, Esq., of Wiveliscombe. Mr. Legge being prevented from coming to the meeting, it was resolved to postpone the reading of his paper to a future opportunity.

2. Spontaneous Gangrene. By H. J. ALFORD, Esq., of Taunton. After some general remarks, Mr. Alford read notes of a remarkable case now under his care at the Taunton and Somerset Hospital, of a young boy who had been twice affected by this complaint, and who is at this time suffering the loss of several fingers by the usual slow process of separation. A drawing, taken at an earlier stage of the disease, was shown; and the patient submitted himself for inspection. After the reading of the paper was concluded, a lively discussion on the causes of the affection in the case under notice followed, especially on the theory of embolism. Mr. Alford was thanked for his communication, and requested to send it to the JOURNAL for publication. He promised to do so when the issue of the case could be recorded.

3. Ovariotomy. By WILLIAM LIDDON, Esq., of Taunton. The writer illustrated his subject by relating the histories of four cases which had occurred in the Taunton and Somerset Hospital, and exhibited preparations of the tumours removed (which are preserved in the hospital museum). The operation was described; and it was shown to be admissible as well in the multilocular and complex, as in the more simple varieties of the disease. After a discussion, a vote of thanks to Mr. Liddon was passed, and the wish was expressed that he would publish his paper in the JOURNAL.

4. Remarks on a Case of Concealed Birth. By HUGH NORRIS, Esq., of South Petherton. The particulars of the case he read from his notes. Besides other suspicious signs of infanticide, he found laceration of the frænum linguæ and soft parts under the tongue. He had been told that such injuries were often present in cases of this nature, and were believed to be produced by the mother in suffocating the infant and suppressing its attempts to cry. He was anxious to draw the attention of his professional brethren to the subject, as important in a medicolegal point of view.

A vote of thanks to the Chairman concluded the proceedings.

MIDLAND BRANCH: QUARTERLY MEETING.

THE quarterly meeting of the Midland Branch was held in the Board-Room of the Derby Infirmary, on Thursday, January 21st.

Consultation with Homœopaths. After some discussion on Remarks by Dr. Goode on a Case of Prolonged Salivation, it was proposed by Mr. THORPE and seconded by Mr. LINDLEY—

"That in future no member of the Midland Branch of the British Medical Association should meet in consultation, either a homœopath or a registered practitioner practising homœopathy."

The resolution was carried unanimously. It was brought forward in consequence of it being stated, that one or two practitioners of Derby had been in the habit of meeting in consultation a registered surgeon who practises homœopathy.

After transacting the ordinary routine business, the meeting broke up.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 12TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

CASE IN WHICH THE LEFT OVARY WAS FOUND IN THE SAC OF AN OBLIQUE INGUINAL HERNIA, OCCURRING IN A YOUNG WOMAN: WITH REMARKS.

BY HOLMES COOTE, ESQ.

A YOUNG woman was brought into St. Bartholomew's Hospital with a swelling in the left groin, and suffering from the symptoms of strangulated hernia. In the course of a few hours, the usual operation was performed, when the ovary and the Fallopian tube were found in the sac. A similar malposition of parts was subsequently noticed on the opposite side of the body. The left ovary was removed, some thickened omentum cut away, and the patient was put to bed; but the sickness and constipation continued, and she died four days after the operation. The cause of the sickness, etc., was displacement of the stomach and transverse arch of the colon.

Mr. COOTE raised two questions.

1. Was the displacement of the ovaries congenital, or the consequence of the hernia? He inclined to the former opinion.

2. The woman stated that she had always menstuated regularly. Now, on the examination of the body, it was found that both ovaries were *well developed*, and that the formation of the Graafian vesicles was going on naturally; but the Fallopian tubes were quite impervious, the uterus was completely absent, and the vagina was a short canal—an inch and a half in length, and terminating in a thin membrane. She said that she had been menstruating the week before her admission; and some of the female attendants at the hospital noticed the usual marks, though faint, upon her dress. Was the possibility of menstruation to be admitted, under this abnormal condition of parts?

MR. HOLMES COOTE has been elected corresponding member of the Surgical Society of Paris.

Correspondence.

IRIDECTOMY.

Letter from William Bowman, Esq., F.R.S.

[*Concluded from page* 136.]

Sir,—With respect to the glaucoma-iridectomy itself, I shall take the liberty of extracting my account of it from your former volume (October 11th, 1862), as it will supply without other comment my answer to several of Mr. Walton's objections.

"*Note on the Operation of Iridectomy for Glaucoma.* The operation is best done when the patient lies on a sofa on his back, with the surgeon standing at his head. I prefer to use chloroform, though I have often operated without it. It should be given so as to render the patient completely passive; for the great delicacy of the operation requires perfect quietude of the eye, lest the steps should not be severally completed in the most perfect way. My own opinion undoubtedly is that there is hardly any person to whom chloroform may not be safely administered; though, it is true, some objects demand more care in its exhibition than others. The sickness may usually be avoided by taking care that no food be in the stomach at the time; and if it occur during the operation, the steps must be simply delayed while it lasts, not varied in any way. If the sickness is very straining, so as to distend the vessels of the head and face, I usually close the eye, and gently compress it by the fingers on the lid, during the efforts at vomiting. I have not seen any harm happen from such vomiting, when the incision has been properly made; not too extensive, and not too far back from the corneal margin.

"I always keep open the lids by the wire speculum, which an assistant holds a little forwards if it tends to exert pressure on the globe. It is well for the surgeon to be able to use the right or left hand indifferently in making the incision, as he can then select the most convenient spot. I have always preferred to make the iridectomy nearly or quite upwards; because I believe this direction to be as good as a lateral one in reference to the visual field, and the upper lid then covers the gap in a way useful both optically and for appearance sake. It is, however, rather more easy, on the whole, to make the iridectomy to one side than upwards.

"I make the incision in one of two methods, according to the size of the anterior chamber. When there is space enough, it is best to use the triangular lancet-shaped blade, inclined at an angle on the flat, and which I believe is used generally abroad, as well as by Von Gräfe. Having selected a place for the incision, I seize the conjunctiva with proper forceps immediately opposite, and thus fix the globe without making any pressure upon it, or pulling it from its bed. The lancet is then thrust in so as to enter the anterior chamber at its rim immediately in front of the attached border of the iris, and is carefully advanced towards the opposite side so as to form an opening of the required size; and if the opening cannot thus be made as large as is desired, it is enlarged at one angle on withdrawing the blade. When, however, the chamber is shallow, I prefer what I at first always used; namely, a narrow extraction knife, running its point along the rim of the chamber for the requisite extent, and making the counter-puncture much as in ordinary extraction. Thus the instrument avoids the pupillary region and the lens. The operation is more difficult where the chamber is shallow. Whichever instrument be employed, it enters a little behind the apparent junction of the sclerotica and cornea, in the sclerotica, and in entering the rim of the anterior chamber, it usually passes across that junction and through a very little of the corneal tissue just in front of the pillars of the iris.

"As the instrument used in making the incision is withdrawn, the aqueous escapes; and it is well to let it do so gradually, and to keep the point of the instrument towards the cornea rather than towards the lens. The iris may now be found either to remain in the chamber or to prolapse. If the former, the small* slightly curved iris forceps are to be introduced (closed) into the chamber, and made to seize the iris opposite the middle of the incision, about midway between its pupillary and outer border. The iris is then brought outside the chamber and divided with small scissors, on one side of the forceps, from the pupillary to the ciliary border, the forceps pulling it gently at the same time, so as to ensure this complete division of it. The end held by the forceps is then torn from the ciliary attachment as far as the angle of the incision, and even dragged upon a little, so as to detach it beyond the angle, and then divided with the scissors quite close to the angle. The cut end then retreats within the chamber. The opposite side of the prolapsed part is then seized and dealt with exactly in the same manner. No iris should be left in the angle of the incision, lest the healing process be imperfect, and subsequent irritation occur.

"If the iris at once prolapse on the completion of the incision (it is often bulged by aqueous humour of the posterior chamber), the forceps need not be introduced within the incision, but may seize it outside. The less any instrument enters the anterior chamber the better, for fear of damage to the lens.

"If any blood flow into the anterior chamber during the operation, it is as well to allow it to escape before it coagulates. This is best done by inserting a fine scoop within the lips of the incision (not into the chamber), and at the same time by making, if requisite, slight pressure on the eye by the forceps which holds it. The cornea should not be pressed on, lest the lens receive injury; and, rather than run the slightest risk, the blood may be allowed to remain, as it is very soon dissolved by the aqueous humour, and flows out or is absorbed.

"The operation just described ensures the excision of a complete segment of the iris, from pupillary to ciliary margin, of a width determined by the size of the incision, and which may be usually about a sixth or a seventh of the whole circle."

Wishing as far as possible to elucidate every point on which difficulties are felt, I will notice some few additional objections of Mr. Walton. Such are the following:—"It is not always possible to complete the operation according to the prescribed rules, especially the tearing away of the iris to its very root, in consequence of bleeding, by which the parts are concealed from view; and in the attempt to remove the blood by pressure, the only available method, there is much risk of dislocating the lens, or of so injuring it as to cause opacity."

Answer. See above in my account of the operation. I think the lens could hardly be dislocated or injured, unless the incision be made too far back, or pressure be made rudely or too near the lens-region. It is very rare indeed to find this part injured in an iridectomy properly performed. Cataract also very rarely follows as a consequence of the operation.

Mr. Walton. "But cataract may follow without the direct injury, as I think, by interruption of the nutrition of the lens through the disturbance set up in the surrounding nervous and vascular tissues."

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* "The points of the forceps, when closed, should form a perfectly smooth end, so as not to scratch the lens, or catch in the iris, on sliding over it."

Answer. The disturbance is *already set up* in the surrounding nervous and vascular tissues by the *glaucomatous disease.* The iridectomy by its proved efficacy in arresting this, relieving pain, and equalising the circulation, must apparently have a direct contrary tendency to that attributed to it here. Cataract may occur in connection with glaucoma, when an iridectomy has been performed, in either of three ways.

1. It may have preceded the glaucoma and the iridectomy, the glaucoma having come on during the progress of the cataract; of this I have seen several instances. In these cases the glaucomatous complication has first to be dealt with by iridectomy, and at a subsequent stage, when the tension has been reduced, and the usual indications for cataract operation have arisen, the cataract may be dealt with. In such cases I have never seen the operation of iridectomy hasten the progress of cataract. (See *Ophthalmic Hospital Reports,* vol, iv, p. 51.)

2. The cataract may be glaucomatous cataract, *i,e.,* that sort of opacity of the lens which usually takes piace at an advanced stage of glaucoma, when the nutrition of all the ocular tissues has been interfered with through long-continuance or intensity of tension, and the disturbance of circulation thereto pertaining. It is rare for this form of cataract to occur while any sight remains worth attempting to save by an iridectomy. But it must be borne in mind that iridectomy by its power of relieving tension may often render great service to an eye already blind from glaucoma, by reducing its inflammation and putting a period to the protracted sufferings of which it is too often the seat, and which are proof against other means short of excision or the seton. Here, of course, Mr. Walton's objection does not apply.

3. A cataract might arise as a direct consequence of the operation. This might be by direct wound of the lens, which certainly ought not to happen; by bruising or otherwise injuring it, without direct contact of the instrument; this also ought not to happen, and if it do so, must not be charged to the operation, but to the operator. While the steps of the operation were less familiar to us than now, and its liabilities had been less studied, this happened sometimes; once to myself; but now it could hardly occur; it ought not to occur.

Von Gräfe has seen on a very few occasions the formation of cataract after iridectomy when the lens had not been touched, and he was led to attribute it to a bulging of the equator of the lens on the side of the iridectomy, with a rupture of its capsule into the canal of Petit. Such an occurrence must be regarded as most rare and as having no force as an objection to iridectomy, performed as it is for averting blindness. Besides, when the glaucomatous state is arrested, a cataract may be operated on at a proper period with good prospect of recovery, as I have myself proved in several instances; so that even if unhappily cataract should by any accident follow the operation in the way of consequence, it is not an irremediable calamity, though of course to be deplored. But what is the alternative? That all glaucomatous patients are to be deprived of the benefits of iridectomy, or be abandoned to the method of repeated tappings with its eventual resulting blindness?

Mr. Walton. "Then the eyeball may suppurate—a disaster more imminent when a great deal of inflammation is present."

Answer. Suppuration, except as an incident of the last disorganised stage of glaucoma, is extremely rare. The inflammation of glaucoma has not a suppurative tendency. It is more allied to the serous and hæmorrhagic inflammations of other parts. At all events so rare is suppuration, that I hardly remember more than one or perhaps two examples of it, and in one of these the phlegmonous form of inflammation supervened upon the serous after a paracentesis of the vitreous humour, which for several hours both gave marked relief to tension and to pain, and also improved vision. An eyeball sometimes suppurates after the most trifling operation on its interior, but Mr. Walton would not therefore refrain from such interference when it was reasonably indicated. I think, undoubtedly, suppuration is more rare after glaucoma-iridectomy than after extraction of cataract. I do not, however, here include cases in which it is performed on old blind painful glaucomatous globes, not for recovering sight, but for ease. Then suppuration may sometimes prove a happy event; or atrophy without suppuration, which is also recounted by Mr. Walton among the objections.

Mr. Walton. "The operation may be frustrated by the closing up of the pupil, and the gap newly made." This may happen in the glaucomatous stage of iritis or irido-choroiditis; or when iridectomy is undertaken under certain circumstances (as for recurrent iritis, etc.,) without undue tension; and it must then often be accepted as an intermediate condition on the way towards ultimate recovery of sight. But this objection does not correctly apply at all to iridectomy performed for typical forms of glaucoma, where the pupil is certainly left large enough.

Mr. Walton. "Imperfect union of the edges of the tunic of the eye through which the incision was made, with the bulging of the new and imperfect tissue, occasionally takes place." This is what Von Gräfe has recently described at length, with many interesting particulars, under the term *cystoid cicatrisation* (see *Ophthalmic Hospital Reports,* vol. iv, p. 53.) To the translation of his paper, I have added some remarks embracing my own experience on this subject up to last October, and might add here some additional particulars, but that it would carry me too far. Von Gräfe has met with this in a greater or less degree in about one-fifth of his cases. It is generally harmless, sometimes perhaps even salutary, by affording a yielding point at which any remaining tendency to eye-tension may so far find relief as to save the eye from its injurious effects. In some very rare cases it may perhaps prove a source of eventual trouble. There may be found means of disarming the operation of iridectomy of this liability to the cystoid scar.

This and many other subordinate questions are now engaging attention, but appear to me to form no argument at all against an operation which constitutes the only remedy yet known for typical glaucoma.

Mr. Walton. "I should like to know how often the eyeball has been extirpated because of the ill-results of iridectomy?"

Answer. I cannot tell. The question might have been asked by an opponent of the operation of placing a ligature on one of the great arteries, when that seemed the only rational and scientific method of treating a disease threatening life, 'I should like to know how often has a limb or a life been sacrificed because of the ill-results of this tying of the great arteries?' The severity of the disease and the infinite variety of individual conditions under which it occurs will cause some among a multitude of cases to have an unfortunate result. Every medical man will understand this from his experience of any single disease, especially if it be one most apt to occur in the feeble and the aged. But of all the operations for the sinking or removal of an eye that has become blind from glaucoma (while some have had iridectomy previously performed, almost always for the relief of pain, not for the restoration of sight, which was already lost), the large majority had certainly fallen under that sad necessity *through the want of a timely performance of iridectomy*.

One further objection of altogether a different nature has still to be met. Mr. Walton calls iridectomy "an operation which breaks the structure and disarranges the wonderful mechanism of the glorious and precious eye." "Iridectomy," he says, "destroys the integrity of the eye by interfering with refraction, adjustment, and the regulation of light to the eye. I never saw perfect vision after the operation; that is, no person so mutilated could see small things and distant, in different degrees of light, equally well with one of the same age, whose eye might be called normal and healthy. I have been careful to inspect this. A person may blunder over this or that sized type, a few inches from the face, with a pair of spectacles in a carefully arranged position as to the light, and yet have very imperfect sight. Several whose cases seemed in print to be all that could be desired, I have found to be miserable cripples."

Answer. An amputation necessary to save life cannot rightly be called a "mutilation"; or, if it be so, it is a mutilation of which science and humanity may boast. If iridectomy be proved necessary to save sight—even partial and imperfect sight—the patient may well be grateful for *an eye which sees*, though it have been rescued from blindness at some sacrifice of its physiological perfection. Mr. Walton says he has been careful to inspect the results of iridectomy on vision. He has at least declined to inspect cases which I freely offered to show him; and an inspection of which would have rendered my explanation on this point, and probably my whole reply, unnecessary. The fact is, that an iridectomy, especially if performed upwards, leaves the eye but very little the worse as an optical instrument. It is only disadvantageous by in some degree uncovering the marginal part of the lens and admitting some rays which do not form so perfect a focus on the retina as those which still pass through its centre. The act of adjustment or accommodation, as it depends on the ciliary muscle, is not affected by it; and if it were, the subjects of operation being generally of an age when presbyopic glasses are necessary for near vision, the variation in the power of the convex glass necessary can be of no importance. And, indeed, I have often seen a patient after iridectomy read with a weaker glass than before, owing, apparently, to the glaucomatous disease often presenting hypermetropia or increased presbyopia, as one of its conditions, as long ago pointed out and explained by Von Gräfe, and to the iridectomy having lessened this.

But, after all, an exact examination of the state of vision after a successful iridectomy, where the retinal function has been preserved entire, and therefore where the *optical* state may be separately scrutinised, often clearly proves that the iridectomy leaves the eye with the power of seeing distant objects perfectly, according to the most searching tests, and also (with glasses suited to the time of life) able to read the smallest type. I venture, therefore, to say expressly, that Mr. Walton, in raising this objection, shows himself to have had as yet too few opportunities of examining the real results of the operation, where it has been suitably performed.

The last objection is, that "iridectomy also spoils the appearance of the eye." *Answer*. If the operation be performed upwards, the pupil retains its natural aspect, being partly covered by the upper lid, and if performed inwards, which is the other direction usually followed, its new shape is hardly visible to an ordinary observer. I never heard an objection on this score from any patient.

In conclusion, let me add that as, in this and the preceding letters, the subjects of glaucoma and iridectomy have been treated in the necessarily partial aspects incidental to a controversial discussion, and of course with no pretension to be a complete account of the modern doctrine and treatment, I desire my paper of August 6th, 1862, published in the British Medical Journal of October 11th of that year, to be regarded as explaining and supplementing whatever may have been here incompletely expressed.

I am, etc., W. Bowman.

5, Clifford Street, January 26th, 1864.

Letter from J. R. Wolfe, M.D.

Sir,—I have read with deep interest all the communications which have appeared in your Journal from some of our most eminent ophthalmologists on the subject of iridectomy for the cure of glaucoma; and I am confident that the extensive discussion will tend to convince the undecided, and not only to popularise that operation, but also to establish it upon a true scientific basis, which seems at present to be the only desideratum.

When Mr. Hancock first proposed the section of the ciliary muscle for the cure of glaucoma, as an improvement upon Von Gräfe's operation by iridectomy, I (considering the procedure only as a modification of paracentesis corneæ) questioned the propriety of temporising with an affection of an invariably destructive tendency, when we have such a valuable, well-established modificator as that introduced by the illustrious Berlin professor. With regard to the pathological anatomy of that affection, I stated at the time, that I did not consider glaucoma as having its starting point from the choroid, as assumed by Von Gräfe; but rather inclined to the opinion of M. Tavignot, that "it consists in a deeply seated perturbation of the ciliary nerves." This theory appeared to me in harmony with the experiments of Magendie on the important action of the fifth pair upon the organ of vision. (See my letter, *Lancet*, December 10, 1859.)

I have been in the habit of performing iridectomy in many cases of irido-choroiditis with contracted pupil, or with central ulcer of the cornea after smallpox, and in (a few) cases of glaucoma, with "brilliant" results. Since the commencement of this session, I did several iridectomies in presence of my pupils and some of my colleagues in the Royal Infirmary; and I have never met with any of those accidents referred to by some of your eminent correspondents. A closed pupil is the most unfavourable (rare) occurrence, which is generally remedied by another iridectomy.

It is not my object at present, however, to enlarge the catalogue of successful cases; a sufficient number having already been recorded in the course of the present controversy, by surgeons of unquestionable correctness of observation and acumen, whose scientific reputation is sufficient guarantee in favour of iridectomy.

But, having read your editorial remarks (December 19, 1863), which have been re-echoed by some of your correspondents, that "those who practise it can give no satisfactory account of the manner of its action; that, in fact, it has no clear and well definable principle to rest upon"—I am induced to offer some observations on the *modus operandi* of iridectomy in irido-choroiditis and in glaucoma. It is without affectation of modesty that I must state, that it is with considerable diffidence I approach this task; not only on account of its intrinsic difficulty, referring, as it does, to the most complicated mechanism of the animal economy, but also on account of the high authorities who are arrayed on the other side of the controversy. Has not the operation been condemned by a surgeon of the highest eminence, as opposed to the anatomy and physiology of the organ? Has not one of our celebrated oculists pronounced it an absurdity, because, after long experience, he "could not discover that the removal of a piece of iris has ever exercised the slightest influence over any inflammatory condition of the eyeball, or over the disease called glaucoma"? And another authority in ophthalmic subjects does "not believe that the principle of the operation is explainable." Yet I may be permitted to explain my views on this subject, which are based upon the anatomy and physiology of the organ of vision. These I shall endeavour to state as briefly as compatible with the space you can be expected to afford me for a subsequent communication.

I am, etc., J. R. Wolfe,
Ophthalmic Surgeon Aberdeen Royal Infirmary.

Aberdeen, Feb. 1st, 1864.

GELATINE ATROPINE PAPERS.

Letter from J. F. Streatfeild, Esq.

Sir,—In the *Lancet* of the 16th instant there appeared a notice of a new mode of applying some external agents to the eye, which I have lately brought before the profession, in which my claim to its introduction was not in any way recognised. I then addressed a letter to that journal, which was not allowed to appear; and, therefore, I shall be much obliged if you will permit me to publish it in the British Medical Journal.

The receipt of my letter was briefly acknowledged among the notices of correspondents in the *Lancet* of the 23rd inst. The editors (among whom is Mr. Hart) remark, that Mr. Hart and I have "followed a pretty parallel course"; but they acknowledge my priority "of publication", which certainly is indisputable.

"*To the Editor of the Lancet.*

"Sir,—My attention has just been called to an article in the last number of your periodical (January 16th). In it, the reporter of Mr. Hart's cases at St. Mary's Hospital has made an error which may be easily explained, and which calls for some notice from me. He has evidently reported some remarks made by Mr. Hart in reference to an article recently published by me, as if they referred to Mr. Hart's own investigations. The communication to which I am alluding is in the *British and Foreign Medico-Chirurgical Review* (page 281), published on the 1st of January in the present year. I am glad to learn, from Mr. Hart's remarks, that he has found the gelatine so great an improvement upon the paper, that my 'new mode of applying some external agents to the eye' was quoted by him in almost the same words, and at any rate in the sense, in which I had recommended it in the *Review*. In the following paragraphs, for instance, I have said: 'It has occurred to me that an improvement might be made if . . . . we could secure, along with the convenience and efficacy pertaining to the paper, some vehicle which would not need to be removed from the eye after it had been applied, and the desired result had been gained. . . . . I may allude to the alarm felt by some patients at any investigation of their eyes, even if only to remove the scrap of paper that has been introduced, and to the trouble sometimes found in removing it when it has got up beneath the upper lid. . . . . In order to obtain what I wanted, I first tried what is called 'wafer-paper'; but this is brittle when dry, and loses all consistence when wet, so that it becomes unmanageable when moistened; and, moreover, the pulpy substance in the eye, if not washed out, might irritate. I am now employing gelatine rolled out in sheets of the thickness of thin writing-paper, and imbued with a definite proportion of sulphate of atropine or any other salt required. This retains the advantages of, and only requires the same mode of application as, atropine paper; but it *need not be removed from the eye.* It is soon dissolved in the tears, and acts in every way well,' etc.

"Other errors on the part of the reporter could be pointed out. For instance, Mr. Hart cannot have represented the matter as if I had expected to find the 'wafer-paper' soluble.—I remain, sir," etc.

"P.S. I must claim for Mr. Squire the merit of having first prepared the gelatine imbued with atropine. It was suggested by me to him about two months ago. I cannot exactly fix the date; but an invoice which he has sent to me, dated December 7th, shows that it was then delivered and supplied to me as I now use it, and have since supplied several of my friends who were willing to try it experimentally. —J. F. S. January 16th, 1864."

I am etc., J. F. Streatfeild.

January 1864.

MERCURY IN SYPHILIS.

Sir,—There is at the present time a controversy regarding the use of mercury, which ought to call forth the opinion and experience of all practical men. I believe a majority of the profession still have undiminished confidence in it as a well-tried remedy of great efficacy—in fact, a specific—in many of those cases in which sceptics are trying to prove that it is positively injurious. I consider that the real point at issue is (the old one) "its use and abuse", which entirely depends upon the skill, judgment, or discrimination of the practitioner; and the same may be said of all other remedies and treatment.

In my opinion and experience, mercury is the remedy *par excellence* in the treatment of indurated (Hunterian) chancre, both constitutionally and locally. However, after the desired effect is produced, I eliminate it from the system by following it up with iodide of potassium with sarsaparilla, iodide of potassium with chlorate of potash, or dilute nitric acid with sarsaparilla. Secondary and tertiary diseases I treat in the same manner, and always with the most satisfactory result. There are certain conditions and constitutions in which the mercurial treatment may not be advisable; but these are exceptional cases; and it is such variations which specially test the skill and discrimination of the practitioner.

I condemn the employment of mercury in non-indurated and phagedænic chancre. Such cases I treat with potassio-tartrate of iron, internally and externally. Certain cases require modifications of alteratives, tonics, or astringents, readily apprehended by the enlightened surgeon.

With regard to the use of mercury in inflammations, I consider that it depends upon whether the case is of a sthenic or asthenic character. As a general rule, I limit its employment to the former; and, as soon as the signs or symptoms indicate that the sthenic action is controlled or subsiding, I leave off its administration, and may, if necessary, follow it up by stimulants. In asthenic cases, if I consider its administration advisable, I conjoin it with sustaining treatment. I am, etc. J. W.

January 1864.

[Our correspondent will see the subject of his letter treated of by a high authority in a review of Dr. Drysdale's work. See British Medical Journal, p. 151. Editor.]

Medical News.

Apothecaries' Hall. On January 28th, the following Licentiates were admitted:—

Arnold, Richard Orlando, Charing Cross Hospital
Costin, John Quick, Kimbolton, Hunts
Davies, Richard William, Colnbrook, Bucks
Duncan, Peter Charles, Great Marlborough Street
Langston, Thomas, Hulme, Manchester
Moore, James, Rothwell, Northamptonshire

At the same Court, the following passed the first examination:—

Williams, David Martin, Charing Cross Hospital

APPOINTMENTS.

Smith, Robert Angus, M.D., to be Inspector of Alkali Works.

Royal Navy.

Clarke, William H., Esq., Surgeon, to the *Leander*.
Kynsey, Josiah F., Esq., Assistant-Surgeon, to the *Pembroke*.
Mulvany, C., Esq., Assistant-Surgeon (additional), to the *Duncan*.

Volunteers, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Auld, C., M.D., to be Assistant-Surgeon 10th Renfrewshire R.V.
Clarke, W. B., Esq., to be Assistant-Surgeon 1st Administrative Battalion Cumberland R.V.
Cock, E., Esq., to be Honorary Assistant-Surgeon 12th Surrey R.V.
Davies, W. A., Esq., to be Honorary Assistant-Surgeon 5th Montgomeryshire R.V.
Dawson, W. H., Esq., to be Honorary Assistant-Surgeon 11th Worcestershire R.V.
Devereux, D., Esq., to be Assistant-Surg. 8th Gloucestershire R.V.
Fletcher, J. W., Esq., to be Honorary Assistant-Surgeon 19th Worcestershire R.V.
Knight, G. I., Esq., to be Hon. Assistant-Surgeon 14th Surrey R.V.

DEATHS.

Este, Michael Lambton, M.D., late 1st Life Guards, at 207, Marylebone Road, aged 84, on January 26.
Harvey, Edward R., M.D., of 34, Clarges Street, Piccadilly, at San Remo, aged 32, on January 24.
Jameson. On January 22nd, at Dublin, Lucy, wife of William Jameson, M.D.
*__Kendall__, Walter, Esq., of Budleigh Salterton, Devon, at West Lulworth, aged 68, on January 27.
Murphy. On January 25th, at Budleigh Salterton, Devon, James C., infant son of Joseph B. Murphy, M.D.
Scott. On January 30th, Louisa, widow on John Scott, M.D., of Edinburgh.
Soltau. On January 30th, at Plymouth, aged 17, Mary Elizabeth, eldest child of William F. Soltau, M.B.Oxon.

Netley Hospital. A railway will shortly connect Netley Hospital with Southampton.

Dr. Marion Sims, the American, is at present engaged in practice in Paris.

Cholera in Bombay. Bombay has suffered greatly in consequence of the prevalence of cholera.

Surgical Anæsthesia. MM. Perrier and Lallemand have published a treatise on *Surgical Anæsthesia*.

Academy of Medicine. The budget of the Academy of Medicine has suddenly been raised from 43,000 to 150,000 *francs per annum*, by M. Duruy.

London Fever Hospital. The recent contributions in aid of the funds of this hospital have reached the sum of £2,642.

An Army Assistant-Surgeon Killed in Action. The military obituary for January records the death of Assistant-Surgeon W. Pile, M.B., 101st Regiment, killed in action at the Umbeyla Pass.

Virchow the Politician. Herr Virchow made a masterly speech, occupying two hours, and distinguished by the urbanity and moderation which have assigned him so high a place among the experienced debaters of the Prussian parliament.

Dr. H. H. Goodeve of Bristol has been made Magistrate for the County of Gloucester. Dr. Goodeve was formerly one of the professors of the Medical College at Calcutta.

The Swiney Prize was this year adjudged to H. S. Maine, Esq., D.C.L., author of a work *On Ancient Law*. The prize consists of a silver goblet of the value of £100, with gold coin to the same amount.

Poisoning by Cider Kept in Leaden Vessels. At Powick in Worcestershire, several persons were lately poisoned by drinking cider which had been left in a leaden vessel. One of them died.

Medical Department of the Navy. Sir John Liddell has resigned the office of Director-General of the Medical Department of the Navy; and has been succeeded in office by Dr. Bryson.

Physically Disabled. The quota of the State of New York was 68,000 men. To procure this number 77,862 conscripts were examined, with the rather alarming result that no less than 53,000 were found unfit for military duty, and exempted from "physical disability and other causes."

Dr. Livingstone's Expedition. Messrs. Rowley and Miller have returned to the Cape of Good Hope from the Zambesi. Dr. Livingstone had received the news of his recall, and had admitted his expedition to be a failure. A rumour has reached the colony of his having been murdered near Lake Nyassa.

A Court-Martial on the Federal Surgeon-General. It is stated that Mr. Lincoln has summoned a court-martial to investigate certain charges against Surgeon-General Hammond. Let this investigation be fair and impartial, and if fraud exist let it be traced to its proper source, and let the punishment fall upon the responsible party. (*American Medical Times.*)

Scholarships in Natural Science at Cambridge. Two scholarships, each £40 *per annum*, tenable for three years at least, are announced to be given for natural science at Sidney Sussex College in October next. The subjects of examination are Electricity, Chemistry, Geology, Anatomy. They are open to competition to all the world. The successful candidates will be expected to enter at the College. Those who require information are referred to the Rev. C. W. Ellis, Tutor of the College.

The Inspector of Alkali Works. The powers conferred on Dr. Robert Angus Smith, are very extensive. The alkali manufacture is now carried on on a very large scale in Lancashire and Cheshire, on the Tyne, and at Glasgow, and it affords employment, directly or indirectly, to more than 100,000 persons. The main provision of the act of last session is that 95 per cent. of muriatic acid gas evolved in the manufacture shall be condensed to the satisfaction of the inspector, and it will be the business of Dr. Angus Smith to see that this is done effectually.

Diseased Pigs. At a recent meeting of the Liverpool Health Committee, it was reported that the steward of the Rainhill Lunatic Asylum had sold eighty pigs to a pork-butcher, because lung disease had broken out among the pigs at the asylum. It is believed that these pigs were slaughtered in Liverpool, and were consumed as human food. Others of the pigs which were left at the asylum died, and were buried; but it is believed that another sixteen of these diseased pigs have been sold. A copy of the report was ordered to be forwarded to the county justices, and a strict inquiry was ordered to be made into the matter, with a view to have the guilty parties punished. [Perhaps, some of our Liverpool friends will be able to tell us whether or not any evil effects can be traced to the consumption of any portion of the diseased pig-meat. EDITOR.]

THE ROYAL VICTORIA HOSPITAL. One of the first visits paid by Her Majesty after her bereavement was to the large military hospital at Netley. She has again shown her care for the army and for this hospital, in which the late Prince Consort took a warm interest, by paying it a second visit on Thursday week. She proved at once that she had not forgotten any of the incidents of her former visit by desiring to see first the women's quarters, with which she was not pleased on that occasion. She found the rooms looking much more comfortable, and she subsequently inspected some rows of cottages which are now being built in the rear of the hospital for the special accommodation of the wives and children of the sick men under treatment in the hospital. She was satisfied with these arrangements. She then visited the wards, a less laborious task than last year, as there are very few patients in the hospital; the invalids from the home stations having now ceased to come, and the ships with the tropical invalids not arriving till a month or two later. She said a few kind words to the men in bed, and then made particular inquiries of Dr. Anderson, the inspector-general, as to the health of the men to whom she had spoken last year. That officer was no little surprised to find that the Queen had a distinct recollection of several cases, although her notice of them must have been almost momentary. She also entered the dining-hall, where the men who are able to leave their beds were at dinner, and carefully inspected the arrangements there. She then left the hospital and went to the medical officers' mess-room—a fine large room, which has just been completed, and in which are placed her own portrait and that of the Prince Consort, presented by herself. She expressed her approval of everything, and desired that she might be informed when the invalids from the foreign stations would arrive, so that it is hoped Netley will be honoured by another visit. She inquired particularly whether there had been any effluvia from the mud during the summer, and when told there had been no annoyance of the kind, said she had never anticipated that there would be. She also made particular inquiries about the ventilation of the hospital. During her visit she was attended by the entire military and medical staff, including Dr. Anderson, Inspector-General; Deputy-Inspectors Longmore and Maclean; the Professors of the Army Medical School, Staff-Surgeons Moorhead, Fyffe, Smith, Davidson, etc.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Gibb, "On Subglottic Œdema of the Larynx."

TUESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society. 8 P.M., Ballot; 8.30 P.M., Mr. Callender "On Amputations at St. Bartholomew's Hospital, 1853-63": Mr. Savory "On the Absorption of Dead Bone."—Zoological.—Ethnological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Garrod, "The British Pharmacopœia: its Construction, its Comparison with the London Pharmacopœia, and the Value of its New Remedies in the Treatment of Disease."—Microscopical.

THURSDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Markham. Gulstonian Lectures. "The Uses of Blood-Letting in Disease."—Astronomical (Anniversary).—Royal Institution.—Hunterian (Anniversary).

SATURDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

F. T.—The price of the large edition of the *British Pharmacopœia* is fixed at 10*s*. 6*d*. The price of the smaller edition is 6*s*. We believe that somewhere about 50,000 copies of the larger edition are to be struck off. When the smaller edition will appear, depends, we suspect, somewhat on the disappearance of the larger one. The Medical Council will have to do a little trade in the sale of these volumes in order to reimburse itself for its outlay in getting them up.

TRICHINIASIS.—SIR: The information contained in the article on Trichiniasis, is original, and was obtained from—

1. My brother-in-law, Dr. Dupré, at Hassfurth, near Magdeburg.

2. A near relative, Mrs. Bansa, at Homburg, who wrote me the account given to her by Dr. Müller, jun., of the same place. (This gentleman's brother-in-law, a M. Sartorius of Mexico, was one of the sufferers, and died. Dr. Müller, who was telegraphed for, went to the scene, and there saw many things himself.)

3. Several other persons wrote about the affair what had appeared in journals.

There is no doubt upon this point, *that the sausage at the Hettstädt dinner was cooked*—cooked in a manner, of course, which would probably not bring the meat to 212° Fah.; but, nevertheless, it was fried—*geröstet*. This means most properly "toasted"; that is to say, slightly roasted. Every one knows *Röstewurst* in those parts. The name indicates its nature; and that it is not raw, as other sausages in Germany are.

This point has, of course, excited great attention in Germany, and the controversy is high. But it is now admitted that the *encapsuled* trichina will stand a very high degree of heat without losing its life. No one maintains that, if this degree of heat were continued *long enough*, the animal would survive, nor that it could survive boiling point. But it is more than probable that it will live beyond the coagulating point of albumen (140-149 Fah.), and even up to that of the red colouring matter of flesh (197.6 Fah.).

I had a letter a few days ago from Professor Phœbus at Giessen, stating that he was going to send me some trichinæ of Leuckart's breeding. (Leuckart has written a magnificent monograph on these worms.) But he would not send them during frosty weather, unless thickly wrapped up, "because he would not rely in this respect upon their much talked of toughness of life".

I am, etc., J. L. W. THUDICHUM.

COMMUNICATIONS have been received from:—THE HONORARY SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; MR. HENRY LEE; MR. LOWNDES; DR. LATHAM; MR. UPTON; MR. WILLIAM BOWMAN; DR. G. M. HUMPHRY; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; DR. J. R. WOLFE; THE SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; MR. OLIVER PEMBERTON; MR. T. M. STONE; V. V.; MR. SPILLER; MR. J. VOSE SOLOMON; DR. CORNAZ; DR. ALDIS; and DR. MARTYN.

BOOKS RECEIVED.

1. Letter on Corpulence. By W. Banting. 1864.
2. Diseases of Women. By F. Churchill, M.D. Fifth edition. Dublin: 1864.
3. The Teeth in Health and Disease. By Robert T. Hulme, F.L.S. London: 1864.

Lectures

ON

ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,

OF ST. GEORGE'S HOSPITAL, AND THE ROYAL
ORTHOPÆDIC HOSPITAL, ETC.

LECTURE VIII.

ON CURVATURES OF THE SPINE.

(*Continued.*)

Pathological Anatomy.

THE *anterior surface of the thorax* presents changes which are scarcely less striking than those which have already been mentioned. Thus, on the side of the convexity, the ribs are flattened and depressed; and, together with them, the position of the mammary gland is changed, the position varying from a quarter of an inch to an inch or more. This necessarily depends both on the situation of the curve and on its extent. The gland retains, if not entirely, almost its normal relation to the ribs, and is depressed together with them. On the side of the concavity of the thoracic curve, the ribs and cartilages become prominent; so that the projection is not unfrequently spoken of as a tumour. Sometimes pain is felt in this position; and I have more than once known this to be the only seat of pain in scoliosis. This prominence is occasioned through the rotation of the vertebræ, and the consequent thrusting forward of the ribs and their cartilages. These changes are shown in Fig. 18, Lecture VI.

The sternum also deviates somewhat from its normal position, its lower extremity being directed towards that side which is occupied by the convexity of the thoracic curve.

The *viscera* both of the thorax and the abdomen are compressed, and their functions become deranged in every severe form of lateral curvature of the spine. Such is the case, indeed, before distortion reaches its most severe stage. But the thoracic viscera suffer especially, being surrounded by bony walls. On examining the skeleton, one is apt to wonder how, in numerous instances, the functions of respiration and circulation can be carried on; so great is the change from the normal condition. The most prominent effects which are produced through compression are imperfect expansion of the lungs and condensation of their parenchyma, deficient aeration of the blood, and dilatation of the right side of the heart.

The aorta always follows the inflexions of the spine in scoliosis. Sometimes the curves which it describes are sharper, and sometimes they are less so, than those which are formed by the vertebræ. In severe lateral curvature, the aorta assumes curves so sharp as to interfere materially with the circulation of the blood; and this impeded circulation is manifest in severe forms of scoliosis. Specimen 3416 in the museum of the College of Surgeons shows well these abnormal curves of the aorta.

Before concluding this subject, I must again direct attention to rotation of the vertebræ. The changes which are produced are so admirably delineated in the following figures (24 and 25), from specimens for which I am indebted to my friend Mr. Wheeler, that I cannot resist giving them in this place. Here are shown the anterior and the posterior surfaces in a case of advanced distortion; and the wonderful difference between the curves which are formed by the spinous processes, and those which are formed by the bodies of the vertebræ, will be remarked. The wedge-shape of some of the bodies of the vertebræ will also be observed, as well as the position of the pelvis, which is similar to that maintained during life in the erect posture.

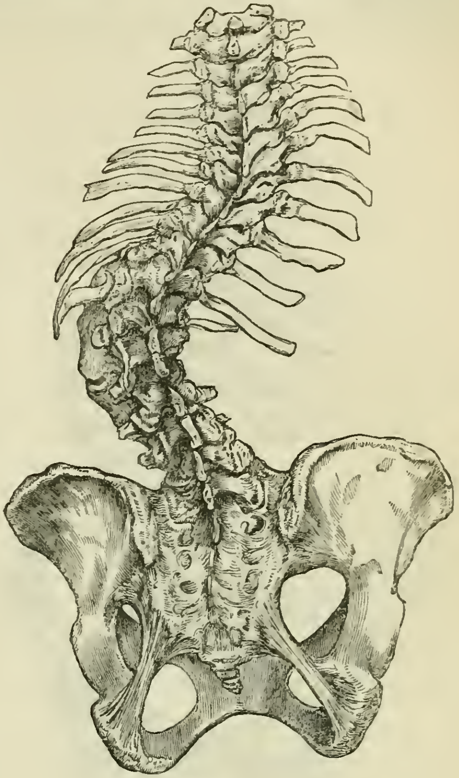

Fig. 24.

Rachitic scoliosis seldom appears until disease is fully established in the long bones, and usually also in the pelvis. The nature of the affection can, therefore, rarely be doubtful. A rachitic tibia or femur, by inducing obliquity of the pelvis, may be the cause of spinal curvature. This is an every-day occurrence. The curve is not, however, therefore rachitic. Rachitic scoliosis and ordinary scoliosis have little in common but the curve and the compression of viscera consequent upon distortion.

Rachitic scoliosis commences in the bony structures. First, the periosteum becomes unusually vascular, tumid, and adherent to the bone. The structure of the bone itself is then somewhat swollen, and its vessels are filled with blood. The cells, too, of the spongy parts of the bones, and of the epiphyses of the long bones, become dilated and filled with sanguinolent fluid. Eventually the cell-walls are broken down, and the medullary cavities become chambers filled with this fatty, sanguinolent, dark coloured matter. This fluid is found both in the cavities of the bones and between the periosteum and the bone; and at length the bones become soft and cartilaginous, being deprived of their earthy constituents entirely or in part; so that they are easily cut with a knife, or as readily yield to pressure or to muscular force, and become misshapen. Wherever pressure is greatest, there is the most distortion. So in the spine it is found that the vertebræ which are most implicated in the curve are not only much compressed, but they are twisted on their axes, and through pressure become misshapen.

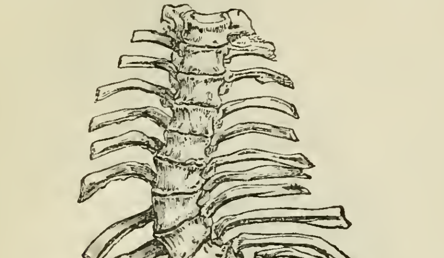

Fig. 25.

Through the weight of the trunk also, the pelvis is flattened and narrowed in its conjugate diameter; and this tendency to flattening is increased by the existence of lordosis, which, as a rule, exists together with scoliosis in rickets. The ribs on both sides of the thorax are flattened, and they are distorted into every conceivable shape.

To this softened and tumefied condition another even more important yet succeeds. The bony substance becomes more and more firm, the outer surface being hypertrophied and of ivory hardness; so that the distorted limb or spine, however misshapen, must so remain: change is impossible.

Treatment.

The treatment of lateral curvature of the spine may well be divided into *preventive, curative,* and *palliative* treatment.

The *preventive treatment* of lateral curvature of the spine comprises all those measures of hygiene which tend to the development of the body, and which conduce to its perfection. It relates, consequently, to food, clothing, bathing, exercise (bodily and mental), sleep, rest, etc.—to every circumstance, in fact, which may affect nutrition.

In youth, every care should be taken to strengthen the bones, to develope the muscles, and to promote activity of body—a system the reverse of that which prevails throughout England.

The freedom of action which is permitted to boys prevents them from suffering from affections of this nature. Scoliosis is very rare among boys; and when lateral curvature does occur, it arises generally from some affection of the lower extremities. But debility is the commonest cause of distortion in young girls—debility which, one might almost say, is purposely induced, so different is their mode of life to that which seems to have been intended.

Exercise is essential to develope the muscular system; not only such regulated exercises as are comprised in a system of gymnastics, but freedom must be permitted in walking, running, playing, etc. This system has been introduced into some of the best schools in the neighbourhood of Paris, and with the happiest results. Nothing can exceed the appearance of health which prevails among the inmates. Widely different is it from that which may be observed in London schools, and, indeed, in schools throughout England. The use of forms and stays, and the want of adequate exercise, bathing, sleep, and rest, induce so much distortion, that it has been said, and with much truth, that it is difficult to find a young person so well developed as she ought to be, and that distortion is the rule rather than the exception in our female schools.

The *curative treatment* of curvatures of the spine comprises not only restoration to symmetry of form, but also such a development of muscular power as is necessary to that suppleness and activity of body which belong to health. The treatment may, therefore, be divided chiefly into two parts; namely, physical and dynamical, or constitutional and mechanical.

Nature Outdone. A report was read lately at a sitting of the Société Médicale d'Emulation, on a paper by Dr. Foley, in which he recommends a high atmospheric pressure as a cure for various diseases. Applying certain facts to therapeutics, Dr. Foley remarks that mountaineers are obliged to breathe more quickly than men inhabiting the plains, because the air is more rarefied on the mountains than in the plains, and therefore affords less oxygen at a breath than the denser air. Conversely, therefore, if a patient be in want of more oxygen than he can get under the ordinary pressure, let him be exposed to an atmosphere rendered artificially denser. This can be done by constructing a small chamber communicatwith a forcing-pump, and provided with an air-gauge and a safety-valve. A patient confined in such a chamber may be subjected without inconvenience to the pressure of about two atmospheres and a half. By this treatment catarrh, asthma, and other complaints of the respiratory organs may be removed; in croup the compressed air will flatten down the adventitious membranes; and in disorders arising from weakness, compressed air will arterialise the blood and increase the vital power of the patient.

Lettsomian Lectures

ON

MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

C. H. F. ROUTH, M.D.,

PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE I.

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

MR. PRESIDENT AND GENTLEMEN,—I am well aware of the honour of addressing an assembly like the present, including as it does some of the most eminent members of our profession. But if it be an honour, as it undoubtedly is, to have been selected to deliver the Lettsomian Lectures, it involves also a heavy responsibility. Not only have I to emulate the distinguished men who have lectured here before, and deserved well at your hands, but I also feel that I address a body of experienced practitioners—men of knowledge, whose judgment must necessarily be severe. All I can hope is, therefore, that, as I have worked much at the subject, and striven hard to merit your good opinion, I may be leniently listened to, and in offering you something worthy of your attention, not disappoint your expectations altogether.

The subject which I have selected for discussion is "Fibrous Tumours of the Uterus." It is one which has for many years attracted the attention of the profession in every country. Its literature is therefore very extensive; but it is also very widely scattered. I have thought, therefore, as not only do ancient and modern writers hold contradictory views, but as even in the present day authors are not agreed as to the pathology, means of diagnosis, and treatment of these growths, that a general *resumé* might prove interesting and not unprofitable. I propose, therefore, to consider the subject under these three heads, devoting one lecture to each part of the subject; and I trust finally, from this analysis, to deduce certain practical conclusions, which I shall bring prominently before you. Your own future experience will enable you either to confirm my views, if they are founded on fact, or your better judgment to correct them if I have erred, to the advantage of those whom you treat, and who suffer from this disease.

STRUCTURE. What is a fibrous tumour? I should define it as a growth in which the fibro-cellular elements of tissue predominate. To the naked eye it appears to be made up of fibres arranged in bundles, sometimes interlacing, with more or less cellular and even adipose tissue between them, of a white yellowish colour, with tints here and there of light blue. This blue is due to veins or radicles of veins which run through the tissue, the tissue itself being non-vascular. In some instances there is less, in others more cellular tissue present; hence a division made by some into fibrous tumours, properly so called, and fibro-cellular tumours. Sometimes they contain a larger excess of uterine tissue in them; and this constitutes what some have appropriately designated the fleshy tubercle, or, later writers, muscular tumours. All this is simple enough; not so, however, when we look at the subject more scientifically. Here I must confess that my reading on the subject of fibrous tumours, in regard to their classification and division by different authors, has not been very satisfactory. No one, I think, could fail to perceive that there is much *verbal* confusion, the same word being used by various authors to designate very different varieties. I must therefore content myself with a few general remarks on fibrous tumours as a whole, and then proceed to their classification into varieties, following chiefly in this respect the French school.

When we look closely into a fibrous tumour, it appears to consist of a number of fibres, some of which are parallel, others interlace in every direction, the colouring varying from a light yellow to a light blue. These fibres, which are fibrous tissue, are very resistent, elastic, and closely knit together. Sometimes, but more rarely, they appear to assume the circular form, and to be arranged concentrically around the vessels which pass through them, as figured in the diagram.

Every fibrous tumour is generally surrounded by a *capsule*, which takes its origin from the uterus, and which is sometimes very closely adherent to the tumour, at other times so little so that the tumour may be easily separated from it or *enucleated*. This enclosing membrane is itself non-vascular, but serves as a medium for the transmission of the vessels upon which its growth doubtless depends. The veins on the attached uterine surface are much enlarged, this enlargement having a distinct relation to the size of the tumour. Arrived near the tumour, they subdivide into a *rete vasculosum*, which nourishes the growth precisely in the same manner as in the case of cartilages and other non-vascular tissues. This *rete* does not, so to say, permeate the tumour. The few large vessels which are exclusively venous, and which sometimes pass through it, end in the *rete* at the opposed side, and do not belong to the substance of the tumour, resembling in this respect the vessels which permeate fat. Arteries, nerves, and lymphatics have never been discovered in fibrous tumours.

When fibrous tumours are cut through, they either exude no juice, or if so, one which floats upon the water and does not mix with it as encephaloid matter does. Dr. A. Clark, in a communication he kindly favoured me with at my request, has examined especially this juice. He writes—"I have on several occasions examined the *juice* of succulent fibrous tumours. I can say of it chemically no more than that I have found it always albuminous. Microscopically it has varied, but common to all are the following elements:—

"1. Coagulated and variously altered blood-discs, isolated and in heaps.

"2. Corpuscular forms resembling the white cells of the blood.

"3. Moleculo-granular matter and fat.

"The soft, semi-lardaceous, imperfectly defined fibrous and muscular tumours exhibit, in addition, the following structural forms in the juice:—

"4. Oval flattened corpuscles containing a few granules.

"5. Fusiform nucleated cells.

"6. Nucleated fibres or fibre-cells resembling the elements of organic muscular fibre."

The microscopical characters of the substance of fibrous tumours themselves are as follows:—1. Fibro-plastic elements united together by cellular tissue; 2. Nucleated fibres, striated and muscular in character; 3. A vast number of granular bodies.

The fibro-plastic elements are very closely packed, sometimes straight and sometimes waved. The muscular tissue is best seen after boiling or treating with acetic acid, when the characteristic nuclei become evident. These last fibres exist in vast numbers, considerably more abundant than in the ordinary unimpregnated uterus, but less so than in the pregnant organ. Indeed, according to Robin, they constitute at least from one-fourth to one-half the entire morbid mass. This circumstance it was that led Vogel to assert that fibrous tumours were, after all, a mere hypertrophy of the muscular tissue in the uterus.

"The *granular bodies* consist of an amorphous mass, very tenacious, semi-solid, keeping the fibres firmly adherent one to another, so as in fact to mask them. This element is most important in regard to the part it plays in the harder tumour, and is especially abundant in those examples where the tumours have assumed a somewhat semi-transparent aspect" (Guyon).

Varieties. As to *classification*, I shall venture to speak of fibrous tumours of the uterus as of three classes: 1. *Fibromas*, which include *hysteromas;* 2. *Fibroids*, including the *recurrent;* 3. Malignant, as occurring both among *fibromas* and *fibroids.*

1. *Fibromas* are homologous tumours developed in a specific blastema resembling permanent fibrous tissue; differing, however, from it in this respect, that they have the power of independent growth, and of enlarging and developing indefinitely. On examination by the naked eye, we can make out two varieties: one, homogeneous-looking when cut through, shining, with no appearance of fibres, which, however, are soon developed by maceration in alcohol; another presenting distinctly the appearance of opaque fibres, sometimes white, grey, or yellow, and crossed in various directions. (Costello.)

As I am speaking, however, of fibrous tumours as they are found in the uterus only, I pass on to speak of the most common variety found in the uterus, namely, hysteromas.

Hysteromas, so called from their resemblance to uterine tissue, and their frequent presence as pathological results in that organ, contain, in addition to the fibrous elements of fibrous tissue, distinct fibro-cellules, *alias* the fibres of Kölliker; in other words, the muscular tissue of organic life. These hysteromas constitute the fibroids of Lebert, and differ from fibromas in their benignity, and in never ulcerating spontaneously.

These muscular organic fibres are distinguished by M. Lebert from *fibro-plastic bodies* (to which I shall presently refer) by a certain number of characters. The nuclei are narrower and more elongated. They have only one nucleolus: some are bent upon themselves. The fusiform bodies themselves are longer and thinner, as if unwoven. These bodies often exist in very large quantities in fibrous tumours, and sometimes it has been clearly made out that these are pediculated, and directly continuous with the uterine tissue. In other cases they are isolated; but M. Lebert is still convinced that they proceed from the muscular fibres of the uterus, and partake of their character. These productions are included by him under the name of *homologous* growths. Just as an exostosis borrows from the neighbouring bone its general characters, or a cyst contains epithelium like its neighbouring cavity, so these fibrous tumours borrow muscular fibres from the contiguous uterus. The uterus here only follows the general law, that every organ exercises a sort of especial attraction on the nutritive elements which maintain it. Any deviation from health may determine an analogous production in its neighbourhood (*Bullet. de la Soc. Anat.*, p. 324, vol. ii).

It was the frequent presence of these bodies that led Vogel to assert that a fibrous tumour was always a hypertrophy of the uterine organ, a fact referred to long since by Dr. Oldham. The later inquiries of Dr. Bristowe, well known to most of you as an accurate observer, have fully confirmed this view, more especially in relation to the pregnant state. That gentleman examined two specimens of fibrous tumour in pregnant uteri. The first had during life been supposed to be an exostosis, which led to the performance of the Cæsarean section and the death of the patient. The fibrous tumours after death were here found to be solely connected with the upper two-thirds of the posterior wall of the uterus, and formed an irregular lobulated pedunculated mass of about the size of an orange. On section, it was found that the muscular tissue of the uterus enveloped some of the tumours, but in others extended merely for a short distance at their base. The tumours presented the ordinary characters of fibrous tumours, only they were denser, somewhat fleshy in appearance, and constituted of fibres, curving and twisting in all directions with the utmost complexity.

The microscopic examination of the tumours was conducted with great care.

"Portions of different tumours (taking care not to mistake any of the muscular tissue enveloping the tumours themselves) were submitted to examination, and, contrary to anticipation, in all instances, without exception, were found to present precisely the same characters as the muscular tissue of the uterus itself. They were so similar, indeed, that it was quite impossible to say of any specimen observed under the microscope whether it was taken from the normal or abnormal structure. The tumours consisted of fusiform pellucid fasciculated muscular fibres, identical in size, shape, general appearance, and arrangement with those of the uterine parietes. There did not appear to be more fibrous tissue in these than in the uterus, although the fibrous tumours felt more dense."

Dr. Bristowe also examined another specimen of a fibrous tumour. This patient died four days after delivery, and the tumour was found, as in the latter case, to be made of muscular tissue. The fibres only were a little corrugated, as the tumour had for several years been kept in Goadby's solution (*Path. Trans.*, vol. iv). And this appears to be now the opinion generally held by French and German pathologists, even by Lebert. That learned pathologist has now confessed openly that, although at the first he hesitated to admit the identity of fibrous tumours of the uterus with the uterus itself, believing that the fusiform bodies met in them were of a fibro-plastic nature, a more attentive examination has not allowed him to remain any longer in ignorance of their muscular structure and general resemblance to the uterine organ.

[*To be continued.*]

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Medical Superintendent of the Female Department of the Hanwell Asylum.

[*Continued from page* 35.]

There remains to be described the form of melancholy called *hypochondriasis.* Two types or two stages of this form have been described by authors; but, though most writers agree in making these two types, the line of division between them does not appear to be the same with all. The definition of hypochondriasis being a malady in which the patient has false conceptions on the subject of his bodily health, some writers would appear to make their division rest between a hypochondriasis without mental aberration, and one with it. They seem to say, also, that one form merges into the other. When diseases do this, they cannot be said to be distinct. As these papers are professedly from clinical observation, I shall here describe only what I have met with in my own practice. There appear to me to be two types, the line of demarcation being sufficiently distinct in typical cases.

The first form or type, or hypochondriasis proper, is met with but seldom in asylums for the insane. Dr. Watson designates the patient with this malady "a plague to his physician, as well as to himself." It is a disease less frequent among females.

This disease has been called also nosomania. Cases are known to terminate in well-marked insanity and in suicide; and yet, in the early stage, patients suffering from it are seldom "*found insane*"; but, in a purely pathological sense, unsoundness of mind must exist in all its progress. It has already been shown that in other forms of melancholy, or melancholic insanity, the moral affections are the first involved. In the early stages of all hypochondriacal cases, it is the moral affections, the instincts, which are chiefly implicated. The intellect, in many of the cases narrated, remained comparatively clear for some period after the setting in of the other symptoms. In a typical case of true hypochondriasis, the intellect usually remains for a still longer time clear. The patient may so far retain his intellectual faculties as to be able to converse, argue, reason, remember, etc., correctly; yet on some subjects, especially such as relate to his bodily condition and health, he entertains an erroneous notion. It will be conceded that we possess naturally an instinctive consciousness of health, and of absence of health—disease; and it is obviously a false notion or belief to consider ourselves ill when we are well, or to believe ourselves diseased when we are whole.

This error is not one of reasoning, nor a judgment resulting from a complex mental operation, which might be liable to fail in any of its stages. It is a simple instinctive feeling that is altered. The perverted instinct which leads to the belief, or the intellect which yields to the false impression, are cerebral acts; and, these being perverted obviously by bodily disease, the nature of the malady must be considered a form of mental disease.

The second type of hypochondriasis is very obscurely described by writers. I have been in the habit of including under this name certain cases not at all uncommon in asylums, in which the mind of the patient is more or less completely occupied with the state of the bodily health or condition. These patients do not display the same anxiety to apply remedies as the other or true hypochondriacs. The false perception is a part of their mental disease; they appear to accept their lot as one not amenable to medical treatment. These patients are mostly melancholy or depressed. It will be sufficient, perhaps, to enumerate some of the delusions that I have observed in my own practice as illustrating this description of disease; and it will be observed that these cases approach the true form of hypochondriasis only in the accidental circumstance, that their illusions or delusions have more or less direct reference to their bodily health or condition. Early writers included all those cases under hypochondriasis in which the sufferer imagined he was made of glass, and was in constant fear of breaking; or was made of butter, and was afraid of melting.

I have known a great variety of instances in which extraordinary delusions haunted the patients continually, which would belong to the same category as the above; but the cases would fall under different divisions in the classification of insanity, as under monomania, chronic mania, etc. It may be convenient to enumerate some of the chief in this place, remarking that these strange vagaries of the mind occur chiefly in confirmed cases, especially when the false ideas involve an operation of the intellect proper; but when they are confined to anomalies of the instincts, they may occur at an earlier stage of the disease. These cases form, in fact, no exception to the law that the moral faculties are the first involved; that the anomalies of the intellectual faculties, as illusion and delusion, occur subsequently, generally at a much later period of the case.

It is not uncommon to meet with melancholic patients who assert that they have no gullet; that they have no passage from the bowels, or from the womb; that they have no inside; that they are hollow, etc. In cases already related, several of the patients entertained the belief that they did not require food. A patient at present under treatment believes that she has an internal cancer, and she has been an in-patient at nearly all the London hospitals. Another, who died of exhaustion during the present year, believed she was putrefying; that it was unfit for her to be with others; that her womb was diseased; and this delusion was stated to have been aggravated after an examination by the speculum prior to admission.

I had a patient who was many years under the delusion that she gave birth to hundreds of children daily. I have a second, admitted pregnant, whose infant is now about six months old; on admission, she had the delusion that she gave birth to one hundred children every day, but, since her confinement, has reduced the daily number to eight or ten.

A young melancholic female, formerly epileptic, and of very slender proportions, believed that she was of such enormous bulk and height, that she was much ashamed to be seen. Another woman, enormously stout, believes herself to be a sylph, and is afraid of being blown away.

An old lady believes she is a bird, and calls her grey locks feathers. She is a buxom body of fifteen or sixteen stone, and above sixty years of age; and she occasionally wants to get up into the trees to roost. On admission, she had other birdlike propensities, not convenient to indoor life.

In cases already given, there were delusions or perversions of the instincts with respect to dying. In some, the feeling existed with the patient that she could not die; in others, that they had died; or in another, that she should live for ever.

I have at present a case in which the patient has the delusion that she has no blood; that her head is made of wood. She strikes her head forcibly, to prove her assertion by the sound; and she entreats others to do the same, or to run a lancet into her to satisfy themselves. This patient also believes she is under the influence of witchcraft.

A patient, very lately dead, asserted that her heart had stopped; that she was dead, and about to be buried, at which she expressed great terror.

I had formerly a patient who at last died in reality, but who maintained perseveringly for seven years that she was a corpse; and she had her distinct theory on the subject. She argued that, though her case was unique, that did not prove its impossibility. "I know such a case never was heard of before," she would say; "but my case is exceptional." Her belief was, that she died on a certain day and hour, which she named; but, owing to the negligence of the nurses, who did not tie up her jaw at the proper time, "she was left a-speaking"; and "so her jaw never dropped", and consequently "she could not get to the grave". She greatly blamed my predecessor in office, that he did not cut her head off. She repeatedly entreated me to do this for her. For years, day and night, she was in a constant state of mental agony, rocking backward and forward on her seat, and moaning, "I have not got to die, I have not got to die. It's nothing but the bitter cold wind that's speaking." This patient ate pretty well, though she declared she never did. "How can a corpse eat?" she used to say. At times she could be diverted for a short period, occasionally would play a rubber, and enter well into the game. At times she was chatty, and would relate her previous history. She was a nurse in an asylum for the insane. Her memory and reasoning faculties were clear up to within six months of her death. The disease then began to affect the motor functions. She became unable to articulate clearly; this gradually increased; and before death she became quite unintelligible. She died during my temporary absence from the asylum.

Another extraordinary anomaly, having reference to the bodily state, occurred in a patient whose name was Martha Stevens, but who persisted for years in calling herself Molly Dodd. She had, it would appear, completely lost all idea of her personal identity. She called her son, who came to see her after a long absence at sea, Martha Stevens's young man. She spoke of knowing Martha Stevens formerly, but said she died. She appeared to relate the history of her early life as that of Martha Stevens; but the latter events of her life were always spoken of as connected with her state as Molly Dodd.

A patient lately received has the idea or delusion that the various parts of her body do not belong to her. This form of insanity has been specially named melancholia metamorphosis. She asserts that her head was taken off, and a horse's head put on her. She complains much about her legs, and says that they are great ugly legs, which belonged to an overgrown boy; that her own legs were nice little legs; and she appears horrified when she casts her eyes downwards on her limbs. She says her hands have been changed at the wrists; that her arms are somebody else's, and that they do not correspond, and there is no feeling in them. This confusion of parts is the source of great mental anguish to her.

With respect to all such false perceptions and delusions, it is common to hear them attributed to peripheral excitants of various kinds; that is, to look upon the mental phenomena therefrom as arising from eccentric causes. In a very large number, there is no evidence of such; but in cases (and which, I think, are exceptional), such peripheral excitant would appear to be present. Instances have been recorded in which an insane person has suddenly recovered her mental faculties on removal by operation of a diseased organ, or by the natural termination of a peripheral disease, as the breaking of an abscess. Such cases are very striking when they occur; and one is apt, therefore, to exaggerate the frequency of their occurrence. A patient lately discharged, who on admission had the delusion that she was pregnant, was found to have tapeworm, which was brought away by the use of the oil of male-fern. She regained her strength, with the return of which her delusion vanished. The patient who, while pregnant, believed she gave birth to one hundred children, and who, after delivery, reduced her ideas to tens, is also an example of the presence of peripheral or eccentric excitants; but the evidence in the last case is equivocal, since the delusion did not cease entirely. In far the greater majority the cause of the delusion is centric—in other words, cerebral.

[*To be continued.*]

RESUSCITATION OF STILL-BORN CHILDREN: ACTION OF ERGOT.

By Edward Garraway, Esq., Faversham.

Do accoucheurs ever fail in their endeavours to establish the respiratory function in still-born children? or am I the most unfortunate of men? One reads of numbers of instances in the various medical journals of infants being resuscitated by the Marshall Hall and Silvester methods of treatment, but never of an instance of failure. Now, I have been defeated—perhaps it is not expedient to say how many times; of course, too, I have had my successes (see, in particular, the Journal of September 28th, 1861.)

Mrs. C., a healthy, small, but well proportioned young woman, aged 22, was taken in labour with her first child, at 6 a.m. I saw her at 9; the liquor amnii had escaped, and the head was presenting in the ordinary position; the os was dilated to the size of a half-crown; the pains were vigorous. By 1 p.m., the head was well down on the perinæum, which proved rather rigid, and, at the same time, the pains began somewhat to abate. At 6, the perinæum being on the stretch, and the labia separating, the pains became utterly ineffective, and I therefore gave my usual quantity of ergot, in two doses (two drachms boiled in eight ounces of water down to four ounces). Vigorous pains speedily followed; and for nearly half an hour labour seemed progressing; but now, the influence of the ergot being exhausted, the pains ceased. I never give more than the quantity above mentioned of this drug; so, after a little repose, I had recourse to the forceps. Careful manipulation, however, with one blade, aided by strong pressure on the abdomen, sufficed to deliver the head. This was accomplished without the slightest uterine effort, or even feeling of pain, on the part of the mother. By hooking my finger into the axilla, and again pressing hard upon the abdomen, the child was partly dragged and partly pushed out of the uterus, still without the slightest pain. As the feet were drawn out, a rush of air took place into the vagina—a phenomenon, as far as my observation had hitherto gone, usually succeeded by more or less hæmorrhage. On compressing the uterus the air rushed out again; and, although there was no feeling of contraction or pain in this organ, it seemed slowly to close upon the placenta. No friction nor compression of the uterus would induce pain: and, as the funis began to tear under traction, I passed my hand into the vagina and easily removed the placenta, which was not attached. The uterus, somehow, without any apparent contraction, seemed gradually to accommodate itself to circumstances; and it is remarkable that literally not one drop of blood was lost.

I never before met with a case in which from beginning to end of the expulsion, or rather extraction, of the child and after-birth, not one single effort was made by the uterus, the mother being quite easy and comfortable during the process, whereas previously the house had resounded with her cries. There was no physical exhaustion; the pulse was quiet: and I can in no way account for the uterine inertia.

Ranking's *Abstract* contains the history of a case of resuscitation of a new-born infant by Dr. S. Reed. The case, extracted from the *Lancet* and the *Pacific Medical Journal* of October 1862, was briefly this. The doctor arrives at a patient's house, finds the labour completed; the accoucheur, who had attended for him, having departed twenty minutes, leaving behind a still-born babe and a sorrowing family. He hastens to the bedroom, detects a slight fluttering about the child's heart, at once begins forcing air from his own mouth into the chest of the infant, alternately inflating the lungs and depressing the ribs, compressing the nostrils, and so on, meanwhile keeping the child warm in flannel. "In forty minutes it gave a sigh; in twenty more it began to breathe, and was handed to the thankful mother."

Now, in my case, the child was born asphyxiated. I did not abandon it in twenty minutes; but, discovering in twenty seconds not a slight fluttering about the heart, but a decided pulsation, went vigorously to work after Dr. Reed's fashion. Over and above the attempts at inflation, the warm bath and cold douche, Dr. Marshall Hall and Dr. Silvester's plan were had recourse to, and for thirty minutes I persevered, the heart's action getting fainter and fainter, and not one gasp rewarding me for my pains. Meanwhile the mother, who ought to have been flooding, but was not, requiring my attention, I gave up the recovery of the child as hopeless.

In this case sickness accompanied almost every pain until the decoction of ergot was given. This was the first thing retained upon the stomach. Its effect was quick and powerful, militating against Dr. Graily Hewitt's theory that the action of ergot upon the uterus is through the vomiting it induces. Dr. Graily Hewitt, however, does not venture to lay this down as a law, but diffidently submits his views to the profession for confirmation or otherwise. The question is a most important one, and might be settled in a few months if every accoucheur would take note of his cases in which ergot is given. If sickness only were needed to excite uterine action, safer emetics might be used; for I suppose all men's minds are not yet quite assured of the innocuous action of ergot upon the fœtus, if delivery be long delayed after its administration. We all use antimony and ergot, but regard the two drugs as perfectly dissimilar in action. We avail ourselves of the former, by its nauseating effect, to induce dilatation of a rigid parchment-like os; of the latter, to excite expulsory pains; but at present we should not think of giving ergot to dilate—by the vomiting it may possibly induce—a rigid os, nor should we administer antimony when uterine effort fails in the last stage of labour.

This fact, I think, I have noted; that ergot manifests a much more powerful effect upon a full uterus than upon an empty one. I have rarely been disappointed with it as an aid to the expulsion of the fœtus, and seldom satisfied with it as an inducer of contraction in *post partum* hæmorrhage, notwithstanding it is invaluable in a case of anticipated flooding, if given as the head is emerging from the lower outlet.

Reviews and Notices.

THE PRINCIPLES AND METHODS OF MEDICAL OBSERVATION AND RESEARCH, for the Use of Advanced Students and Junior Practitioners. Second Edition; with copious Nosologies and Indexes of Fevers, and of Constitutional, Cutaneous, Nervous, and Mental Diseases. By THOMAS LAYCOCK, M.D., F.R.S.E., F.R.C.P., etc.; Professor of the Practice of Medicine and of Clinical Medicine in the University of Edinburgh. Pp. 403. Edinburgh: 1864.

THE aim of the author in publishing this work has been to teach the student "how to attain to a mental culture and discipline suited to his special and immensely wide spheres of knowledge and labour." He has, therefore, in seven of the lectures of which the work consists, commented on the nature and acquisition of experience in medicine; the combination of theory with experience and observation; the fallacious use of theories; the general methods and objects of clinical study; the methods of clinical examination; clinical observation of general or constitutional morbid states; prognosis, and the order of succession of morbid phenomena; the due estimate of treatment, and the management of the case; the numerical method of research; and the analogical, philosophical, or purely inductive method of research. In the remarks of Dr. LAYCOCK on these subjects, there is a good deal of practical instruction which is calculated to be useful to the student in training him to an orderly method in examining patients, and in forming a proper estimate as to the utility of treatment; and these portions of the work—we refer especially to the second, third, fourth, and fifth Lectures—may be perused with advantage while he is engaged in his studies in the hospital wards; but the more abstruse topics treated of in the sixth and seventh lectures—the relative merits of the numerical and inductive methods—will be more profitably brought before him when his mind has been somewhat relieved from the details of which he is required to obtain such a knowledge as will fit him for the practice of his art. In an eighth lecture, the author speaks of the naming and classification of diseases.

As the portion of the work to which we have just now referred has been some time before the profession, we abstain from saying more about it. But a considerable portion of the volume is now occupied with a new part, in which Dr. Laycock enters very fully on the subject of the Classification of Diseases. He classes diseases primarily as general and local. General diseases, again, are divided into three classes: pyrectic, including two orders, fevers and inflammations; constitutional, comprising diathetic and cachectic diseases; and systemic, dividing into orders according to the system of organs affected. Local diseases are arranged in two classes: diseases of the viscera proper or of tissues and organs; and local defects of development and function. He then goes on to develope his nosologies of pyrectic and constitutional diseases, of diseases of the skin and of the nervous system, and of mental diseases; and here we must say he has carried minuteness of classification to the extreme of elaboration. Has he not also pushed it beyond the limit of practical utility? Let us take as an example the way in which he has handled certain "specific or zymotic fevers."

> "Remittent Fevers—Malarious Fever, complicated with visceral inflammations:—
>
> I. *Cerebro-spinal* Remittents—Endemic Meningitis.
>
> II. *Pulmonary* Remittents—Pleurisy, Pneumonia.
>
> III. *Bilious and Gastric* Remittents:—
>
> Endemic Gastric Fevers (Gastritis, with hepatic and splenic congestion:—(*a*) Of Temperate Regions—Bilious Remittents; (*b*) Of Tropical Regions—Endemic Yellow Fever.
>
> IV. *Pernicious* Remittents—Endemic Pernicious Fevers or Malarious Fevers, complicated with septic or miasmatic poisons:—
>
> (*a*) Complicated with Fæcal Miasmata (sewer and dunghill emanations); Choleraic Remittents; Dysenteric Remittents; Malarious Continued Fevers, with abdominal symptoms.
>
> (*b*) Complicated with Sepsis; Petechial and Scorbutic Remittents; Endemic Pernicious Fevers, with hæmorrhages, black vomit, etc." (P. 263.)

Now all this careful definition and classification is very interesting; but there is with it a danger lest the student, for whose perusal Dr. Laycock has written his work, should magnify all the phases of a disease here mentioned into so many distinct diseases, thereby further overwhelming and confusing his already overburdened mind. Again, can any one tell us whether at any time, and to what extent if any, medicine in its true sense—the science of healing—has been advanced one step by the elaborate systems of classification which nosologists have devised, and in the details of which no two of them thoroughly agree?

Dr. Laycock is rather fond of introducing, perhaps not new names, but names which are now scarcely ever heard of in medicine—such as Trophesiæ, Æsthesiæ, Kinesiæ, Hyperkinesiæ, Parakinesiæ, Akinesiæ, Orexies, etc. All these may be very expressive; but we fear that the same fate awaits them as has befallen several of the terms which Dr. Mason Good and Piorry have used; namely, that they will be more valued as curiosities in medical nomenclature than for their practical use. When a new or apparently new thing comes under our notice, we must make or find a name for it, which shall be as correct and expressive as possible; but few medical men, we take it, will go out of their way to learn new names for things of which they have already some idea, and a way of naming them. Who, for instance, is likely to substitute the term "encephalic hyperkinesiæ" for "general convulsive diseases"?

Dr. Laycock is unquestionably a most zealous teacher, and endeavours most conscientiously to do the duty which has been entrusted to him, of training the medical pupils of the Edinburgh University in the observation of disease. We have said, and repeat it, that there is much valuable and really instructive matter in his book; but in some points his teaching is, in our opinion, calculated to perplex the student rather than to aid him.

DR. GARROD'S LECTURES

ON THE

BRITISH PHARMACOPŒIA,

Delivered at the Royal College of Physicians.

The third lecture was delivered on Wednesday, February 3rd.

Salts of Silver. The only novelties in regard to these compounds in the new Pharmacopœia consist in the introduction of the *oxide of silver*, and the insertion in the body of the work of the process for making the nitrate.

Oxide of Silver consists of one equivalent of silver and one of oxygen ($Ag\,O$). The union between the two elements is not strong; the silver is, therefore, reduced to the metallic state by exposure to a red heat. The oxide is insoluble in water, but soluble in weak acids; and, in the stomach, is converted into chloride. The oxide of silver is less caustic than the nitrate. Internally, it acts as a sedative in some irritative states of the mucous membranes. Dr. Garrod had found it useful in gastric disturbance, and generally in cases where the absorption of silver is desired—as in passive hæmorrhages, and in various nervous affections, such as those for which nitrate of silver is commonly given. It is said not to cause darkening of the skin; but it must be remembered, that this phenomenon occurs only when the nitrate has been taken for a considerable time, and it is difficult to imagine that the coloration will not be produced by oxide of silver also, if administered for a sufficiently long period. The dose of oxide of silver ranges from a quarter of a grain to a grain; it is best given in a simple form—*e. g.*, with crumb of bread. It becomes decomposed by certain organic substances; especially creasote, which deoxidises it.

Bael (*Bela*). This is the dried half-ripe fruit of the *Ægle Marmelos*, a plant of the natural order *Aurantiaceæ*. The fruit is described as being "roundish, about the size of a large orange, with a hard woody rind; usually imported in dried slices, or in fragments consisting of portions of the rind and adherent dried pulp and seeds. Rind about a line and a half thick, covered with a smooth pale-brown or greyish epidermis, and internally, as well as the dried pulp, brownish-orange, or cherry-red. The moistened pulp is mucilaginous." The only officinal preparation is the *Liquid Extract* (*Extractum Belæ Liquidum*), a fluid-ounce of which is equal to an ounce of the dried fruit. Bael is much used in India; and, Dr. Garrod believed, was principally introduced into this country by practitioners who had employed it abroad. Its chemical composition has not been accurately ascertained; it probably contains some astringent principle. In India, it has a high repute as a remedy in chronic diarrhœa and dysentery. Dr. Garrod had, however, known it to fail in cases where gallic acid and opium afterwards proved successful.

Belladonna. In addition to the leaves and branches, the *root* of belladonna finds a place in the British

Pharmacopœia; and *atropia* and a *liniment* are prepared from it.

The action of belladonna and its alkaloid is local; this is demonstrated by its effect in dilating the pupil of one eye when applied to it, and also by the fact that, while one-thirtieth of a grain of atropia is required to be taken internally to produce this result, the local application of so small a quantity as one-millionth of a grain is sufficient. As a topical application, belladonna is used to relieve pain. For this purpose, the tincture of the London Pharmacopœia has little or no effect; the extract is, at best, a dirty preparation; and atropia itself is very expensive. Hence a *Liniment of Belladonna* has been introduced, of which each fluid part contains the properties of a corresponding weight of the root. Belladonna liniment has the colour of sherry wine. Dr. Garrod believed it to be a very efficacious local application. It requires to be diluted with two thousand parts of water before it loses its property of dilating the pupil; while the tincture of the London Pharmacopœia requires only two hundred parts to reduce it to the same want of strength. Hence the liniment appears to have ten times the strength of the tincture.

Sulphate of Atropia has been omitted; because it is not required, and is moreover an unsatisfactory preparation. The alkaloid *Atropia* is introduced; and a solution is directed to be made from it, of which each ounce contains four grains. Variously diluted, it may be used in ophthalmic surgery.

Chiretta (*Chirata*). This remedy is now introduced for the first time, although it has been for some time used in medicine. The entire plant is directed to be used; and formulæ are given for preparing an infusion and a tincture. It belongs to the natural order *Gentianaceæ*, and has some resemblance in its properties to gentian. It contains a bitter principle, but very little volatile oil; hence it is a more simply intense bitter than gentian. In India, it takes the place of the last named medicine; and is an useful tonic in cases of atonic dyspepsia. The dose of the tincture is from half a drachm to a drachm; of the infusion, from half an ounce to an ounce or an ounce and a half.

Cocculus Indicus. The dried fruit of the *Anamirta Cocculus*, a plant of the natural order *Menispermaceæ*, is introduced. The seed contains a peculiar non-nitrogenous body—picrotoxine; and the shell an alkaloid—menispermine. The only preparation directed to be made from the cocculus is an *Ointment*.

Cocculus evidently exerts its action on some part of the nervous system; animals poisoned by it lose the control over their movements. Its effects on men have been but little studied; although it is very probable that in many instances it is taken unconsciously. When introduced into malt liquors, it appears to produce an unwillingness to move. It has probably never been used in medicine otherwise than externally, in some skin-diseases or for the removal of pediculi. Care must be taken never to apply it to an abraded surface. Considering the penalties to which brewers are liable for using and druggists for selling it, Dr. Garrod thought it a matter of regret that it has found a place in the Pharmacopœia, and thereby obtained a certain amount of legal sanction for its sale. The action of picrotoxine, however, should be investigated, as it may be found to have properties which may render it useful in practice.

Indian Hemp. Although many years in use as a medicine, *Cannabis Indica* is now for the first time made officinal in England. The part directed to be used is "the flowering tops of the female plant from which the resin has not been removed." Indian hemp owes its power to the resinous exudation. Regarding the composition of the resin, nothing definite is known. Two preparations are ordered; an alcoholic *Extract*, and a *Tincture*, made by dissolving an ounce of the extract in a pint of rectified spirit. Although Indian hemp has been several years used in medicine, a thorough investigation of its physiological action is still required. In large doses it causes delirium; in smaller, it exalts the mental faculties, and for this purpose is used in Eastern countries in the form of haschisch. Hence it somewhat resembles, in its properties, certain solanaceous plants, as belladonna; but it does not produce dilatation of the pupil. Its action as an anodyne is well established; in rather large doses, it gives rise to a sense of numbness. It is also useful as an antispasmodic. Dr. Garrod has never found any soporific action to be directly produced by it; when sleep has followed its use, this has probably been attributable to the relief of pain. It differs from opium in several respects; especially in not producing the constipation, loss of appetite, etc., which attend the use of that medicine.

The dose of the extract of Indian hemp is from a quarter of a grain to a grain or more; that of the tincture from five to twenty minims or upwards. The resin is apt to be precipitated when mixed with water; but is held in solution by the addition of an alkali.

Digitalin (*Digitalinum*). This is a greyish-white powder, having the appearance of small scales. It is soluble in acids, but does not neutralise them; it appears to have one hundred times the strength of the leaf of digitalis. Dr. Garrod had had no experience in its use; but from its want of power of crystallisation, the consequent readiness with which it can be adulterated, and the difficulty with which adulterations of it can be detected, and from its great power, he thought it might have been dispensed with. The dose, for its safe administration, is from one-fiftieth of a grain upwards; but, for the reasons already assigned, its strength is likely to be uncertain.

Digitalis, though a potent remedy, may be given in much larger doses than is generally supposed. Dr. Garrod said that he remembered that, when he commenced the study of medicine, it used to be given by some in considerable doses; and in recent years this practice has been revived, and digitalis has been given in large quantities in delirium tremens, especially by the late Mr. Jones of Jersey. Dr. Garrod had tried it in a few cases of this disease; and had found it a very powerful and useful remedy when the malady is uncomplicated. He had also suggested to Dr. Lockhart Robertson its employment in acute mania; and Dr. Robertson had accordingly used it, apparently with satisfactory results.

Preparations of Iron. In the London Pharmacopœia, iron in the metallic form had no place as a remedial agent. Now, however, it is introduced as a medicine, in the form of *Reduced Iron* (*Ferrum Redactum*)—the *fer réduit* of the French. It consists of iron reduced to the metallic state from the oxide, by means of hydrogen gas. When properly prepared, it has a somewhat steel-grey colour; is attracted by the magnet; scintillates when thrown into the flame of a candle; and is soluble in very weak acid solutions. It always contains a variable quantity of magnetic oxide of iron. It is liable to become oxidised by exposure to the air. Dr. Garrod had had considerable experience in the use of this remedy. It is very easily dissolved in the stomach, and absorbed; and produces little or no local influence, especially when taken with food. From many observations, and comparison of its effects with those of the other preparations of iron, he had come to the conclusion that it is a most potent remedy, and comparatively most useful in all purely anæmic states. He would, however, prefer some of the other preparations where astringents are required; as in passive hæmorrhages, and in relaxed conditions of the system. One grain is equal to five grains of the citrate of quinine and iron; so that a dose of from one grain taken twice or thrice daily should produce an effect on the blood. He always gives it with meals; it is then scarcely detected by the patient. The reduced metallic form of iron is most desirable when the long continued use of this metal is indicated.

Two new oxides of iron have been introduced; the *Magnetic Oxide* (*Ferri Oxidum Magneticum*), and the *Hydrated Peroxide* (*Ferri Peroxidum Hydratum*).

The *Magnetic Oxide* does not consist of the scales commonly known by that name, but is a precipitated oxide. It is in a favourable state for solution and absorption. In some respects it resembles the reduced iron; but does not scintillate in flame, and is somewhat less soluble in weak acid solutions. Dr. Garrod could not speak of its efficacy so confidently as of the reduced iron; and as far as his observations had extended, the result was rather in favour of the latter medicine. It has the name of oxide; but there are good reasons for believing it to be a salt, composed of iron in two different states of oxidation, one being basic to the other—a ferrate of iron.

Hydrated Oxide of Iron has been recommended as an antidote in poisoning by arsenic.

Iodide of Iron. A *Pill* and a *Syrup* of this are directed to be made. This salt is liable to become oxidised; and it may be questioned whether its formation into pills protects it from this.

Phosphate of Iron has long been in use as a medicine, but of late has been somewhat neglected. It has a blue colour, from partial oxidation. A *Syrup* of this is ordered to be made, one fluid-drachm of which contains a grain of phosphate of iron. Dr. Garrod knew no clinical facts showing the superiority of this salt of iron; but it has been thought to be possibly useful, as it is probable that some of the iron of the blood exists in the form of phosphate. Some years ago, Dr. Garrod used to give with good effect, in anæmic cases, a compound iron mixture (Griffith's mixture) in which phosphate of iron was substituted for the sulphate.

Three *Persalts of Iron* are found in the British Pharmacopœia.

Of the *Persulphate of Iron*, a solution is placed in the Appendix; it is used in making several of the preparations of the metal.

Perchloride of Iron is ordered in the form of solution (*Liquor Ferri Perchloridi*), of which each ounce contains nearly 125 grains of the salt, so that it differs little in strength from the tincture of sesquichloride of iron of the London Pharmacopœia. It has the advantage, however, of being uniform in strength and free from acidity.

Pernitrate of Iron is also ordered in the form of solution (*Liquor Ferri Pernitratis*), a clear reddish-brown liquid. It has been used as a powerful astringent.

The British Pharmacopœia is rich in salts of iron. The *Ammonio-chloride* of the London Pharmacopœia, and its tincture, have been omitted. In addition to the ordinary *Sulphate*, a dried form (*Ferri Sulphas Exsiccata*) has been introduced, four grains and a half of which are equal to seven grains of the crystallised salt. The Pharmacopœia also contains a *Granulated Sulphate* (*Ferri Sulphas Granulata*). This is less easily oxidised than the ordinary sulphate; but has no special superiority as a remedy.

Dr. Garrod here took the opportunity of remarking, that it might be asked why *Manganese* has not been introduced into the Pharmacopœia. A few years ago, the sulphate, in doses varying from one to two drachms, was proposed as a purgative and cholagogue; but its efficacy in this respect is doubtful. Some of the salts of manganese have also been used in France and in this country as tonics in anæmia, it being supposed that this metal forms a constituent part of the blood, and that certain cases of anæmia are dependent on a deficiency of it. About five years ago, Dr. Garrod tried manganese in several well marked cases of anæmia and amenorrhœa. The patients were first kept in hospital for a sufficient time to observe the influence of improved diet; then, if no marked improvement took place, sulphate of manganese was given in five-grain doses, or was substituted for sulphate of iron in Griffith's mixture; in some cases, carbonate of manganese was given. In no instance was any effect produced by the manganese; while, on its discontinuance, speedy restoration to health took place under the use of iron. It is worthy of note that, in France, manganese was at first given alone; but afterwards double salts of this metal and iron were used.

Glycerine is made officinal in the British Pharmacopœia. After describing its characters and properties, Dr. Garrod observed that it has been proposed as a substitute for cod-liver oil in phthisical cases. As long ago as 1848, he gave it in this disease; it certainly allayed irritation and cough; but could not be regarded as a substitute for the oil. More lately, he had made more careful observations. A patient, for instance, was selected in whom the tubercular disease was in course of arrest. Cod-liver oil was given, with the effect of increasing the weight; on the discontinuance of the oil, the weight remained stationary. Glycerine produced no increase; but the re-administration of cod-liver oil was again attended by the same effect on the patient's weight. Hence Dr. Garrod considered that glycerine does not arrest the waste of tissue. Glycerine may be sometimes used for the purpose of sweetening in cases where the use of sugar is objectionable.

Purified Ox-Bile (*Fel Bovinum Purificatum*) is made officinal. It consists of ox-bile prepared so as to remove the albuminous and mucous substances. Ox-bile is supposed to be of value in cases where bile is deficient, and to aid intestinal digestion. It is sometimes prepared so as to be given in capsules. As yet, Dr. Garrod is not a convert to the use of the digestive products of animals in the treatment of disease in the human subject.

Pepsine has not found a place in the new Pharmacopœia.

British Medical Journal.

SATURDAY, FEBRUARY 13TH, 1864.

GRATUITOUS MEDICAL SERVICES.

We have more than once made the remark, that what we especially desire touching the subject of gratuitous medical services is free discussion. We ask in this matter for nothing so much as the public production of the statements put forward by the admirers of the system. Nothing we can say against it would, we are satisfied, so fully prove to the minds of unprejudiced persons, its absurdity and unreasonableness as the statements produced in favour of it.

It is a curious, and perhaps a significant fact, that so few defenders of the system are to be found; we mean of the kind who will come publicly forward and defend it in public. There are plenty of people who are strongly in favour of it; but then they do not pretend to give the reasons of their belief. They believe because they believe, and have never taken the trouble to inquire into the nature of their belief. It is, therefore, a pleasure to us to find anything like an opponent who has the courage to defend the thing *coram publico;* because we then know that he is, for certain, through the weakness of his defence, propagating a belief in the wrongness of the system which he would support. The necessary feebleness of his arguments in favour of gratuitous medical services will naturally convert any reasonable reader, and not improbably even himself, to a belief in the very opposite of the views which he is supporting.

We have no doubt that an article on this subject which some time since appeared in the *Medical Critic* has had an effect of this kind, for the reason suggested. We call, however, attention to the article; because, being a solemn and serious essay, we may fairly consider that it contains all that can be suggested, in the way of argument, in favour of the gratuitous system; and it is well that the profession should see what a serious writer can say in praise of it, when he applies himself solemnly to the business.

He says that there is no analogy between the giving by a medical man of his services, and the giving of bread by a baker. A medical man's skill is "a gift of God; but a baker has no gift in any like sense." "There is a difference between skill and merchandise." It is remarkable, that this curious reasoner, holding such views, did not inquire how it is that the skilled architect does not build the hospital gratis; that the clergyman with his spiritual gifts does not dispense them gratis; why, in a word, the doctor alone of all skilled professions is to be mulcted for the benefit of the poor, or rather of the rich—it being really the pockets of the rich which he saves by giving his gratuitous services.

We are next told, that it may be true the General Practitioners are robbed of their legitimate earnings by this system; but let them reconcile this to their mind, says the *Medical Critic*, in thinking of the much superior skill and knowledge of the hospital doctors over themselves, and, therefore, of the greater advantages thence accruing to the patient. But we would ask in reply, supposing (which we do not admit) that the knowledge of hospital doctors, at this day, is so very superfine in comparison with that of other medical men, why are sick men in the lower ranks of society entitled to the benefits of such an A 1 kind of knowledge, any more than they are entitled to the benefits of turtle-soup, champagne, and the other luxuries which are purchased by the wealthy sick? If there be any reality in the argument, why are not the medical wards of workhouses supplied with the superior skilled article as well as hospitals? The injustice and inapplicability of the idea is shown again by the fact, that the hard-working clergymen, lawyers, and men of the middle class, who cannot afford to pay the fees of hospital doctors, are invariably (perforce) attended to by that very class of practitioners which the writer considers inferior, and not good enough for the chimney-sweep and tailor. The parish cobbler, indeed, in this way, can obtain gratuitously the advice of the great surgeon Sir David Slashaway; whilst the parish clergyman is forced to be contented with the services of the humble Mr. Scalpel.

The next argument (if so it may be called) is a curious one enough, and, we think our readers will admit, both far-fetched and not very easily digested, nor flattering to the profession at large.

"Gratuitous services are not only a work of Christian charity, but also a reasonable tribute to the public on behalf of the profession, for those errors and shortcomings necessary to a science imperfect in itself, and often most imperfectly practised. Does not the profession, in fact, show a higher appreciation of its lofty calling, and perform more nobly its duty to itself, by offering, untarnished by greed, a ready succour, not only to the utterly impoverished, but to the victims of erring, careless, ignorant, or incompetent brethren?"

This is, indeed, refreshing; for it is an entirely novel view of the subject, at all events.

Some medical men (the argument runs) are bound to give gratuitous advice, because other medical men are careless, ignorant, and incompetent! But why not lawyers also? why not parsons? why not barristers? Why should not the bankrupt John Sillyman, who has been cleaned out by his rascally attorney, apply to the Solicitor-General for his gratuitous services to aid him in recovering his rights, on just exactly the same terms? Would not the Solicitor-General, in giving his gratuitous services, be "offering a reasonable tribute to the public on behalf of the profession for its errors and shortcomings," etc.?

There is involved in all this another great fallacy—indeed, a really humbugging pretence; viz., that medical men do these services from a high moral motive. Any medical man who indulges in gratuitous services-giving will, if he answer honestly, tell us that he gives these services solely and simply because he considers it answers his purpose to do so—because, in fact, he finds it a good money speculation. To pretend that there is at the bottom of the gift any great or noble sentiment, is downright Tartuffism. We give our services to hospitals, because we expect thereby indirectly to benefit ourselves. No better proof of the fact could be shown than this; viz., that very few hospital men, when they have attained the position in private practice which they desire, continue, all for the love of high moral motive, to give the hospital poor the advantages of their great and accumulated knowledge. Unless their private interests pull in an opposite direction, men cease (and very properly) to give gratuitous services when their private practice enables them to be better employed—as soon, in fact, as they can secure the latter without dispensing the other.

But here, as ever, the main argument of the case is eluded. We will admit that it is a very nice thing for the tinker to be patched up and renewed by the famous hospital physician, and we don't object to the thing; only what we want to know is, on the ordinary principle of division of labour, why should not other members of society assist in curing the tinker? Why should the whole burden of the business fall on the famous physician? The physician pays his guinea a year to the hospital, and so does the vicar, and the alderman, and the wine-merchant, and the brewer, and other decent and rich members of society; but why, in addition, is the physician to give his services to the tinker? Why should not these other members of society bear an *equal* hand in the business?

This writer says, again, "Is it not better that the patient should have his sight restored *gratis* by A, than that he should be confirmed in blindness by paying half-crowns to B?" No doubt it is. But what on earth has this to do with gratuitous services? Surely A could operate just as well on the patient if he were properly paid for his work, as he could *gratis*. We want to know why he should not be paid. Indeed, the main argument in the article referred to is founded on the very flattering (?) assumption that half the profession are totally ignorant of their business, and that gratuitous medical services given by the other half are a kind of expiatory atonement for the mischief and ignorance of their medical brethren! So that, in fact, the main argument adduced by this solemn writer in favour of gratuitous medical services is founded upon a general indictment of ignorance laid against the body of the profession. "It is a noble work," he says, "to afford a refuge to the poor, where, without being mulcted in purse, they can be secured in very great measure against both the errors of haste and the errors of ignorance!"

The payment of medical men, we are told, is impossible, because it would at once cause the closing of every struggling institution. This is an assertion founded on the opinion of the writer, and must pass for what it is worth. We can only say that we should rejoice in the closing of all such institutions, struggling or otherwise, which do not pay their medical men. The closing of many a metropolitan institution of this kind, carried on as they now are, would be a boon and blessing to society.* But, if payment to hospital medical officers be not the proper thing, why do the medical officers of Guy's, of St. Thomas's, and of Bartholomew's, take payment? And, if payment is right to one set of hospital medical officers, why not to the rest of them?

Such are the arguments adduced by a serious writer in a solemn journal in favour of the gratuitous system. Are we wrong in saying, how completely condemned a system must be which has no better foundations to rest upon than such arguments as these?

WHAT IS INSANITY?

The case of Townley cannot fail to have suggested to the minds of many of our readers the immense difficulty there is, in certain cases, in deciding whether or not a man is a lunatic. We trust the learned men of law will learn a lesson of humility from the incident, and in future treat what they are pleased to call the vagaries of mad doctors and other doctors with more attention and less disrespect. That which seems so easy of decision to the eye of the law is by this case proved to be a matter of the profoundest difficulty. Even now that the man is declared of sound mind, many will naturally be prepared to hear that he at any moment may have become an incurable lunatic.

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* See a paper on the Abuses of London Hospitals, etc., by Dr. Markham, in the volume of the Social Science *Transactions* for 1862.

The lesson, indeed, to be learnt from this case, is a very instructive one. After all, every reasonable man must admit that great doubts still hang over the mental condition of this George Townley; and that, if still other four gentlemen learned in lunacy were to examine him, they might probably reverse the last conclusion arrived at concerning his mental condition. We must not forget, in judging of the man, that the evidence of his unsoundness, judged of by learned doctors, is as great as the evidence of his soundness of mind; and it is only fair that this should be still distinctly borne in mind. On the one side, we have a strong array of men of note and honour who affirm the man to be of *unsound* mind, whatever that term may mean. We have Dr. Forbes Winslow, Mr. Gisborne, Dr. Goode, Mr. Harwood, and, besides these gentlemen, three solemn and impartial Commissioners in Lunacy—supposed experts—who all follow in the same groove—who all affirm that the man is of unsound mind. *Per contra*, on the other side, we have Drs. Bucknill, Hood, Helps, and Meyer, who affirm the man to be of sound mind. Who is to reconcile these startling discrepancies? No one can doubt that science and the highest knowledge have been brought to bear upon the case; and if, therefore, the conclusion be as unsatisfactory as it manifestly is, are we not driven to confess that lunacy, in its less marked phases, is a thing about which the wisest should hesitate in expressing an unhesitating opinion? To us, this case seems unanswerably to demonstrate the propriety of the suggestion which we have more than once made in these pages; viz., that the fallible judgment of humanity should hesitate and tremble before it rushes to the sentence which condemns a possibly lunatic criminal to death. Error, if error it be, on the side of mercy, seems to us, in cases of this kind, to be simply an act to which humanity, enlightened by science, absolutely calls upon justice to submit.

In reference to the late debate in the House of Commons in the case of Townley, it is well worthy of notice that, notwithstanding the many earnest declamations made in favour of rigidly carrying out the law of the land, not a single member was found who had the courage to assert that capital punishment was either righteous or desirable. The fact is most significant, that at a moment when a violent press and many men of high position have been earnestly calling upon Sir G. Grey to do justice according to law, no voice has been raised in the House of Commons in favour of the punishment of hanging. Is not this silent fact a complete and eloquent condemnation of the punishment? If the punishment be right and proper, why have not men the courage boldly to say so in the face of the country? Even Mr. Bright's eloquent and touching appeal to his hearers in favour of the abolition of capital punishment, brought forward no advocate in its defence. We must rejoice at this, and cannot but look upon the incident as the shadow of the coming event—the actual abolition of the punishment.

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It is impossible to suppose that a Lord Chancellor of England can be guilty of a legal error; and yet, unless Sir G. Grey has misinterpreted, it seems to us that our present Lord Chancellor has made such an error. Sir G. Grey, in the debate on Townley's case, speaking of the certificate signed by Mr. Harwood, said:

> "Some time after the certificate in Townley's case was signed, I was informed that Mr. Harwood was not a surgeon registered under the Act, and I was asked whether the certificate was legal. There is nothing to suggest a doubt on the face of the document; but when I was told that he was not a surgeon registered under the Act, I thought it my duty to call for an explanation of it. I received a letter from him, in which he distinctly admitted that he was not registered. In fact, Mr. Harwood is a general practitioner, who has for forty-three years acted as a surgeon, who is well known to every one in the locality, and who has frequently signed certificates relating to insanity in connexion with the union of which he is medical officer. No question arose in this case upon the point. But I communicated with the Lord Chancellor, and the Lord Chancellor gave me a clear and unqualified opinion that Mr. Harwood was a surgeon within the meaning of the Act. I think it right, in the amendments which are now proposed, to provide that the physicians or surgeons called in aid by the visiting justices shall be registered as such under the Medical Registration Act."

The Lord Chancellor declares that the certificate of Mr. Harwood was good, according to the Medical Act. Now, how is this declaration of his to be squared with the following (the thirty-seventh), and, as we read it, flatly contradicting clause of the Medical Act?

> "After the first day of January, 1859, no certificate required by an Act now in force, or that may hereafter be passed, from any physician, surgeon, licentiate in medicine and surgery, or other medical practitioner, shall be valid, unless the person signing the same be registered under this Act."

It is difficult to understand, moreover, why Sir G. Grey need make amendment in his new Act to provide that physicians or surgeons, called in aid by the visiting justices to give certificates, shall be registered under the Medical Act. Is it not clear as the day that, by the above clause of the Medical Act, they must be so registered, in order to give certificates? Mistakes appear to grow like mushrooms out of this Townley case? Or is there another leakage discovered in our famous Medical Act?

Every medical man has, doubtless, a right to prescribe what drugs he chooses, and every druggist has equally a right to keep what drugs he likes in his shop. Consequently, if prescribers choose to run on in the old style—in the *London Pharmacopœia* way—we suppose there is nothing to prevent them. We cannot doubt but that very many members of the profession will object to go to school a second time, and will, therefore, to a considerable extent, keep to their old-fashioned drugs and ways of prescribing; and it seems to us reasonable enough that they should be left to do so. It is impossible to believe that the *British Pharmacopœia* is perfection. Criticism will find plenty of loose joints in its construction we may be sure. It is only fair, therefore, to our patients and to the druggists, whilst prescribers are passing through this transition state—in fact, whilst they are learning their new *Pharmacopœia* A B C—that the druggists should have no kind of doubt as to which *Pharmacopœia* articles they are to employ in making up prescriptions. All difficulty under this head may be readily avoided if the prescriber will write over his prescription, *Old Pharm.*, or *New Pharm.*, or *London Pharm.*, or *Brit. Pharm.* Attention to this small particular may prevent the commission of some very considerable errors.

The Master of the Rolls has decided the first step in the celebrated case of Lord Henry Seymour's bequest to the "*Hospices*" of Paris and London; viz., What is *London?* The word "London" is to be construed in the popular meaning, and not simply as the "City of London." By this decision, all the London hospitals will be admitted as claimants to participate in the legacy, including the Hospital for Consumption at Brompton; at least, such as were in being when the will was made in 1856. The next step will be to decide what is the meaning of the word "*Hospice*"; and whether the London hospitals answer to this word. The French courts have decided that the Paris hospitals do so. When the bequest, or as much of it as may be left after all these legal proceedings are finished, will reach any of the hospitals, it is difficult to say. Each hospital will now have to bring its individual claims before the Rolls Court.

The Government has, we learn, taken a first step towards throwing its patronage over prostitution. If we are rightly informed, some fifteen beds in the Lock Hospital of London have been let to governmental authorities, for the accommodation of venereal diseased women of Portsmouth. Whether the Government pays the passage of these women to and from London, and demands from the hospital authorities certificates of the sound condition of these women—clean bills of health—we do not know. We need hardly say that, if it be right that accommodation be provided for the diseased prostitutes of Portsmouth, it must be equally right that it should be provided for the diseased women of all other towns where large bodies of soldiers are congregated. But we shall doubtless hear more of this matter. This is not a matter in which the Government can stop at a half-way house.

The Medical Council having determined that the Licentiates of Apothecaries in Ireland are entitled when registered to practise medicine in Great Britain and Ireland, the Secretary of State for War has resolved that in future all such registered Licentiates are entitled, as apothecaries, "to offer themselves as candidates for the employment of the Army Medical Service."

The profession will rejoice to hear that the charge brought against Dr. Millett of Hayle is utterly without foundation. The result of the inquiry shows clearly enough that the charge is one which ought never to have been made. Ignorance, or something worse, as it is suggested, must be the explanation of the fact. It is reported that Dr. Millett is about to take proceedings against his prosecutor; so that we may very probably hear further as to what were the motives which instigated this inquiry. That Dr. Millett should not have been admitted to bail during the process was an act of cruelty; for which, however, we cannot blame the magistrates. In face of the statements made to them, they had probably no choice in the matter. Happily Dr. Taylor's evidence neutralised all the false rumours and ignorant evidence given at the inquiry. Twelve or sixteen ounces of fluid were found in the brain of the man after death; no trace of poison was found in the body; and no symptom of any ordinary poisoning noted before his death. He died rapidly, after partaking of a hearty meal. How, in the face of facts like these, the charge of poisoning could have been pressed against Dr. Millett, is incomprehensible on any ordinary medical grounds. We will only draw one moral from the tale. It is one to which we have, on more than one occasion, adverted to; viz., the absolute necessity of the appointment of a public prosecutor, with his necessary coadjutors, to deal with cases of this kind. It is unjust to the deceased, it is most unjust to the living, that any but properly skilled persons should be allowed to meddle with the examination of the bodies of persons whose mode of death is the object of judicial inquiry. We all know that not one medical man in twenty is capable of making such an examination. To conduct a *post mortem* inquiry of the kind, requires that the operator should have had large and skilled experience in the conducting of such operations. In every district of the country such a skilled operator should be appointed, whose business it would be to make the examinations in all such cases. Without a large experience in the investigation of pathological conditions of the body, no man can be skilled enough to undertake such serious inquiries, in which the life and honour of a man may be trembling in the balance; and the public ought to have the satisfaction of knowing that no man meddles with such cases except he who is possessed of the required skill.

At a late meeting of the members of the Senate of Cambridge University, Dr. Paget, as we read, "objected to theological students being exempted from a special examination in moral or natural science." We apprehend that Dr. Paget would do infinite service to society if he could enforce on all theological students the study of natural science. What is it, one cannot help but ask, except a want of such knowledge, which so very frequently makes members of the clerical profession profound believers in, and practisers of, the multifarious quackeries of the day? A study of natural science would be the best antidote against this unfortunate tendency on the part of so many members of the Church militant.

M. Tripier recommends the use of brandy in phthisis, to fulfil a particular indication. The idea was suggested by an experiment of Claude Bernard's, who noted that, when dilute alcohol was injected into the stomach of dogs at the beginning of digestion, the digestion was arrested. M. Tripier thence concluded that the fact might be accounted for on the hypothesis that local anæsthesia prevented the reflex action of secretion; and therefore argued, that the ingestion of alcoholic drinks, taken in quantity sufficiently weak to allow the local effect to predominate, would prevent all motor reflex manifestations connected with the secretion of gastric juice. For example, by giving brandy immediately after a meal, so as to render the stomach insensible, he concluded that he might arrest the attacks of cough, followed by vomiting, which are so often observed in the phthisical, and which are manifestly phenomena of the reflex character here spoken of. The result, he says, fully corroborated his anticipations. "Thus I believe," says M. Tripier, "that brandy, so far from being injurious in phthisis, when taken in the manner enjoined, diminishes both the cough and the sweating.

The *Gazette Méd. de l'Algérie* describes a case of hydrophobia in a mule which had been bitten by a dog.

The weather-wise M. Matthieu is now busy in justifying and explaining his late prophetic failures.

"The precocious abuse of specialities is injurious to the scientific mind. The men who have raised to the highest repute the name of the Hôpital de l'Antiquaille were men who were distinguished surgeons before they became specialists."

The Hospital Medical Society of Paris has founded a prize of 1,000 *francs*—the Phillips prize—to be adjudged every four years. The first subject proposed with this intention is this: "To determine, by Positive Facts, the Prophylaxis and Curability of Tubercular Meningitis."

A second case of ovariotomy, performed at Lyons by M. Desgranges, has proved fatal. The woman was suffering from organic disease of the heart and œdema when operated upon.

Laplace held the natural sciences in disdain, but he was a great friend of Berthollet. They held frequent discussions, Berthollet never being able to understand a joke, and Laplace always assuming himself to be right. "What I have told you," said Laplace, "is mathematical." "Oh!" replied Berthollet; "and what I tell you is a physical fact, which is far better than your mathematics."

"In England," says *L'Union Médicale*, "every subject, great and little, is discussed in the press, every one pressing his opinion on one side or the other. Hence it may be readily understood how such a stir has been made there concerning the important question of iridectomy. There is a regular row, a tumult excited. Hurrah! for Syme, says one; Hurrah! for Bowman, says another; and then off go all the journals shouting out, as if at a public meeting, on the side of their favourite. This is the way science is worked!"

The *Wiener Medizin Wochenschr.* tells us that the cattle-disease is increasing greatly in Vienna.

Dr. Maximien Rey has lately published a work on *The Degeneration of the Human Species and its Regeneration.* If his conclusions be true, we are in a sad case. "In language wise and plaintive," he says, "we are constantly told of the disappearance of art, and of the relaxation of morals. And now I, with still sadder tone, announce, that the physical condition of man is degenerating; that the human family is falling away; that it is failing in bodily health and strength."

M. Chevallier recommends youthful collectors of postage-stamps to carefully avoid putting them into their mouths, in order to avoid the chance of being affected by unhealthy saliva.

In a note to the Academy of Sciences, MM. Pécholier and Saintpierre give some interesting facts respecting the effects of the fabrication of verdigris on the health of the workmen. This substance is made on a large scale in Herault; and it would appear that this poison, absorbed in small quantities and for a long time, is borne without injury to the system. Fowls, etc., fed on the raisin-husks used in the manufacture, thrive well. The workmen, who are constantly in contact with the verdigris, enjoy excellent health, although the presence of copper in their urine surely indicates its absorption. No case of colic has been observed.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
METROPOL. COUNTIES. [Special General.]	37, Soho Square.	Tuesday, Feb. 16, 4 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thursday, Feb. 18, 7 P.M.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 26TH, 1864.

W. FERGUSSON, Esq., Vice-President, in the Chair.

CLINICAL OBSERVATIONS ILLUSTRATING THE EFFECTS OF IMPLICATION OF THE PNEUMOGASTRIC NERVE IN ANEURISMAL TUMOURS AND MORBID GROWTHS. BY S. O. HABERSHON, M.D.

AFTER referring to the complex distribution of the pneumogastric nerve, and to the important symptoms of disease produced by the implication of its branches, the author proceeded to describe several cases of thoracic aneurism in which the branches of the recurrent laryngeal nerve, or the trunk of the pneumogastric, were involved.

The first case was that of a man, aged 39, who had been engaged in laborious work at Chatham and Woolwich dockyards. Two months before death he began to suffer from hoarseness, and the laryngeal symptoms were more marked than any other. There were paroxysms of urgent dyspnœa, and slight dysphagia. Five days before death hæmorrhage from rupture into the trachea commenced; and on the morning of his death the bleeding suddenly became profuse, and was quickly fatal. Dilatation of the aorta, double aneurism or the arteria innominata, and perforation into the trachea, were found. There was pressure upon the commencement of the recurrent nerve, and commencing degeneration of the muscular fibre of the laryngeal muscles on the same side. As to the physical signs, dulness and double *bruit* were produced immediately over the first bone of the sternum, but there was no *bruit* over the aortic valves. No pain had been complained of. The value of the laryngoscope had been shown in demonstrating that no disease of the larynx existed, slight œdema of the mucous membrane only being present.

The second case was that of a sailor, aged 35, who had apoplexy, with aphonia and symptoms resembling phthisis; aneurism was, however, suspected. The recurrent and the pneumogastric nerves were both compressed; the muscles of the larynx were on one side pale and wasted, and the lung on the same side was in a state of asthenic pneumonia. The thoracic duct had also apparently been compressed.

In the third instance recorded, the symptoms of cardiac disease obscured those of aneurism. There had been pericarditis and endocarditis, and fibroid degeneration of the muscular fibre of the left ventricle existed. The patient was a groom, aged 45, and two months before death symptoms of catarrh and bronchitis came on; the heart's action was irregular and tumultuous; the pulse very feeble, but without *bruit*. Afterwards a triple sound was produced below the nipple, and with renewed bronchitis there were signs of pleuropneumonia of the lower lobe of the right lung. No pain and no dysphagia were complained of, but paroxysms of urgent dyspnœa, with extreme faintness; in one of these attacks he died. In addition to the degeneration of the heart, an aneurism was found at the commencement of the transverse arch; and the pneumogastric, after giving off its recurrent branch, passed directly over the sac, and the compression of this nerve had determined the pneumonic consolidation of the lower lobe of the right lung.

In the fourth case, the recurrent laryngeal nerve was compressed, and had produced paroxysms of urgent dyspnœa, but the dyspnœa was in a great measure due to direct pressure upon the trachea. There had been feebleness of the voice, with dysphagia. Pain was of an agonising character, but also paroxysmal, and it was apparently due to direct pressure on the nerves. The aneurism of the aorta was situated immediately beneath the subclavian, and had ultimately perforated the trachea; but rapid effusion of blood had been prevented by layers of fibrine, and it was probable that the first oozing of blood took place nine months before death. No *bruit* had been produced, but a ringing second sound; the heart was healthy.

The author stated that pressure on the pneumogastric nerve and its branches by aneurismal tumours in the chest led, first, to paroxysmal and spasmodic contraction of the muscles of the larynx; secondly, to diminished muscular power, and to paralysis and wasting of the laryngeal muscles; and thirdly, to pulmonary congestion and consolidation; but that gastric symptoms, such as were found in peripheral pulmonary irritation of incipient phthisis, were not observed in thoracic aneurism. The effect of changed nervous supply of the œsophagus was briefly referred to; spasmodic contraction, and possibly also ulceration, taking place without direct pressure; the author stating that spasmodic contraction from this cause aggravated the effects of the direct pressure of tumours generally. It was likewise mentioned that occasionally no dysphagia existed, because the whole of the œsophagus opposed to the tumour was pushed aside *en massse*.

In conclusion, the author detailed an instance of disease affecting the suprarenal capsule, with bronzed skin; and exhibited a drawing from his dissection of a branch of the pneumogastric to the capsule. The irritability of the stomach often present in these cases was referred to this connection. A dissection showing the larger branches of the semilunar ganglia, and the manner in which some of these branches were involved in the diseased capsules, was also exhibited.

HÆMATURIA OF THE CAPE OF GOOD HOPE.

BY JOHN HARLEY, M.D., F.L.S.

In the beginning of October last, a gentleman, resident in the Cape, consulted the author about a slight hæmaturia which he had had for some years. After micturition a little blood, never exceeding a teaspoonful, or some dark "veins," appeared with the last half ounce of urine. The urine itself was never bloody. Sometimes the "veins" would block up the urethra, and cause obstruction for a few minutes. He had an occasional twinge of smart pain in the loins. These were all the symptoms which ever appeared in connection with the urinary apparatus. He said great numbers of people of both sexes were affected in precisely the same way in certain parts of the Cape. While awaiting a sample of his urine, Dr. HARLEY made inquiries amongst his Cape friends and acquaintances, and as the result corroborated his patient's statements, he was now satisfied of the existence of endemic hæmaturia in Uitenhage and Port Elizabeth, and it remained for him to ascertain the cause. In the various samples of urine sent to him by his patient, he invariably detected the eggs of an entozoon, and in one specimen he had the good fortune to discover the perfect embryo after its escape from the eggshell, under the form of a minute ciliated animalcule. From its anatomical characters and developmental changes, he was led to refer the parasite to the Trematole class of worms, and to the family Distomum. Of the five species of this genus which inhabit man, it had no relation with three. Distomum heterophyes presented some points of resemblance—viz., in the size and conformation of the alimentary canal, if he (Dr. Harley) might be allowed to compare it with an organ he met with in one sample of his own, and which he supposed to be the intestinal canal of the adult parasite. But the animal which it seemed to most nearly resemble, in the outward form of the eggs as well as in the symptoms of the disease it produces, was the Distomum hæmatobium. This parasite, according to Bilharz and Griesmyk, was very common in Egypt, and inhabited all parts of the urinary apparatus. But since the parts he had described differed in several respects from the corresponding parts of the hæmatobium, and since, from want of recorded information respecting the corresponding parts of D. heterophyes, he could not compare them with these, he was obliged to comprehend them under a new species, which he would call D. capense. Having finished his observations of this case, he was strongly persuaded that the hæmaturia of the Cape was due to the parasite, the early stage of whose development he had been able to observe; but still, as its presence in a single case might be nothing more than a coincidence, he felt that more extended observations were needed to prove that this was the constant cause of the local disease in question. With singular good fortune he had the pleasure of an introduction to Mr. Dunstroville, surgeon to the Port Elizabeth Infirmay, and who, having practised for twenty-seven years in the Cape of Good Hope—which was one of the two places in which he (Dr. Harley) found the hæmaturia to be endemic—was quite familiar with the disease, the cause of which, however, from want of leisure and means of observation, had never been ascertained. Mr. Dunstroville's two sons, in common with most other young men, suffered from the disease, but considered themselves to be now free from it. At the author's request, Mr. Dunstroville kindly supplied him with samples of their urine, and he (Dr. Harley) was at once enabled to demonstrate to Mr. Dunstroville the existence of the characteristic eggs of the parasite in question in the secretion from both. Having thus demonstrated the existence of the same parasite in three individuals suffering or having suffered from the hæmaturia endemic in some parts of the Cape, Dr. Harley concluded that the animal was the constant cause of the disease.

LIVERPOOL MEDICAL INSTITUTION.

JANUARY 7TH, 1864.

L. E. DESMOND, M.D., in the Chair.

Severe Wound of the Skull. Mr. MANIFOLD shewed a patient of his from the Northern Hospital, who was admitted with a wound between four and five inches long, extending from the inner angle of the orbit in an oblique direction upwards and outwards. The bone was completely cut through, and the membranes were also divided; there was no escape of brain-matter. He had been struck by another man with an axe; and, when admitted, was in a stupefied state, partly from intoxication. One or two small fragments of bone were removed from the frontal sinus, and the wound was dressed with two sutures and a pad of wet lint. No bad symptoms whatever came on; and the pad of lint was not removed for a week. The wound is now healed, and a deep depression in the bone can be felt. Mr. Manifold spoke of the use of perfect rest and quiet in these cases.

Hydrocephalic Fœtus. Dr. BARRETT shewed a specimen which he had delivered at its full time by perforating the occiput. When he was called to the case, the woman had already been sixteen hours in strong labour, with a midwife in attendance. The feet and body were in the world. With great difficulty, he managed to feel the head above the brim, and punctured it with the craniotomy-scissors. A very large quantity of fluid escaped, and the head easily passed out. The woman was young and healthy; and this was her fourth child. She had done quite well since.

Three Cases of Ovariotomy. Dr. GRIMSDALE related three cases in which he had recently performed this operation, and in all with a favourable result.

CASE I. A married woman, aged 35, first came under his care on January 23rd, 1863, recommended by his friend Dr. Cavanagh. She had probably been the subject of ovarian disease for upwards of two years. She had been married ten years, and had had six children, of whom the youngest was now sixteen months old. When about four months pregnant with her last child, she first noticed herself much larger than she should have been for the time. She was attended in her confinement by a midwife. A medical man attended her four days afterwards, and ordered four leeches to her right side, to relieve a severe pain which she had; and he told her there was fluid in the abdomen. She kept her bed six weeks; and when she got up, she was, she said, as large as a woman generally is at the end of her time. Dr. Grimsdale found a large uniformly fluctuating abdominal tumour, evidently ovarian. Her general health was tolerably good; she was thin, and considered herself at the time losing flesh fast; she complained chiefly of the weight of the tumour, and of her decreasing strength. Her menstruation was quite regular. The abdominal parietes were thin, but not very tense; and the superficial veins were much enlarged. No solid masses could be anywhere felt, but frictional fremitus was felt on the left side rather below the level of the umbilicus, and here and there there was evidence of adhesion over the anterior surface of the tumour. On vaginal examination, the uterus was found moveable; its os open, the anterior lip enlarged; and in front of it there was a solid mass, probably the anteverted fundus. The sound did not pass readily; and he therefore desisted from the attempt to pass it. On March 20th, she was increasing in size. In the middle of June, the circumference at the umbilicus was fifty-one inches; from the scrobiculus cordis to the pubes the distance was twenty-nine inches. As she was now very thin and weak, and complained much of the weight, and also suffered much from the distension, Dr. Grimsdale tapped her at the Lying-in Hospital, and removed sixty-three pints of a thick portery fluid. After tapping, not a trace of solid matter could be felt in the situation of the diseased ovary. She recovered well; but the cyst gradually re-filled, and she became most anxious to have the tumour removed. The chest and the urine were examined.

On September 2nd, 1863, Dr. Grimsdale operated. The patient was first placed under chloroform, and the pulse found to be 90, before operation. After making an incision about four or five inches in length through the abdominal parietes, and exposing the tumour, it was found in many places, especially on the left side, adherent to the parietal peritoneum; but the adhesions were easily separated by the hand. The sac was now opened with the large trocar, the cyst-wall being well drawn up beyond the points of the rake. About forty pints of portery fluid were drawn out, and the sac was readily enough brought through the incision. The peduncle was now seen to be broad and somewhat shorter than was desirable; there were also many small cysts at the base of the large cyst. There was no adherent omentum; and the bowels were scarcely seen during the operation. The opposite ovary was healthy. The clamp was applied as far from the uterus as possible, and allowed to rest at the lower end of the wound, the cyst being cut away. The wound was closed by four silver wire-sutures, carried through the abdominal parietes, and including the peritoneum. As the clamp lay externally, although the peduncle was full short, there did not seem to be any great traction upon it. A few superficial wire-sutures, strips of plaister, a layer of cotton wool, and a bandage, completed the dressing, and the patient was removed to bed.

At 11 P.M., she had been once sick. She made no complaint of pain. The pulse was 92; the skin was very hot and moist. She was inclined to sleep.

September 3rd, 8 A.M. She had vomited three times during the night. She had no pain, and had slept quietly for a short time at several intervals. The countenance was good; the skin was moist and warm; the pulse was 72. She was ordered to take arrow-root and half an ounce of brandy every two hours. At 9 P.M., the pulse was 70, irregular, almost intermitting every ten or twelve beats. She had vomited once. The skin and tongue were moist; the countenance good; she had no pain. She was ordered to continue the brandy.

September 4th, 8.40 A.M. She had had a restless night from nausea, but no vomiting nor pain. The pulse was 66, still irregular. The wound was looking well. The stump of the peduncle was dry, and there was very little moisture round the clamp. Bags with Dr. Skinner's disinfecting powder, with bran, were placed over the clamp. At 6 P.M., she had less nausea, and no vomiting nor pain. The pulse was 60. She felt well, and slept occasionally.

September 5th, 8 A.M. She had had a bad night, from crampy pains in the abdomen. At about 1.30 A.M., twenty drops of laudanum in an enema were given, and relieved her. The pulse was 70, more regular. She took more arrow-root. There was very little moisture about the clamp, which was not much depressed. The wound was looking well. She had now no pain.

September 6th, 9.45 A.M. The patient was going on well. The upper part of the wound was healed. She now went on well. Slight œdema and redness appeared about clamp, and this was removed on September 8th; its removal was followed by a free discharge from the peduncle.

On September 10th, four wire-sutures were removed.

On September 24th, she was discharged to go to the Sea-side Institution at New Brighton for a week.

CASE II. Mary Westmore came to Dr. Grimsdale at the Lying-in Hospital on February 5th, 1863. She had been three years married and had one child the year after; she had always menstruated regularly since, but not in such quantity as before marriage; the duration of menstruation was two days, and it was not painful. Two months after her confinement, she had severe pain low down on the right side of the abdomen; and this continued more or less, with scarcely any complete intermission for about ten months. At this time (March 1862), she first noticed a swelling which had continued to increase. The pain decreased much when the swelling commenced. She had for some months been troubled with morning sickness; she thought the tumour increased every day, and it inconvenienced her very much from its size. She was very thin, but had a bright cheerful countenance. On examining the abdomen, Dr. Grimsdale found the whole cavity from the pelvis to the epigastrium, and laterally to the margin of the ribs, occupied with an irregularly shaped tumour composed evidently of separate cysts, with probably a considerable amount of solid matter; fluctuation could be made out here and there. The adhesions of the tumour to the abdominal parietes appeared general; there was some œdema below the umbilicus. On examination *per vaginam*, the vagina felt tight, as if pressed upon from all sides, especially anteriorly; but no tumour, either solid or fluid, could be felt through it; the os uteri was drawn up high, almost out of reach of the finger. Her chest was free from disease; and the urine was free from albumen. The tumour, according to her account, had hitherto grown with great rapidity; but Dr. Grimsdale watched its increase from February to November, and during that time its growth was very gradual. She was, however, weaker and thinner, and became very anxious to know if anything could be done to relieve her, and after all due consideration on her part and that of her friends, ovariotomy was decided upon. She was admitted into the Lying-in Hospital; and, after a preliminary tapping of the most prominent cyst, and rest in bed for a few days in order to lessen the œdema below the umbilicus, Dr. Grimsdale operated on December 1st, 1863, at noon. The first incision, about six inches in length, commenced one inch below the umbilicus and was carried down towards the pubes. On opening the peritoneal cavity, the anterior portion of the tumour was found generally adherent to the parietal peritoneum; the adhesion here was not very firm, and broke down with the application of a moderate degree of force. The most prominent portion of the tumour was punctured with the large trocar, but nothing escaped through it; it was therefore freely laid open, and thus emptied of its contents (a thick glairy fluid); the hand was then passed into the cavity, and with a bistoury, other cysts were successively opened from within, and their contents evacuated until the bulk of the whole mass was considerably lessened. Some very firm adhesions at the upper part of the tumour were now separated with some difficulty; and, as the mass was still too large to pass through the original incision, this was extended above the umbilicus about three or four inches, and the whole was easily drawn through. A large apron of omentum was then seen to be adherent over a considerable portion of the surface and came out with it; it was readily separated, and after being carefully looked over, and one bleeding point tied with fine silk, the whole was returned. The peduncle was thick, of fair length. The clamp was applied and retained externally as in the last case. The wound was closed by thirteen deep *silk* sutures; some superficial ones, also by silk, brought the skin more accurately into apposition along the whole length of the wound. Strips of plaister, cotton-wool, and a bandage as before completed the operation, which was a very tedious one, from first to last occupying more than an hour and a half. 7.50 P.M. The pulse was 120; the skin very perspiring; the tongue dry in the centre. She had been once sick, but had very little pain. 10.45 P.M. The pulse was 136. She had no pain; had been once sick. Her countenance was good.

December 2nd, 8 A.M. She had passed a good night, having had three hours sleep, an hour at a time. She had no pain; had been once sick. The tongue was less dry; the pulse 132; the skin moist; the urine free; the countenance very good. She felt hungry. The clamp was not much depressed; there was some slight oozing around it. Portions of the stump were removed. 2.30 P.M. The pulse was

120. She had no pain, and was taking tea, arrowroot, and barley-water.

December 3rd, 10 A.M. She had a good night, having slept four hours. The pulse was 110. She had been sick once; the tongue was clean and moist; the skin quite natural. The wound appeared healed by the first intention. 9.30 P.M. She had three hours sleep during the day; was sick once. Two deep sutures were removed.

December 4th, 10.30 A.M. She slept eight hours. The pulse was 110. She had no sickness, nor pain. Nine deep sutures were removed; each one, when withdrawn, was perfectly dry, and no moisture followed.

December 5th, 11.30 A.M. The pulse was 104. She slept five hours, and had no pain. At 9 P.M., the clamp was removed.

December 6th. She slept well. The wound was quite healed, except where the peduncle came through. The slough was not much depressed. Two sutures (one deep) were removed.

December 8th. At 6 P.M., she complained of much griping, low down on the left side; it went and came, and she was very feverish with it. She slept at about 9 P.M., and was much better afterwards. (This was the nurse's account.)

December 9th. The pulse was 132. She had no pain, and no sickness. On the left side just above the groin there was some swelling, with dulness on percussion; no tenderness. The discharge from the peduncle was free. She was ordered to have an enema of castor oil and gruel. 8 P.M. The enema acted well, and she felt much relieved. The pulse was 120. One deep suture was removed. The slough from the peduncle was nearly cleared. From this time forward she steadily improved, and was discharged well on December 28th.

CASE III. On May 8th, 1863, Dr. Grimsdale was requested by Mr. Turner to see Miss W., an unmarried lady, who had for some time been suffering from ovarian disease. She was 35 years of age, thin, somewhat pale, but apparently in fair health. She had first noticed an abdominal swelling in January; but, previously to this, for at least two months she had suffered much from pain, chiefly low down on the left side, and vomiting, especially after meals; menstruation had been throughout regular. The swelling was now increasing. On examination, Dr. Grimsdale found an abdominal tumour of no great size, globular, uniformly smooth and fluctuating, and moveable most readily from the right, attached evidently in the situation of the left ovary. The cyst itself appeared tense; and the abdominal parietes, containing much fat, were stretched tightly over it. She was altogether a small made person, so, that really a comparatively small tumour produced mechanically much discomfort. By the middle of July, she began to suffer so much from the tumour, pain and vomiting, with tympanitic distension in the epigastrium, that it was necessary to tap her; and on July 28th, Mr. Turner tapped her, and removed eleven pints of viscid straw-coloured fluid. For two or three weeks afterwards she suffered greatly from irritable stomach and spasmodic abdominal pains; after this, however, she improved for two months, and so was in capital health and spirits. During this period, and while she knew the sac was refilling, she had made up her mind to undergo the operation for removal, and declared she would have nothing else done. Accordingly, on December 2nd, 1863, six days after the cessation of the menses, Dr. Grimsdale operated at noon. An incision about four inches in length having been made through the fat and abdominal parietes, and the cyst having been enlarged, some adhesions were met with on the left side, pretty extensive, but not firm. The cyst was tapped, and about eleven pints of fluid were drawn off; and the sac was then very easily brought through the wound. The peduncle was of fair length, thick and broad, and the right ovary was healthy. The clamp was applied as before, and left on without tension. Five deep sutures through the peritoneum, and three silk superficial ones, brought the wound well together. Plaister, cotton-wool, and bandages were applied as before. For the first twenty-four hours after the operation, she was almost incessantly sick; and for eight hours there was much complaint of bearing-down forcing pain, requiring three opiate injections for its relief. The pulse was 120; the tongue moist, and raw looking. She had a good deal of pain in the intercostals and epigastrium, but no pain below after the first eight hours. Fomentations seemed to give great relief, both to the pain and to the vomiting. Ice, barley-water, champagne, brandy, oxalate of cerium, and effervescing mixture were tried in vain. By the evening of the second day, thirty-four hours after the operation, there was less sickness; the pulse was 96; the wound looking well.

December 4th, 9.30 A.M. She had had some hours' sleep; no vomiting since 1 A.M. She could take nothing but water and ice. The pulse was 86. The clamp was not at all depressed. She was still using fomentations.

December 5th. She had a bad night from flatulence and colicky pain. Four deep sutures were removed.

December 6th. One deep suture was removed. She had sickness and pain. 9 P.M. She had improved since morning; she had taken some carbonate of magnesia and bismuth three times. There had been no pain nor sickness for some hours. She had taken a little toast with tea, and had not felt so comfortable since. The tongue was red, sticky, clean on one side; the skin inclined to heat and dryness; the pulse 100. The wound appeared a little angry here and there. The discharge from the peduncle was very free.

December 7th, 9 A.M. The clamp was removed. She had a restless night from pain. The tongue was raw, angry looking; pulse 100. There was some suppuration in the track of the wound. Very little of the superficial parts were healed; the parts were looking well about the peduncle. 3 P.M. She was in much pain all over the abdomen; the pulse was 120; and she had perspiration. She was ordered to have opiate enema and fomentations. 10 P.M. She had an hour and a half's sleep, and felt much better. There was no pain, no sickness; pulse 100.

December 8th. She expressed herself as much better, and looked so. She had no pain, nor sickness. The pulse was 96; the skin moist; the tongue improving. The discharge from the peduncle was free; the wound looked well. She was beginning to take nourishment. She now went on well, and was down stairs within the month, and out of doors within five weeks from the date of operation.

Dr. Grimsdale said the cases he had thus detailed were, he believed, fair representatives of the class of cases which come under our notice, justifying, and he thought requiring, the operation of ovariotomy. On the question of the justifiability or non-justifiability of ovariotomy he had no intention of entering, satisfied as he was that it is an operation which is gradually but surely obtaining the sanction of the profession, and the results of which will, at no distant period, challenge comparison with any of the so-called capital operations.

There were a few points in these cases worthy of some remark. In the first case the cyst was an extremely large one, holding at the first tapping sixty-three pints, and although this is by no means the largest on record, still it is sufficiently above the average to make it noteworthy. In this case also, the slowness and irregularity of the pulse, for some days after the operation, are points of some interest.

There was no murmur with the heart's sounds; the pulse was not laboured, neither was there any evidence of difficulty in the pulmonary circulation. The probability, he thought, was that these were simply the results of nervous shock. Mr. Spencer Wells told him he had met with the same signs in two of his cases, both of which terminated fatally. He had never had slowness or irregularity of the pulse in any of his recoveries; he thought a clot in the heart was the cause in his own cases. In the second case, that of Mary Westmore, with the large multiple cysts, it is worthy of note how large a mass of omentum may be safely returned, even although it has been adherent to the tumour, provided it is well looked over for any bleeding points, and to remove any parts that are torn away from sufficient vascular connection. This case was the first in which he had used silk sutures, and the result appeared to him to be remarkably in favour of this material. The ease with which they were withdrawn at the end of the third day (seventy hours after the operation), the absolute dryness of the sutures and their track, shew sufficiently that up to this time after the operation, wire could have had no advantages over silk, while the greater difficulty of withdrawal with the risk of scratching through the fleshy united peritoneum was avoided.

The number of operations he had now had was six, with the result of four recoveries to one death in the five completed operations. The remaining case was an uncompleted operation in consequence of universal adhesion of the cyst-wall to the peritoneum, so close that it could not be separated by the most careful dissection. Dr. Simpson, who called on him a few days ago, mentioned that there had lately been a similar case in Edinburgh, in which after death, the pathologist of the Infirmary could not by dissection separate the two adherent membranes.

Mr. Higgingson, Mr. Bailey, and Mr. Turner expressed the pleasure with which they had heard these cases related, and their sense of the credit due to Dr. Grimsdale, who had detailed alike his successful and his unsuccessful cases to this Society.

Dr. Vose regretted the small attendance of members. Cases so interesting and satisfactory as these help to constitute a new era. He was old enough to remember when a professor of surgery at Edinburgh was held up to the greatest ridicule for attempting such a procedure. We may congratulate society on the gradual steady progress of this operation. He was familiar with the medical aspects of ovarian dropsy, and certainly there is no disease less tractable. Consider the suffering, the lingering state, and the mental depression. He hoped medical men would open their minds to these things.

Dr. Nevins had heard these cases with the greatest pleasure, and they would go far to remove prejudices that he himself had entertained.

Dr. Grimsdale, in answer to a question from Dr. Nevins as to the accidental rupture of cysts before or during an operation, said this often does happen in spite of all care during an operation. If the contents be purulent, the effused pus must be carefully sponged away.

Mr. Higginson thought there must sometimes be a difficulty in diagnosing the extent of the adhesions.

Dr. Grimsdale said that, where we have a friction feeling there are some adhesions more or less loose; if, on the patient's breathing deeply, there is an uniform movement and no puckering, there are probably no adhesions in front; if we see no movement, there is probably general adhesion. This may generally be made out pretty certainly. It is curious that adhesions take place more anteriorly and laterally than posteriorly where there is less motion.

Correspondence.

GRATUITOUS MEDICAL SERVICES.

Letter from W. Boyd Mushet, M.B.

Sir,—The members of the Association, with infinitesimal exception, highly appreciate your hearty and uncompromising spirit relative to gratuitous medical services, and must earnestly trust that the question will not be allowed to drop; for, as to the propriety, the necessity of remuneration, our body is of course agreed, notwithstanding its proneness to difference of opinion concerning most other topics. The public regards what is given for nothing as worth nothing; of which it nevertheless avails itself, because it is cheap. In its usual generalising way, it in consequence thinks lightly of medical men and medical science generally. Hence the common phrase, "Why pay the doctor?" Physic and advice cost nothing. Other professions are less easy. Although the clergy are supposed to be equally as Christian and as charitable, I never heard of an instance in which one of the cloth performed a marriage, christening, or burial ceremony, *gratis*. The pens and ink of the lawyer are of as little intrinsic value as the materia medica of the practitioner, or the paper on which he writes his prescription: yet the lawyer seldom fails to obtain payment. On the contrary, medical men, practising amongst the reputedly paying class, lose, I believe, 10 to 15 per cent. of their claims; and the gratuitous advice of our London and provincial physicians and surgeons, which lies at the root of the evil, greatly fosters the loose ethics of the people, and represents a loss of many many thousands a year to the profession, and quite as much in loss of dignity and respect. Quacks never *give* their nostrums or advice, yet many of them realise enormous fortunes.

The point to be resolved is, How can a revolution be effected? A system must be organised. Action should commence, or at least be countenanced and supported, by the magnates of medicine; and the medical corporations, and Medical Council itself, might appropriately bestir themselves in the cause. The several medical societies might also combine; for why should they disdain the welfare of the body politic, more than knotty matters in pathology and therapeutics? Our hospital physicians, who, like their Poor-law brethren, have been too eager to compete for unpaid appointments and work for nothing, should firmly assert their rights; for the example of men who have striven for unsalaried posts at hospitals and dispensaries has most injuriously affected humbler members, who can hardly expect adequate payment or recognition, if the more eminent estimate their services at nought. If Mr. Griffin, almost single-handed, has obtained concessions (small as yet, 'tis true) from a cold official government body, surely the more impressible public can easily be compelled to capitulate before the united pressure of the majority of the profession.

I have been induced to trouble you with this communication, though but a weak echo of your own sentiments, as it is evoked by circumstances alluded to in the subjoined letter, in which the grievance finds practical, if feeble expression. Let the post mentioned be unheeded until a stipend be attached. Let every hospital, dispensary, and Poor-law vacancy, etc., be alike unresponded to, and in a few years we shall not have a single unremunerated practitioner in the kingdom. I am, etc.,

Wm. Boyd Mushet, M.B.Lond., M.R.C.P.,
Physician to the Royal General Dispensary.
Norwood, January 7th, 1864.

P.S. With pleasure will I give time, labour, and a contribution to an association for the abolition of gratuitous medical services, as it must ultimately conquer, and return immense prospective advantages.

[COPY.]

Tusculum, Norwood, January 6th, 1864.

Gentlemen,—As I find many of the patients have to be visited at home, most of whom are proper cases for the parish surgeon, I beg to resign the post of Physician to the Royal General Dispensary, as there is, or should be, a limit to *gratuitous medical services.* I was unaware, when I accepted the appointment, that the physicians were expected to attend out-door cases, except under special circumstances, according to the ordinary rule at metropolitan hospitals and dispensaries. I would suggest to the Committee that alteration of the regulations with regard to home patients is demanded, as the time has arrived when physicians (who, equally with others, have to live by their profession) will object to sacrifice the valuable part of two days at least weekly, on the score of "charity", in the performance of most objectionable duties—in a word, will refuse to work for the public without remuneration.

I have the honour to be your obedient servant,
Wm. Boyd Mushet.

To the Committee of the Royal General Dispensary.

Letter from Septimus Gibbon, M.B.

Sir,—Public bodies move slowly; but I fear that, in the above matter, our Committee of Council do not seem disposed to move at all. This is a disappointment to many, who regard this unjust, unchristian, and unprofitable system as extremely detrimental to that professional honour and welfare which the Association was formed expressly to uphold.

No doubt there must be a great amount of prejudice, if not actual ignorance, on the bearings of this subject, within our ranks, that has to be removed. We have all been taught by example, as well as by precept, that it is not only a charity, but a duty, to do this public work gratis. In London, and other towns where there are medical schools, we are not content with giving the public our time, blood, brains, and muscle for nothing, but we must, according to the present system of compulsory attendance on lectures for medical education, starve and stint the education by weighting the professor with the care of hundreds, if not thousands, of out- or in-door patients: in other words, we eat one another, in order to swell our unpaid services to the community at large. I have a suspicion that this unpaid labour is unprofitable to all parties, and know that experience has led many out-patients to entertain the same opinion. If this be true, the profession should act upon the injunction—

> "To thine own self be true;
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

In thus recalling the profession from the error of its ancient ways in this matter, our Association will be bidding for the confidence of the public, as well as of the profession. The great body of the community, except the large employers of labour, who foster and manage hospitals and dispensaries in order to save their own pockets, would applaud us as public benefactors for acting on the principle of "the labourer is worthy of his hire". It rests, however, entirely with the profession to abolish this deeply rooted system. Unfortunately, there are gentlemen who state publicly that it is not a matter within the control and discretion of the profession; but that, in order to succeed, we shall have to subsidise the public press, and to send peripatetic lecturers about the country, as did the Anti-Corn-Law League. This is a course of action consistent neither with the dignity nor the ability of the Association, and wholly unnecessary; for I am certain that the general public has quite as clear a perception of what is just between man and man as the profession has. No, sir, we have deluded the public into the belief that we do this work for the sake of charity, or the indirect gains or the honour of the thing; and it is incumbent on the profession, by its action, to undeceive the public. If the Association would take some such preliminary steps as those indicated to discourage the acceptance of unpaid medical service, I believe much good would result. Action on the part of the medical corporations would follow; and we might live to see the day when these bodies will refuse to license or recognise a hospital for purposes of tuition until provision is made for remunerating the medical officers. The fathers of the church and heads of the law take good care that remuneration is attached to the public services of their respective professions.

I am, etc., Septimus Gibbon.

February 1864.

Sir,—The profession generally has had much reason to thank you for your repeated and outspoken denunciations of the system of gratuitous medical services; to your arguments no addition is needed, to show how widely spread and how deeply rooted is the evil of which we all feel the burden.

But, sir, your admirable leaders and the letters of your correspondents have, as a rule, had reference only to one side of the question—to the gratuitous giving of public medical services—while private medical aid has been untouched and unnoticed. To this last phase of the matter, I would, with your leave, address myself. It is an injury to the profession as great, though not as manifest, as the former; certainly not so strongly declared; for hospitals, with their unpaid medical officers, speak trumpet-tongued from our metropolis and county towns; yet far more widely spread, for hardly a market-town exists of any size where gratuitous advice may not be obtained on application to the physician or physicians resident therein.

One word before I write further. I should much regret if, by this letter, I gave offence to country physicians, many of whom I have learned to know and to respect. The doings of their class I reprobate. I write against a corrupt system; not with the purpose of condemning the actions of any single individual.

This supplying medical advice gratis has dated from many years back; and existed simply to give rise, as its necessary sequence, to the present monstrous hospital system. This practice among physicians reigns rampant in lieu of the nosocomial charity in towns where hospitals and infirmaries are not. It is equally to be found where such institutions are flourishing in full luxuriance.

Granted freely enough, that there was a time when the physician medical autocrat centred in his august person the major part of the accurate knowledge of medicine in any given neighbourhood. Then, too, the general practitioners, superficially educated, holding no social position, looked up to this one luminary of their profession, who wrote M.D. after his name, and enjoyed the *prestige* of an education and a degree from one of the Universities. Thus arose that conventional idea of superiority which has come down to our own day: that the "doctor of advice" is, by virtue of some occult and indescribable property, by far the highest authority on medical matters within a given radius of miles from his own county town.

The tangible grievance, however, is this: that in far too many instances, the *pure* physician of the place, following the traditions of his predecessor, is in the habit of seeing patients at his own house *without fee or reward*—people of whose position and antecedents he knows nothing, and from whom he receives nothing but a garbled and indefinite medical history. They are of all classes. There are among them sad and weary invalids, flying from one medical man to another in vain hope. There are those who are, rightly or wrongly, discontented with their late attendant; and those, too, who long for and delight in "cheap advice", as they would in any good bargain.

For my present purpose, all these applicants rank in two divisions:

1. Those who are able to pay the ordinary fee; but, on principle, object to paying when they can get what they wish for nothing.

2. Those who can pay a small sum, or to whom even this is a difficulty.

The physician is unjust to himself when he gives his time and knowledge for nought to those able properly to recompense him. He is unjust to his professional brethren when he gives that same time and skill to those who, without means to pay a guinea fee, are yet able to make a smaller payment to some struggling practitioner. In no less degree is the reproach of injustice merited, when, in seeing some pauper or club-patient of another medical man, he gives an opinion and suggests a plan of treatment, so constituting himself, indirectly it may be, a censor and a judge of the prior treatment, concerning which he has had no valid informaion whatever. In all these examples, he is depreciating the money value of his professional knowledge, and that of his brethren, by an ill-judged charity in the dispensing of medical advice.

I shall be met by two objections.

1. If this were stopped, the young physician would lose the means of increasing his knowledge of disease, and so of making himself a master of his art.

No one has a right to acquire knowledge to the injury and damage of his neighbour belonging to the same profession. I leave untouched the palpable absurdity conveyed in the admission that the physician is far too often self-constituted a consultant when he has his profession practically yet to learn.

2. You would deprive the pauper of the advantage of a second opinion. Confessedly he cannot pay a guinea; therefore he must waive all hope of obtaining benefit from the advice of a higher authority.

By no means; the consultant physician is in daily intercourse with his fellow-practitioners—in one sense, indeed, he depends on their goodwill. Let him, then, follow out some such rule as this: either, on seeing a patient, let him take his guinea; or, if the applicant be a pauper or club-patient, entitled to other medical advice, let him examine and prescribe for the case only on receiving a distinct request from the parochial or club-surgeon.

Then he will prove himself practically the friend and the ally of his brother practitioner; too often now he is practically felt to be just the reverse; for opinions are daily wormed from the physician to be used as a sting and a torment to the general practitioner in attendance.

There is sadly too much want of *esprit de corps* among us; sources of bitter feeling are only too common; but I am well satisfied that the adoption of consentaneous working where charity is concerned (for clubs and parochial appointments are charities on a larger scale) would remove much of existing annoyance on this score.

The services of country physicians are daily less positively required; but if they would, each man for himself, adopt and carry out the rules I name, their opinion would be more frequently asked and their professional status be better defined.

It is in human nature specially, if long ill, to wish for "further advice"; by all means let the wish be granted; but in a mode which shall not injure or prejudice the interests of one class of the profession, with the very dubious and distant chance of conferring benefit on the practitioners of pure medicine.

Pray, sir, support my pleading, if, as I think you will, you side with my view of the whole question.

I am, etc., RUSTICUS EXPECTANS.

CRIMINALS' RESPONSIBILITY.

LETTER FROM HENRY MAUDSLEY, M.D.

SIR,—The desirability of appointing a Commission of eminent men, for the examination of those criminals in whose behalf insanity is pleaded, would appear so plain and undeniable, that one need not, perhaps, entertain any hope of its being adopted. The scene is, no doubt, a more interesting one in which a judge is seen to point out with a confident decision the utter untenableness of the evidence for insanity; to express, in pronouncing sentence of death, his entire concurrence in the verdict of the jury; and, in the course of a day or so, to write to the Home Secretary, suggesting a further examination into the prisoner's state of mind. Meanwhile, science suffers discredit by the contempt which it meets with in court; and law gains anything but dignity by the conscientious vacillation of its highest representative. It is the misfortune of science to have been placed in a false position; it is the misfortune of the judge to have been compelled to decide upon a special matter of which he had not special knowledge.

If the appointment of experienced men to assist the court be not deemed advisable, there is a simpler proceeding, which, if adopted, might do something towards checking the very serious evils which result from our present system of making advocates of scientific men. Dr. Bucknill has suggested that, *whenever the scientific expert examines the criminal, a sworn shorthand writer, appointed by the Crown, should be present, to take down the conversation;* and that his report should be placed in the hands of the judge and of the counsel both for the prosecution and defence. It needs but little reflection to appreciate the advantages of this course. Had it been adopted in Townley's case, there is much reason to believe that the so-called delusion as to the "conspiracy" must have resolved itself into what most people suspected it was, and which the report of the lunacy commissioners has proved it to have been—a simple belief that the relatives of Miss Goodwin wished to release her from an undesirable engagement, or to prevent her from making an ineligible match. On the whole, one may, I think, allow that to be a belief which any sane man might very naturally have—which, indeed, it would rather have shown insanity *not to have had*, under the circumstances.

One can scarcely, again, sufficiently wonder at the strange inertness or singular forbearance of the prosecuting counsel in the cross-examination of the so-called scientific evidence for the defence of Townley. Had the crown done its scientific duty with half the zeal which the defence exhibited, there can be little doubt that the vague nondescript theory of Townley's insanity must have suffered grievous damage. To what category of insanity recognised by author ancient or modern, foreign or English, theoretical or practical, the insanity of Townley was supposed to belong, it would be very interesting in the cause of science to learn. Here, then, arises another argument for the appointment of a Commission of impartial men; for it is obviously quite possible that, when a rich prisoner has engaged the most eminent authorities, justice may fail for want of a sufficiently subtle and properly directed cross-examination.

The appointment of a Commission to assist in the detection of insanity would indirectly operate in the most beneficial manner on so-called medical psychology, and help to drag it out of the extreme depth of degradation in which it is now sunk. A slight consideration must prove that medical psychology, standing as it does at the foundation of a moral science, is of the utmost consequence, and must, with the advance of knowledge, have an ever-increasing importance. Now, too, that it has ceased to be the fashion for physicians to be learned in classical lore, there are few studies which will do more for the discipline and liberal cultivation of the student's mind than the study of mental science. And, if other arguments fail, the discredit which falls upon medicine generally by the present condition of the lunacy speciality might well move it to take some steps for putting the latter in a more satisfactory condition. It is useless to fall foul of the newspapers because of their outcry against scientific evidence in insanity, when the fault is in ourselves.

But, whatever other consequences might flow therefrom, one would fain hope that the ultimate result of the painful Townley tragedy, and of the scarce less painful farce which has followed it, may be, as you suggest it will be, to strengthen the hands of those who would abolish hanging; and that the strange and horrible spectacle of a society agreeing to take away life, as an example to prevent the taking away of life, may ere long cease to disgrace the character and to satirise the professions of an age which boasts of its civilisation. I am, etc.,

Henry Maudsley.

38, Queen Anne Street, January 1864.

ATROPISED AND CALABARISED GELATINE.

Letter from John H. Bryant, Esq.

Sir,—In reference to the letter which you published last week on this subject from Mr. Streatfeild, I beg to state that Mr. Ernest Hart has been using gelatine, in the form of sheets of various density and of particles impregnated with atropine and calabarine, under my observation and that of others who attend the Ophthalmic Department of St. Mary's Hospital, upon the out-patients here, with excellent effect, since early in November last. I would also refer to the articles in the *Annales d'Oculistique* of September and October 1863, by M. Warlomont, in which he says, after pointing out the inconvenience of paper as a foreign body always more or less irritating and requiring subsequent removal, that, to avoid these inconveniences, he was employing a mucilaginous substance, which was not irritating and might be more or less soluble in the tears.

Mr. Hart had previously employed glycerine plasma with starch; but found these and mucilaginous substances less portable and convenient than gelatinous materials. I think, therefore, that Mr. Streatfeild's reclamations are singularly ill-founded.

I am, etc., John H. Bryant,
Non-Resident Medical Officer, Ophthalmic Department, St. Mary's Hospital.

7, Bathurst Street, Sussex Square, W., Feb. 8, 1864.

Medical News.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 27th.

Battye, William, Plymouth (St. Bartholomew's Hospital)
Cheetham, Wm., Rochdale (Manchester School)
Cooper, G. H. C., Woburn Place (University College)
Denny, Charles John, Aston, Warwickshire (Manchester School)
Dickinson, John S. A., Norfolk Street (Middlesex Hospital)
Dunn, Wm. Daniel, Devonport (Birmingham School)
Freeman, Richard Thomas, Hatcham (Guy's Hospital)
Gammage, Robert George, Sunderland
Griffiths, Thomas, Merthyr Tydfil (St. Thomas's Hospital)
Hadwen, E. St. Paul, Waterloo Road (Westminster Hospital)
Hale, A. E., Nantwich, Cheshire (Birmingham School)
Harrison, George William, Whitchurch
Holman, Herman B., Crediton, Devon (London Hospital)
Lloyd, John, Birmingham (Birmingham School)
Morris, Samuel, Preston (St. Thomas's Hospital)
Powell, Frederick, St. John's Wood (Westminster Hospital)
Rablah, J. J., Walsall, Staffordshire (Westminster Hospital)
Rooth, Samuel, Chesterfield (Guy's Hospital)
Shackleton, James, Whitworth, Lancashire (Manchester School)
Somerville, William Wallace, Wakefield
Watts, William Frederick, Dewsbury

At the same meeting of the Court—

Close, Henry Ashlin, H.M.S. *Royal Albert*, Plymouth, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date April 11th, 1859.

Admitted on January 28th—

Anthonisz, James E., Ceylon (St. Bartholomew's)
Bennett, Charles J., Buxton, Derbyshire (St. Bartholomew's)
Cockerton, Alfred J., Islington (London)
Curgenven, William G., Plymouth (Middlesex)
Garlike, Edward W. B., Tulse Hill (St. Bartholomew's)
Green, Frederick K., Stoke Newington (St. Bartholomew's)
Griffin, Frederic C. G., Weymouth (St. Bartholomew's)
Hewley, John Petch, Ripon, Yorkshire (St. George's)
Hope, F. S., Kirby Fleetham, Yorkshire (Middlesex)
Jones, Hermann Johnstone, Upper Clapton
Langhorn, Joseph, Savile Row (St. George's)
Law, Caleb, Australia (London)
Long, Henry P., Barham, Canterbury (Westminster)
McConnell, William, Lisburn, Ireland
Pearson, E. B., Yeavely, near Ashbourne, Derbyshire (London)
Peirson, George Brigg, Leeds
Penn, Wm. C., Edwardes Square, Kensington (St. George's)
Philpot, Frederick, Chelsea (University College)
Skinner, William, Sheffield
White, George, Dalston (London)

At the same meeting of the Court—

Kynsey, Josiah Frederick, L.R.C.P., Dublin, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College: his diploma bearing date July 19th, 1859.

Royal Colleges of Physicians and Surgeons, Edinburgh. (Double Qualification.) The following gentlemen have passed their first professional examinations during the recent sittings of the examiners.

Eames, William Lawton, Cork
Hogg, James, Edinburgh
Jackson, Joseph, Cumberland
Macdonald, Thomas, Ross-shire
O'Keeffe, John N., county Kerry
Simpson, James, Cumberland
Simpson, Thomas, Yorkshire

And the following gentlemen have passed their final examinations, and been admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Hinds, James, Notts
Horan, Patrick Callan, county Cavan
Kingston, Joseph Lindsay, county Cork
M'Culloch, Latham Blacker, Drogheda

Royal College of Surgeons, Edinburgh. The following gentlemen have passed their first professional examinations during the recent sittings of the examiners.

Anderson, Robert, Haddingtonshire
Ingram, James, Orkney

And the following gentlemen have passed the final examinations, and obtained the diploma of the College.

Dunbar, Robert Pearson, Perthshire
Godfrey, James, Glasgow
Melladew, Heinrich Frederik Lawatz, London
Middleton, John, Glasgow
Montizambert, Frederick, Quebec
Taggart, William John, Antrim

Apothecaries' Hall. On February 4th, the following Licentiates were admitted:—

Haines, Richard Wheeler, Bromsgrove
Soper, Robert Wills, Dartmouth, Devon

APPOINTMENTS.

Jacon, A., M.D., elected Vice-President of the Royal College of Surgeons of Ireland.

Stokes, William, jun., M.D., elected Surgeon to the Meath Hospital, Dublin, in the room of the late J. Smyly, Esq.

Army.

Davys, Staff-Surgeon J., to be Surgeon 38th Foot, *vice* T. F. Wall.

Massey, Surgeon H. H, M.D., 2nd Dragoon Guards, to be Staff-Surgeon.

Wall, Surgeon T. F., 38th Foot, to be Surgeon 2nd Dragoon Guards, *vice* H. H. Massey, M.D.

Indian Army.

Corbyn, Assistant-Surgeon F., M.D., Bengal Army, to be Surgeon.

Fayrer, Assistant-Surgeon (Brevet-Surgeon) J., M.D., Bengal Army, to be Surgeon.

Hooper, Assistant-Surgeon J., Bengal Army, to be Surgeon.

Lowdell, Assistant-Surgeon C., Bengal Army, to be Surgeon.

Young, Assistant-Surgeon D., M.D., Bengal Army, to be Surgeon.

Militia.

Heaton, F. L., Esq., to be Surgeon Royal Denbigh Militia.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Gange, A. W., Esq., to be Surgeon 36th Middlesex R.V.

Hopwood, R., Esq., to be Assistant-Surgeon 13th Cheshire R.V.

BIRTH.

Steele. On February 2nd, at Liverpool, the wife of *A. B. Steele, Esq., of a daughter.

DEATHS.

Clifford, Herbert W., Esq., Surgeon, at Tivoli Villa, aged 28, on January 28.

Cowcher, E., Esq., Surgeon, at Abingdon, aged 77, on January 31.

Coventry. On February 1st, at Cheltenham, Juliet, widow of John Coventry, Esq., Surgeon.

Ramsbotham. On February 4th, at Cambridge, Mary, wife of Francis H. Ramsbotham, M.D.

The Earlswood Asylum for Idiots. Extensive alterations and improvements have been lately made at this institution.

Veterinary Surgeons. Mr. Holland has given notice of asking for leave to bring in a Bill for the better regulation of veterinary surgeons.

The Punishment of Death. Mr. W. Ewart has given notice that he will move for leave to bring in a Bill to abolish the punishment of death; also, a Bill for legalising the use of the metrical system.

Workhouse-born Bastards. The number of bastard children born in the workhouses of England and Wales during 1862 was 8115; the number for 1860 being 7077, and for 1861 8020.

A New Hospital in New York. By the will of the late Mr. Roosevelt, about 900,000 *dollars* have been bequeathed for the establishment and endowment of a hospital in New York.

Health of the Metropolis. The deaths in the metropolitan districts last week exceeded by 174 the estimated number. The deaths of eleven nonagenarians are recorded, the oldest of whom was a man who had attained the age of 98 years.

Sir John Liddell. The Queen has appointed Sir John Liddell, Kt., C.B., M.D., late Director-General of the Medical Department of the Navy, to be an Ordinary Member of the Military Division of the Second Class, or Knights Commanders of the Most Honourable Order of the Bath.

Irish Poor-Law Medical Officers. A meeting of medical practitioners residing in the county of Longford has been held, to adopt measures to forward through Parliament, during the present session, a Bill for the superannuation of workhouse and dispensary medical officers. Similar meetings should be held in every county in Ireland. (*Dublin Med. Press.*)

The Rainfall. The smallest rainfall of any one year in nearly a quarter of a century was in 1858, and the largest in 1852. The driest months in the twenty-four years were November 1858, and January 1855, when only 0·10in. of rain fell in each month, while the wettest month in the twenty-four years was November 1852, when a rainfall of 6·20in. was recorded.

Asthma. Dr. Hyde Salter considers iodide of potassium to be *occasionally* of great value in the cure of asthma. He considers, however, that its services have been much exaggerated as a general remedy in this affection. He cannot subscribe to the high praises which have been sung of it as being something of an infallible remedy.

Vaccination Return. A return "of the number of unions or single parishes in England and Wales, of which the guardians or overseers have taken measures to enforce obedience to the Vaccination Act, under the provisions of the Act 24 and 25 Vict., c. 59," has been issued in pursuance to an order of the House of Commons. The replies are mostly in the negative, either simply or qualified. Out of 700 answers from the various unions of England, only 79 are "Yes"; and 47 responses from Wales there are only 7 affirmatives.

Dr. Lambton Este would have been rather surprised if he could have read the statement in the last number of the *Lancet*, that he had been in the *naval* medical service. Dr. Este was an army medical officer all his life, being surgeon in the Life Guards. He served with the army in Egypt under Sir Ralph Abercrombie. Very early in life, he was sent from the Foreign Office with important despatches to Lord Nelson, with whom he remained for some months, acting as his private secretary.

The M.D. of the College of Physicians. The Master of the Rolls has not yet delivered judgment with reference to the claim of the College of Physicians to grant degrees of Doctor of Medicine. It is believed that, whatever his decision may be, an appeal will be made by the defeated party to the House of Lords. It is, we believe, the intention of the College to commence legal proceedings to prevent Trinity College from granting *licences* in medicine; that being, as is alleged, the exclusive province of the College of Physicians. (*Dublin Medical Press.*)

Memorial to the late Mr. Smyly. We are happy to learn that a movement is in progress to connect the name of this distinguished surgeon in a permanent and practical manner with the Meath Hospital and County Dublin Infirmary, where he so long laboured, and where his professional skill was so signally blessed, to the relief of the suffering poor. It is in contemplation to erect and endow a ward for children in the hospital, to be called the Smyly Ward. The erection of such a ward was an object near to Mr. Smyly's heart. A sum of £200 would be sufficient to build the ward, and about £2,000 would endow it for ever; the cost of maintenance of six beds amounting to £100 per annum. (*Saunders.*)

No Irish Need Apply. Our attention has been called to the election of a House Surgeon to the Warneford Hospital, Leamington. There were six candidates, and it appears that one gentleman obtained the appointment only by the exclusion on a legal quibble of another gentleman. This latter gentleman was a Licentiate of the Royal College of Surgeons in Ireland, and the first objection started by his antagonist was, that as the rule says "a member of the Royal College of Surgeons," the title of Licentiate invalidated the candidature. This point being untenable, it was necessary to fall back on a still more ridiculous one, that the word *the* meant the London College and no other, and on this point the gentleman was excluded. (*Dublin Medical Press.*) [Surely our cotemporary must be in error. Exclusion on grounds such as these here mentioned is hardly credible. Editor.]

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity. A half-yearly general meeting of the members of this Society was held on the 27th of January last; T. A. Stone, Esq., President, in the chair. It was announced that the petition for a Royal Charter of Incorporation, which would reconstitute the Society on a firmer basis than before, was before the Queen in Council. The accounts for the year expired were read, when it appeared that a rather smaller amount of relief had been expended than during the preceding year, being as follows: Grants for ordinary relief to widows and orphans, £1,843 : 10; for immediate relief, £21; towards self-maintenance of adult orphans, £20; for extra-relief, £20; by general meeting to a widow, £25; total, £1,929 : 10. The following gentlemen were elected officers and directors for this year: *President:* T. A. Stone, Esq. *Vice-Presidents:* Martin Ware, Esq.; E. A. Brown, Esq.; P. M. Latham, M.D.; John Bacot, Esq.; T. Turner, M.D.; D. Henry Walne, Esq.; A. J. Sutherland, M.D., F.R.S.; E. Tegart, Esq.; G. Burrows, M.D., F.R.S.; John Miles, Esq.; Sir J. W. Fisher; Cæsar H. Hawkins, Esq., F.R.S. *Treasurers:* J. T. Ware, Esq.; G. Hamilton Roe, M.D. (acting); R. S. Eyles, Esq. *Directors:* J. C. Salisbury, Esq.; H. Blenkarne, Esq.; T. King Chambers, M.D.; John Clarke, M.D.; P. G. Hewett, Esq.; John Morgan, Esq.; J. Gregory Forbes, Esq.; W. Munk, M.D.; B. W. Holt, Esq.; Charles Miles, Esq.; W. J. Little, M.D.; W. Cathrow, Esq.; H. Sterry, Esq.; Alder Fisher, Esq.; H. Jeaffreson, M.D.; J. Paget, Esq.; H. T. Illingworth, Esq.; F. Hawkins, M.D.; T. Hammerton, Esq.; John Love, Esq.; H. A. Pitman, M.D.; John Adams, Esq.; R. Druitt, M.R.C.P.L.; E. Tegart, jun., Esq. Those members of the profession who are desirous of joining this most excellent Society may do so by applying to Dr. Merriman, the Secretary, before the 2nd of March next, as directed in our advertisement columns.

Medical Journalism for the Million. The introduction of non-medical questions into the columns of medical journals is open to reprehension, if the suspicion of touting for extra professional patronage attaches thereto. Perhaps it is commercially advisable to provide some literary aliment for tavern and coffee-house patrons, but we would suggest the selection of at least semi-medical subjects to give what the lawyers call "a colourable pretext" for their publication. The auscultation of Heenan's chest, or the extent of his varied ecchymoses, are not subjects of importance to the profession; nor do the very common every-day occurrences of the death from disease of Mr. Justice Wightman, or the safe and natural birth of a Prince, call for comment, while the pseudo-official details of size and weight of the infant, in which our contemporary glories, are by many considered as intrusive violations of the privacy which should be inviolate. Surely medical journalists have no lack of topics that they should be driven to such expedients. (*Dublin Medical Press.*)

Cattle Disease in Switzerland. Accounts from Lausanne state that the disease of sore mouth and sore feet has attacked horned cattle in Switzerland in a terrific manner. The Executive Council have consequently commanded that no more cattle markets shall be held. A strict watch is set upon all farmyards where the disease prevails and upon those within a hundred yards of them. Cattle in the suspected farmyards are not to be permitted to drink at the public fountains. All strangers are forbidden to approach any farmyard, nor is any mendicant to pass the night there. Veterinary surgeons and police agents are desired, when they quit an infected stable, to wash and change their clothes before they enter another. Farmers are to adopt similar precautions when they attend a fair or market.

The Army Medical Service. There is no country in the world that has more reason to be proud of its military surgeons than England. John Hunter learned in the battlefield the great truths which he taught; and each successive war in which England has engaged has brought with it devoted men who have either perished in aiding the wounded and the dying on the battlefield, or brought back a rich stock of experience for the guidance of their fellow-surgeons. But England has failed more than any other country in recognising the importance of the surgical art, and the merit of those who have practised it. At the present moment, in spite of all that Lord Herbert did to reform the military system, the medical service of the army is the most unpopular in the country. At the last public examination for medical posts in the army, only half the number of candidates needed presented themselves, and of these only a very small proportion passed their examinations in the first class. All honour, then, is due to the men who, amidst contumely, injustice, and contempt, practise their profession in the English army, with a single view to the advancement of their profession and the benefit of humanity. (*Athenæum*, February 6th, 1864.)

Diseases of Overworked Men. Time was when the very phrase, diseases of overworked men, would have been considered foolish. Now it conveys a truth of national importance. From being a comparatively idle world, we have of late become an insane world on the subject of labour. So long as the muscles merely were employed, so long little harm was done; we remained men; now we aspire to be gods, and we pay the forfeit of our ambition. From overwork we now get a class of diseases the most prolonged, the most fatal. The suns of our best men go down at noon, and so accustomed are we to the phenomenon that we cease to regard it as either strange or out of place. It is through the mind, now, that the body is destroyed by overwork; at all events, it is so mainly. The men of intense thought—men of letters, men of business who think and speculate, men of the State who are ambitious to rule, these men are the sacrifices. With them, the brain has not merely to act on its own muscles, bidding them perform their necessary duties, but the one brain must needs guide a hundred other brains, and all the muscles thereto appended. An electric battery works a single wire from the City to Brighton, and does its work well, and goes on for some months before it is dead or worn out. Can it do the work of a hundred wires? Oh, yes, it can; but it must have more acid, must wear faster, and will ultimately die sooner. We may protect the plates, make the battery to an extent self-regenerative, as the body is, but in the main the waste is in excess of the supply, and the wear is certain as the day. Men of letters, men of business who do their business through other hands and do great business, and men immersed in politics, suffer much the same kind of effects from overwork. They induce in themselves, usually, when they suffer from this cause one or other of the following maladies:—Cardiac melancholy or broken heart; dyspepsia, accompanied with great loss of phosphorus from the body; diabetes, consumption, paralysis, local and general; apoplexy, insanity, premature old age. They also suffer more than other men from the effects of ordinary disorders. They bear pain indifferently, can tolerate no lowering measures, are left long prostrated by simple depressing maladies, and acquire in some instances a morbid sensibility which is reflected in every direction; so that briskness of action becomes irritability; and quiet, seclusion and moroseness. They dislike themselves and feel that they must be disliked, and if they attempt to be joyous they lapse into shame at having dissembled, and fall again into gloom. *(Social Science Review.)*

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.--Samaritan, 2.30 P.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

Wednesday...St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.— Great Northern, 2 P.M.— London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

Friday....... Westminster Ophthalmic, 1·30 P.M.

Saturday..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 P.M. Dr. Edward Smith. Lettsomian Lectures on Physiology. Lecture I, "The Rate of Pulsation under the Influence of Numerous Agencies in Health and Disease."

Tuesday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of tha Mammalia."—Statistical.—Pathological.

Wednesday. Royal College of Physicians, 5 P.M. Dr. Markham. Gulstonian Lectures. "The Uses of Blood-Letting in Diseases."—Pharmaceutical Society, 8.30 P.M. Professor Redwood, "The British Pharmacopœia."—Meteorological.

Thursday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Harveian Society of London, 8 P.M.—Zoological.—Royal.—Linnæan.—Chemical.

Friday. Royal College of Physicians, 5 P.M. Dr. Markham. Gulstonian Lectures. "The Uses of Blood-Letting in Disease."—Geological (Anniversary).—Royal Institution.

Saturday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Association Medical Officers of Health.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

The Laryngoscope.—The pamphlet "On Laryngeal Disease as exhibited by the Laryngoscope", by Dr. James Russell, contains a summary of what has hitherto been said concerning this instrument. It is written in an unostentatious style; but contains a terse and well-written exposition of the subject.

S. T.—It is understood that the long-desired Report of the Chloroform Committee of the Royal Medical and Chirurgical Society will soon appear—probably during the next month.

Investigation of Diseases.—We beg to call the attention of those of our readers who are interested in the registration of diseases to a paper read by Dr. G. H. Philipson, before the Northumberland and Durham Medical Society, "On the Investigation of the Prevalent Diseases of the District", which has since been published. The paper was referred to the Committee of the Society, who highly approved of the plan, recommending its adoption by the members. It was unanimously resolved that the scheme should be adopted, and come into operation at the commencement of this year. The great bulk of the members of the Society, numbering over a hundred, together with many others, have signified their intention to fill up and return the forms; so there is every hope that the plan will be attended with success. Dr. Philipson has evidently bestowed great care and labour in the elaboration of his scheme. We shall look with interest to the results which it may bring forth at a future day.

Public Medical Nomenclature.—Sir: In a notice to one of your correspondents, in the British Medical Journal of January 23, you approve the term Pogonotrophy; meaning, as you suppose, the cultivation of the beard; and you applaud the use of such terms, because they attract attention, and strike awe into the mind of the public. You are right, no doubt; but I should be curious to know into what the public would convert the terms; perhaps into something that would strike awe into the profession, if I may judge from the following specimen of public medical nomenclature, which I have collected in dispensary practice. They are all the expressions of women, and some of them may have arisen in consequence of the patients mistaking the names given to their diseases by the medical attendants. Thus, a patient said she suffered from "gas-a-titis" (gastritis?). Another exclaimed that she was "thirstified", "feverified", and her lips were "crackified". A third said that she had a "centralisation" in the leg. A fourth was seized with a "flustration". A fifth suffered from an "airysema" (emphysema?). A "doctor" told a sixth that she had a "spodomic" (spasmodic?). A seventh was "caustic" in her inside. An eighth was "impregnant". A ninth had a "complexion" (compression?) of the brain. A tenth wanted medicine for the "interlopers"; meaning worms. An eleventh suffered from "Convitus's Dance". A twelfth wished to be admitted into the "Convalest"s Hospital; and the last had "consecrated" (constipated?) bowels, she being a patient at a Church Dispensary. I am, etc., C. J. B. Aldis, M.D.Cantab.

1, Chester Terrace, Chester Square, S.W., Feb. 1st, 1864.

Electricity in Chloroform Accidents.—Sir: The case of recovery from chloroform accident by galvanism in last week's Journal, is one of vast importance. As the writer is desirous to know more of accidents of this kind, as well as the best form of electricity, etc., he will find in a new journal (*The Electrician*) four cases of the same kind where the effect of the "induction" or other current on the respiratory nerves and muscles was quite magical. I believe this subject so unpopular of electricity in chloroform accidents, is far more important and practical than any result likely to arise from the present popular debate on iridectomy operations (and I have seen hundreds of the latter); yet a leading medical journal, so to call it, is striving to extinguish all efforts with electricity to save life in chloroform accidents.

Of the extreme value of electricity in accidents, there is happily now no longer any doubt. We had this opposition to ovariotomy; yet it has taken its place amongst the useful surgical resources for the saving of human life. Amongst these miserable archives of the profession, it was shown the deaths in lithotomy are 1 in 2; but the real fact is 1 in 7 or 9: so of the stereotyped errors as to "cardiac syncope" in chloroform accidents, fatty heart the cause of death, the Marshall Hall "ready method" the only perfect cure, etc. Your Journal acts fairly—hears both sides; and one would not half so often write, but that the ready method is really no cure at all, "fatty heart" never seen in chloroform accidents, but electricity so much opposed the one thing needed.

Let the Association only help us to remove this stigma and others from the profession, let it encourage legitimate and laborious experiments with electricity and other agents to restore life, as in the case last week, and it will prove a public blessing; but from one-sided mischievous journalism, we have nothing but discord to expect; medical trials of innocent medical men; and in chloroform—chaos. I am, etc., C. K.

Sackville Street, January 14th, 1864.

COMMUNICATIONS have been received from:—Mr. William Bowman; Dr. Sankey; Mr. Brodhurst; The Registrar of the Medical Society of London; Dr. Drysdale; Mr. James Robertson; Mr. J. H. Bryant; Mr. W. Martin; Mr. George Rigden; Dr. D. Williams; Mr. T. Somerville; Dr. Henry Johnson; Dr. Lankester; Mr. A. B. Steele; Mr. Thomas Pope; Dr. Parkes; Mr. Ed. Garraway; Dr. S. Martyn; Two Students; and Mr. T. M. Stone.

Clinical Lecture

ON THE

SURGICAL TREATMENT OF HYDATID TUMOURS IN THE ABDOMEN.

Delivered at the London Hospital.

BY
JONATHAN HUTCHINSON, F.R.C.S.,
SURGEON TO THE HOSPITAL, AND LECTURER ON SURGERY IN THE MEDICAL SCHOOL.

GENTLEMEN,—We discharged a few months ago from Talbot ward, a man whose case had excited much interest, as an instance of a large hydatid tumour in the abdomen cured by operation.

He was a man aged about 45. You may recollect that he was admitted on account of a large fluctuating tumour, which presented immediately beneath the edge of his lower ribs in the left dorsal region. He had been aware of the existence of a tumour in this part for several months, and latterly it had occasioned him much pain. He still, however, retained good general health. When, in the first instance, he applied as an out-patient, my colleague, Mr. Little, introduced a grooved needle into the swelling, with the result of obtaining a small quantity of clear fluid. The knowledge of this fact much helped our diagnosis when the man came under our care in the ward. We had to deal with a large swelling which filled the upper part of the lumbar region, which received an impulse on coughing, which fluctuated distinctly, and from which a clear fluid had been obtained by exploratory puncture. The man had no symptoms of disease of the spine; nor were there the physical signs of pleural effusion, nor the usual history of pleurisy. Under these circumstances, our conjecture was, that the tumour was probably of hydatid nature. The pain which the man had recently suffered made him very willing that we should adopt any means thought best. A few days after his admission, I made an opening into the tumour in the following manner. An incision having been made through the skin, fascia, etc., the tumour was well held backwards, and I then thrust a narrow bladed knife deeply into the most prominent part.* This was followed by a gush of watery fluid, slightly turbid, but still very different in appearance from any form of pus. After the knife, I passed a pair of dressing forceps, by which the deep puncture was stretched until it admitted a piece of India-rubber tubing, which latter was secured in position in the usual manner. At least a pint of fluid had escaped from the puncture, and it continued afterwards to run away freely through the tube. As nothing but fluid had been seen, and as that fluid was necessarily mixed with blood from the wound, I was unable to speak positively as to its coming from the interior of a hydatid cyst; but I stated my belief that it did so.

The man was feverish and rather ill for several days after the operation. The fluid became turbid and purulent, and was secreted in large quantity. About ten days later, we removed the tube, and enlarged the fistula by introducing a pair of long narrow forceps and then opening the blades.

A few days after this, our diagnosis was made certain by the escape of a fragment of white leathery membrane, about an inch square, semi-transparent, and resembling a lamella of boiled onion. This fragment I now show you. There cannot be felt the least doubt as to its nature by any one who has ever seen the like before. If, however, any doubt could be felt, it is at once dispelled by the inspection of a section under the microscope. You see that it is made up of closely packed concentric lamellæ like the layers of an onion, or, still better, like the lines of a fortification agate. No structure, as far as I am aware, found in the human body presents this peculiar appearance excepting the hydatid membrane.

After this fragment had escaped, I repeatedly stretched the fistula by forceps with the view to facilitate the escape of others, and great quantities came away. On one occasion, I was shown a porringer full of these pieces of membrane, which had been forced out during a coughing fit on the previous evening. All were broken and in a state of decomposition, the pus in which they floated stinking horribly. With the microscope, I detected echinococci and their detached hooklets in considerable numbers.

The man was now much improving in health. He had a good appetite, and little or no pain. About two months after his admission, we allowed him to return home, as he was very anxious to go to work. No portions of hydatid membrane had escaped for a fortnight prior to his discharge, and the secretion of pus had indeed almost ceased, its fœtor being quite lost. I had taken care to keep the external orifice well open; and my belief is that the cyst was quite emptied of its parasites, and that the fistula would very shortly heal.

With regard to the exact structure in which the cyst was in this case developed, I can give no positive opinion. We had no evidence that it had any connection with the lungs, liver, kidney, or spleen; and my impression is, that it had probably found its bed in the subperitoneal cellular tissue.

A fortnight ago, we admitted another case, in which, although as yet we have not confirmed the opinion by the result of a puncture, yet I venture a confident diagnosis that the tumour is hydatid.

Alice Stiff, the child now before us, is, as you see, a little girl having the appearance of perfect health, and about four years old. She was brought to the hospital on account of a hard swelling in her abdomen, of the existence of which her parents had only become aware a few weeks previously. It has occasioned no symptoms whatever.

The tumour rises as a very visible rounded swelling to the right of the navel, extending both above and below it. It is freely movable, and no pain is caused by handling it. In its centre is an obscure sense of fluctuation; but at its sides it is very firm. Different opinions have been given confidently by those who have examined it as to whether or not fluctuation is really present. I cannot myself feel any doubt about it. On the left side, the free edge of the liver can be easily felt continuous with the globular enlargement; and here also an oblique notch extending upwards and to the right can be distinguished (fissure between the right and left lobes). There is no pushing out of the ribs, from which fact it seems probable that the liver is dragged downwards by the weight of the tumour developed in its structure. The size of the tumour is, perhaps, about that of two fists. The tumour is so movable that when the child is made to lie on her left side it falls over towards the left. It is quite clear that there are no peritoneal adhesions. On percussing from above downwards, it is found that where the lung clearness ends there the hepatic dulness begins, and that the latter is continuous with the tumour. There is no enlargement of the spleen. I cannot detect hydatid fremitus with any degree of certainty.

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* In this case, I preferred to open the tumour with the knife instead of using the trocar, for several reasons. 1. The diagnosis was not certain. 2. The tumour was probably behind the peritoneum. 3. I thought it probable that it had already inflamed, owing to the previous puncture. On reviewing the case, I think, however, that a trocar evacuation would have been the best practice.

I have ventured the diagnosis of an hydatid cyst with much confidence. If we proceed by the method of exclusion, it is almost impossible to suggest any other which should be at all plausible. It is true, that hydatid tumours have been very rarely indeed met with at so early an age; but there is no *à priori* reason why they should not occur. The diagnosis being, therefore, considered to be established, we come to the important question as to what treatment is advisable. We have the choice between two plans only. Either we may let it alone, and trust to natural processes; or we may operate with the view of procuring the death of the parasite and the contraction of the cyst. No known medicine affords the slightest chance of advantage.

Now, gentlemen, I will invite you to feel very incredulous as to the necessity of any interference in the case before us. The little patient is in good health and suffers no inconvenience from the tumour; why subject her to the risk attending a trocar-puncture into the substance of her liver? I reply, that it is probable in a high degree that the tumour will increase in size; that it will before very long become the cause of pain and of disturbance to the functions of the adjacent organs; and that eventually it will jeopardise life. I allege, on the other hand, that the operation of puncture is attended by very little risk; and that it is highly probable that it will effect a permanent cure. Let me produce evidence on these points.

I will first relate one of the most satisfactory cases which has occurred in the whole of my surgical experience. Last winter, I was requested by Mr. Marsh, of St. John Street, to see a patient of his who was suffering from an abdominal tumour of a doubtful nature.

Mrs. B., aged about 33, married, and the mother of a family, had only quite recently come under Mr. Marsh's care. She had previously been seen by several other surgeons, by whom, in the belief that the disease was malignant disease of the liver, a most unfavourable prognosis had been given. She was indeed very ill; and, at first sight, there seemed much to confirm this view of the case. She had lost her flesh greatly, and was of pale sallow complexion. The suspicion that the tumour might prove to be hydatid and not malignant had, however, occurred both to Mr. Marsh and to Dr. Hughlings Jackson, who had examined it before I was called in. When we met in consultation, we found Mrs. B. much emaciated, quite confined to her bed, and suffering from almost constant sickness. It had been necessary to give morphia freely, in order to procure rest and relief from pain. The tumour filled the epigastrium, from the lower part of the sternum to the umbilicus, and extended laterally into the hypochondriac region on each side, lifting the lower ribs. On the sides it felt very firm indeed; but at the epigastrium we thought that fluctuation could be detected. The bulging of the whole region was quite perceptible to the eye. The integuments over the tumour were thickened and somewhat inflamed; but this seemed accidental, and connected rather with some boils which had formed than with the tumour.

The history was obscure. During the last few years, the patient had had several illnesses with abdominal pain; but we made out satisfactorily that she had had neither dysentery nor jaundice. She had known of the existence of a tumour for about a year, and it had much increased of late. The sense of fluctuation obtained was that of fluid contained in an exceedingly tense cyst; and I thought I could elicit a certain degree of vibration (hydatic fremitus). We all agreed that the tumour was probably hydatid; but, partly because of the patient's dread of an operation, it was decided to defer any radical measures of treatment.

I saw her twice during the next ten days, and on each occasion my opinion was strengthened. At length, the patient's sickness exhausted her so much, that it became clear that we were running great risk in any longer deferring an operation. I accordingly punctured the tumour at about the middle of the epigastrium with a small exploring trocar; and having obtained clear fluid, changed the instrument for one about the size of No. 4 catheter. With the latter, we drew off more than two pints of clear salt water. The fluid had not the slightest opacity; and on subsequent examination, it was found to contain a large quantity of chloride of sodium and no albumen. There could be no doubt that it came from a hydatid cyst. The puncture was closed with lint and strapping.

After the tapping above described, the patient progressed uninterruptedly well; her sickness ceased; she took food well; and the tumour did not refill. We had, at the time, not nearly emptied it; we only drew off as much fluid as would easily flow. The cyst, however, did not inflame; at least, not so as to cause any constitutional symptoms. After a while, the fluid which had been allowed to remain was absorbed, and the cyst contracted.

Three months after the operation, the patient called upon me at my house. She said she was in as good health as ever she had been in her life, and her aspect fully confirmed her statement. There was scarcely any evidence of enlargement or thickening in her liver.

In this case, we have an instance in which a large hydatid tumour perished in consequence of a simple trocar evacuation of its fluid contents, and in which shrinking of the cyst occurred without inflammatory symptoms. The obstinate sickness from which the patient had suffered, was no doubt due to the mechanical pressure of the tumour on the stomach.

A case somewhat similar to this was under my care in the Metropolitan Free Hospital, in conjunction with my colleague, Dr. James Jones, about four years ago.

Our patient was an Irishwoman, aged about 36, and in fair health. Her tumour was very large; but it was developed in the right lobe of the liver, and had dragged that organ low in the abdomen instead of pressing upward, as in the previous case.

The patient was thin; and the boundaries of the tumour could be easily made out. There was no doubt as to its being a large tense-walled cyst. A certain degree of fremitus or vibration was discoverable. The lower ribs on the right side were lifted by the tumour, which also extended downwards nearly to the crest of the ilium. No doubt was felt by any of those who examined the case, as to the nature of the tumour. It had caused the patient much pain, and was increasing rapidly; so that there appeared much reason to apprehend that it might give way into the peritoneal cavity. It was accordingly determined to puncture it. This I did with a trocar of small size (about No. 3), selecting the most prominent part of the tumour. Fluid as clear as water and very salt escaped freely. We drew off about three pints, which had the effect of reducing the tumour to a third of its original size. The puncture wound was protected by lint and plaster.

During the week following the operation, the patient had rather sharp febrile symptoms, with tenderness over the tumour, either from peritonitis on its exterior, or from inflammation of the cyst itself. The latter became almost as large as it had been before, and contained a large quantity of air; over the whole of its front part it was tympanitic. That the air had been excreted, or was the product of decomposition, was certain; as none had been admitted at the time of puncture. In a short time, these symptoms passed off satisfactorily; and the woman made a good recovery, the tumour shrinking till it could scarcely be detected. She left the hospital well about six weeks after her admission. I saw her again some months later, and she was then wholly free from her disease.

I must ask you to note that, in this as in the preceding case, none of the smaller cysts were removed, and that the tumour shrank up in consequence of the evacuation of its contained fluid only. It is singular, that so simple a measure as a puncture with a small trocar should suffice to destroy the vitality of these parasites. We might have supposed that the fluid would be quickly re-secreted, and that their life and growth would continue as before. But it is not so; the withdrawal of the fluid in which they float suffices, I believe, always to accomplish their death. Their death may or may not cause inflammation of the part in which they are embedded.

Having thus brought before you the particulars of three cases in which excellent results were obtained by operative interference, I have now to mention one in which spontaneous recovery (partial) took place.

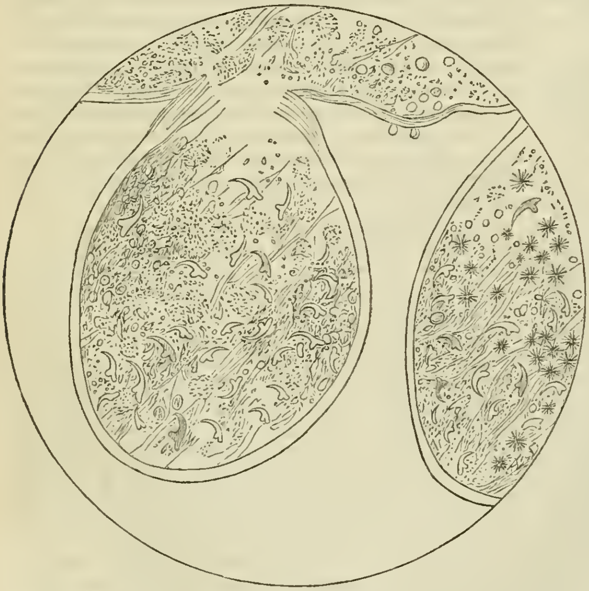
A young Irishman, of about 18, came under my care as an out-patient, about ten years ago, on account of a large tumour in the right lobe of his liver. The tumour occupied the whole right half of his abdomen, bulging out his liver, and displacing his ribs upwards. It fluctuated, and had the tense elasticity of an hydatid cyst. Excepting from the pain caused, the man was in good health; and despite its weight and inconvenience, he still kept at his work. I felt no doubt whatever as to the diagnosis. I advised him to come into the hospital, and have the tumour punctured; but this he refused. He remained under observation several months. At one time the tumour caused him so much pain, that he was obliged to give up his work. One morning, his friends sent, begging that I would come and see him, as they thought him dying. He had been unable to lie down all night; and the pain he suffered was such that I much feared the cyst would burst. I took a trocar with me; but again his courage failed, and he would not allow me to puncture it. From this time he improved. The attacks of pain became less frequent; and in a week or two he returned to work. I examined him six months later, and found the tumour diminished to half its original size, and quite free from pain. He promised to let me see him from time to time, but neglected to do so; and I have since not succeeded in obtaining any information respecting him. I believe he recovered, and that the cyst was in process of contraction. Let us clearly remember, however, that he ran the narrowest possible risk of his life. The tumour, when at its largest, probably contained not less than from a gallon to a gallon and a half of fluid; and it was a mere chance that it did not give way into the peritoneal sac.

The spontaneous death of hydatids is not a rare event; and when they do die, I believe, the cyst usually contracts, its fluid contents being absorbed, and no injury is caused to its possessor. At any rate, we not unfrequently, in the *post mortem* theatre, meet with specimens of collapsed and dried-up hydatids in the livers of those who have died of other disease. Here is one which Mr. Spencer removed a few months ago from a patient of mine who had died after injury to the head. The whole tumour is not larger than a hen's egg. It is lodged in the left lobe of the liver near its free margin. Closely adherent to the hepatic tissue, is a dense fibrous capsule secreted by the liver in consequence of the irritation of the parasite. Within that we have the parent hydatid cyst, much involuted and folded. The parent contains many smaller ones, all of them collapsed and shrunken. All are opaque and somewhat softened, and amongst them is a glutinous material with opaque yellow cheesy matter. Probably this specimen has been dead a few years. An almost exactly similar one, but three times as large, and shewing less evidence of decomposition, was removed two or three years ago from the liver of a patient of mine, who had died after strangulated umbilical hernia. It has chanced that I have three times met with these tumours in the autopsies of hernia patients; and it suggests itself as possible, that the distension of the abdomen by them, when living and of considerable bulk, may possibly increase the risk of the occurrence of hernial protrusions. If you come upon a hydatid tumour at a still later period of degeneration after death than the one before us, you will find a dense cyst containing cretaceous and cheesy material without any evidence of secondary cysts whatever. In this chalky material, you will still often be able to discover with the microscope the hooklets of the echinococci.

But, although we often find *post mortem* proof that these parasites may die spontaneously, and cease to be the source of danger to their possessors, yet I believe we have but little reason to think that this fortunate event can be hoped for in cases in which the tumour has once attained a large size. Spontaneous death is probably brought about by external compression by the fibrous capsule which surrounds them; but this pressure must become very inconsiderable when they have reached a certain bulk. I know of no case on record parallel to the one I have mentioned, in which a very large one spontaneously diminished and probably died. There are, on the other hand, abundant cases on record in which these large tumours have caused death. You have but to turn to Dr. Bright's admirable *Memoirs on Abdominal Tumours*, or to Frerichs's excellent account of hydatid tumours given in his work on *Diseases of the Liver*, for instances of this. One such, which occurred at this hospital about two years ago, will be in the recollection of some of you. The subject of the latter was a man under the care of my colleague Dr. Little. The tumour was very large indeed; and had displaced the diaphragm upwards, so as greatly to compress the left lung. A perfectly correct diagnosis had been given, and an attempt to puncture the cyst had been made; but, unfortunately, the trocar entered at a part where the liver-tissue was thick, and no fluid was obtained. It was intended to try again in a few days; but, meanwhile, the man rather unexpectedly died. The puncture had nothing to do with his death, which resulted, I believe, simply from the pressure of an immense cyst upon the thoracic contents.

The specimen obtained in Dr. Little's case was remarkable in that, although so very large, it contained no secondary cysts. You may, perhaps, be aware that the peculiar symptom known as hydatic fremitus is not met with if there be no floating cysts in the interior of the parent one. It consists in a kind of trembling of the cyst-wall felt by the hand some seconds after the vibrations produced by percussion have subsided; and is supposed to be produced by the secondary cysts which float in the interior bobbing against the wall of the parent, and thus causing a sort of percussion from within.

The drawing which I now show (see woodcut) was taken from echinococci obtained from the lining membrane of the cyst in Dr. Little's case. They were not numerous, and all that I found were dead. The sketch represents the body of one echinococcus and part of another; both are attached to the cyst-membrane. In both, the hooklets are all detached and floating loose in the body of the parasite. There are also seen crystals of some fatty matter—no doubt the product of decomposition of the dead animal. Had it not been dead, the hooklets would have been seen arranged in an orderly circlet on the animal's head.



You will note the peculiar form of these hooklets, and their close resemblance to crabs' claws. It is desirable to have a trained eye for these little bodies, since their discovery in pus will often help out a diagnosis. They are remarkably difficult of destruction, and are to be found much more often in the pus discharged from suppurating hydatid cysts than are whole echinococci. Their form is so definite that, when once recognised, it is impossible to mistake them.

You may find, in the works I have mentioned, and also in many others, numerous cases in which large hydatid tumours have been punctured or opened with success. In addition to those which I have cited, and which occurred to myself, I have seen, in the practice of other surgeons, several other cases; in all that I can recollect to have witnessed the result was good.

Of those recorded, in a certain number death has followed, either from escape of fluid into the peritoneum, or from the exhaustion and irritative fever consequent on the suppuration induced. Ill consequences have, however, been decidedly exceptional; and my impression is, that they will become still more so when is generally recognised what I have endeavoured to show; viz., that simple puncture and evacuation of the fluid is all that is needed. In many cases, or indeed in almost all, the endeavour of the surgeon has been to secure a fistulous opening by which the secondary cysts might escape. With this object in view, various preliminary measures have been thought needful, to secure that the cyst should be adherent to the peritoneum before it was opened. Caustic potass and acupuncture, with incisions through the skin, only have, with this object, been tried. Then, again, in other cases, the patient's risk has been increased by the injection of irritant fluids, iodine, gall, etc., into the cyst, in order to destroy the parasite. If further experience shall prove that a simple puncture with a fine trocar is all that is needful, the treatment will have been rendered much more safe. I should recommend the use of a very fine exploring trocar—the fluid is quite thin, and will run easily through the smallest bore; and that no pressure should be made in the tumour, just so much fluid being allowed to escape as will run away spontaneously. The operator should have at hand a fine probe or wire with which to push away any floating cysts which chance to fall against the end of the cannula and stop the flow.

Occasionally, hydatid tumours open spontaneously, and are cured by the discharge of their contents. This, however, is a mode of termination attended by much inconvenience and often by danger. I have several times seen patients who had voided fragments of hydatid cysts with their urine, and in whom frequently symptoms of obstruction had been caused. A man who was in the habit of passing hydatids *per urethram* was, about a year ago, under Mr. Curling's care in this hospital. He suffered but little, and eventually quite recovered. Sometimes, hydatids in the liver open through the diaphragm into the lungs; or, in other cases, into the stomach or intestine. Here is a fragment of hydatid cyst which a patient passed by the bowel; but which is so stained with bile that there can be no doubt as to whence it came. When the cyst obtains access to the pleura or lung, very serious symptoms may ensue. At the best, there will in such a case, in all probability, be prolonged fœtid expectoration, and the patient's strength will be much damaged.

Looking, therefore, candidly, at all the aspects of the question—1, the improbability that large cysts will be cured spontaneously; 2, the dangers which attend them in respect to possible rupture into the peritoneum, or the effects of pressure on adjacent viscera; 3, the inconvenience and risk incurred should spontaneous evacuation take place; 4, the very little danger that attends a simple puncture; and, lastly, the great probability that such puncture will be sufficient to produce a cure—we may, I think, safely conclude that, when hydatid tumours in the abdomen have attained a size large enough to be recognised as such, it is the best practice to puncture them.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY
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LECTURE I. (*Continued.*)

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

2. *Fibroids* are heterologous growths, which may be described as originating from an abnormal or pathological blastema, and they are of two kinds—the fibro-plastic and fibro-nucleated, each variety being a permanent pathological state, resembling one of the transient forms of fibrous tissue.

a. One way in which fibrous tissue grows is—1. A blastema appears; 2. In this are formed a number of nuclei: these become cells with a single nucleolus. The cells elongate when split at the ends, and finally fibres are found. Lastly, the nucleoli disappear. The cells during elongation come to be spindle-shaped. Now the *fibro-plastic tumour* of Lebert is a tumour made up of these bodies, the nuclei being called *fibro-plastic nuclei*, the spindle-shaped cells *fusiform bodies*, and the fibres *fibro-plastic fibres*. In a fibrillary tumour these several bodies exist in vast numbers. The cells are perhaps more rounded than in ordinary fibrous tissue: the fibres sometimes exist in very large numbers, so that the tumour may be said to be almost entirely made up of them. The nuclei, however, never entirely disappear.

b. The *fibro-nucleated* fibroid is a permanent condition of the second mode of growth observed in fibrous tissue. In this tissue the fibres may be formed directly from the blastema without the intermediate agency of cells, *i. e.*, directly from the blastema; so that we have an appearance of cells and fibres quite distinct from one another. There may sometimes be very few fibres, so that the tumour may be said to be made up almost entirely of cells. Commonly, however, the fibres are present. Fibro-nucleated tumours are generally more malignant, and not necessarily encysted or circumscribed.

Intermediate between these two kinds of fibroids we may have very numerous differences, so that it may almost be difficult to say to which a given tumour exists, although the broad characters of a fibroid exist. To some such modification the recurrent fibroid may be referred, which is occasionally found in the uterus, in fibrous polypi, and in pelvian bodies. From the researches of Paget, which have been confirmed by subsequent writers, these tumours resemble the common fibrous tumours which are whitest, most homogeneous, least fasciculated and glistening. Microscopically, the cells are more elongated, caudate, *oat*-shaped, many with long and subdivided terminal ends. Nuclei and grumous and granular matter, such as might arise from disintegrated cells, are also present. The fibres are very few and far between.

3. *Malignant fibroids* are said by Paget to resemble exactly in all particulars the ordinary fibrous tumours of the uterus, with undulating white bands. The whole substance of the tumour has the same characters microscopical and general as these, although repeatedly examined, *i. e.*, nothing but the compact well-formed fibrous tissue with imbedded elongated nuclei. On boiling, gelatine is freely yielded.

The association of cancer and fibrous tumours has been denied. The later pathological records, however, seem o leave no doubt as to their co-existence. Mr. Hilton exhibited to the Pathological Society (*Trans.*, xii, 219) a tumour of a cancerous nature probably, following a recurrent fibroid. M. Bouvier (*Annales de Chirurgie*, iv, 21) gives a case of similar atnure, quoting others from Cruveilhier and Dumas. A similar case is given in the *Bulletin de la Soc. Anat.* (for April 1861, case 7), by M. Gillet, of general cancer in the abdominal organs with fibrous bodies *in utero* undergoing cancerous transformation. In a case to which I shall refer in the sequel, in the same tumour portions were cancerous and portions fibrous. To my mind, there can be no doubt that these two diseases do not uncommonly exist in the same tumour; and if malignant be understood to mean a tumour which may recur, and when cut or injured may leave an ulcerated surface which will not heal, there can be no doubt that this state is not uncommon in fibroids.

I cannot, however, stop here to discuss these points. To give, moreover, a treatise on fibrous tumours is no part of my intention. I can only glance at a few points, which in the sequel may be found useful to illustrate the practical points to which I wish particularly to call your attention. Whether we have to do with a true fibroid or fibroma with superimposed muscular tissue, these new growths in one important respect differ from uterus or muscle. If a fibrous tumour be wounded, so far as I am aware, it *never* heals by the first intention; it is followed by suppuration, generally gangrene. In a few exceptional cases the wounds set up an irritation in the parts which leads to absorption of the tumour. Years ago, Atlee showed that fibrous tumours had *very little* vitality in them, less vitality, indeed, than most adventitious growths. The knowledge of this fact is most important, as I shall hope to show in the sequel. For, while advantage has been taken of it to perform certain kinds of operations upon fibrous tumour, as in enucleation, it has been completely overlooked in the operation of gastrotomy, and has been often, I believe, a cause of death.

The *position* which fibrous tumours occupy in relation to the uterus has led to their subdivision into three classes, each of which has peculiar symptoms of its own. 1. *Extrauterine* or *surface tumours*, *i. e.*, where they are situated just beneath the peritoneum. 2. *Intrauterine* or *cavity tumours*, where they are within the cavity of the uterus. 3. *Intramural* or *parietal tumours*, where they are imbedded in the walls of the organ. If the tumour-points be intermixed with much uterine tissue interposed here and there, some have made this another variety, and called it interstitial. It is only, however, a modification of the parietal. In the first and last varieties the point of connexion may be more or less constricted and lengthened out, constituting a pedicle. In this case the tumours are called *pedunculated;* and, when the tumour is within the cavity of the organ, by common consent the name of *polypus* has been applied to it.

The *size* to which some fibrous tumours will grow is enormous. Commonly they weigh from 3 to 4 lbs., frequently 7 to 8 lbs. Krüll met one which weighed 36 lbs. Gaultier de Claubry one which weighed 39 lbs. Kraumer met a surface pediculated tumour 46 inches in circumference, and which weighed 40 lbs. Dr. Graily Hewitt met with one which weighed 42 lbs. Waller mentions one which weighed 74 lbs. The largest tumours, however, are the pedunculated.

Extrauterine fibrous tumours sometimes have very small and weak pedicles, and these occasionally give way. Then they either continue to float within the cavity of the abdomen, and are there nourished in a very analogous manner to the loose bodies in articulations. Sometimes, however, they become again attached to some portion in the vicinity of the uterus, bony or otherwise, and constitute the "*tumeurs pelviennes*" of Huguier, or the "*tumeurs fibreuses de la fosse iliaque*" of Nélaton, not usually noticed in classical works. A very full account of these is given by Huguier and Nélaton (*Gaz. des Hôpitaux*, 1860, 411, and 1862, 77). The former was the first to call attention to them in 1860. They may be *intrapelvic* or *extrapelvic.* They are generally situated between the fascia transversalis and the peritoneum. Huguier's first case was attached to the sacro-iliac synchondrosis; two others were attached to the left anterior superior spinous process; another to the fourth false rib and left crista ilii. A similar one was seen by Verneuil also attached to the left anterior superior spinous process. The two cases described by Nélaton were in the right iliac fossa, one attached to the crista. These tumours are never found in men, a fact which shows their origin from the uterus; and, curiously enough, they have always been found in women who have borne children. Their size varies from that of a nut to that of an apple; and of this size they have been met in the posterior cul-de-sac by Depaul, so as to interfere with labour. In their structure they exactly resemble the uterine fibrous tumour; another reason, as Barth emphatically asserts, which proves that they originate from the uterus (*Bull. de la Soc. Anat.*, vol. xix, 13). In one case recorded by Gosselin, and in another by Chassaignac, they were recurrent. In Chassaignac's case, where the écraseur was used, followed by the red-hot iron, the tumour recurred in fifteen days. A second operation, followed by the Vienna paste, proved more successful. These tumours are hard, not adherent to the external skin, with a certain degree of mobility, limited only by the pedicle, smooth on their surface. They are often the seat of pain locally, of a lancinating character, like the points of needles. This pain is often aggravated by pressure. The only point of difference in the feeling between these tumours and the so-called displaced ovaries is that, although pain is produced by their pressure, it is not attended with sickness, as in displaced ovary. Their growth is usually very slow, occupying years in development. There is a very interesting case recorded by M. Demarquay (*Bull. de la Soc. Anat.*, xix, 13) of a pelvian fibroid which weighed upwards of eight pounds, surrounded by gross veins and made up of lobes. It was situated in the left iliac fossa, and partly ossified; another character common both to these bodies and to subperitoneal fibrous tumours of the uterus. No pedicle could be found. Barth, however, asserts that these pedicles are sometimes very minute, and may easily escape observation.

[*To be continued.*]

Original Communications.

PATHOLOGY OF BLOOD AND FEVER.*

By William Addison, M.D., F.R.S.

Blood consists of two distinct parts: the corpuscles, and a fluid—the liquor sanguinis. During respiration blood absorbs a small portion of oxygen, and, at the same time, gives off carbon in the form of carbonic acid.

The amount of carbon expired from the lungs may be altered by many circumstances. Hunger and rest diminish, satiety and labour increase it. It is greater during the day than at night, and greater in children than in adults.

That the carbon expired from the lungs is discharged from the corpuscles of blood seems proved, by the change of colour they undergo in the lungs, and because in healthy persons the consumption of oxygen and the amount of carbonic acid expired are in a direct ratio with the number of corpuscles in the blood of the person.

Urine is a fluid withdrawn from the liquor sanguinis. It holds in solution a peculiar matter called urea. And it is to be observed amongst all classes of animals which have red corpuscles in their blood, that urea and uric acid, or one of the two, is a constant constituent of the secretion of the kidneys. But whence is urea derived?

The kidneys of an animal have been extirpated. In such cases, where the animal has survived the operation, a large amount of urea has been found in the liquor sanguinis. It is very clear, then, that urea is not *formed* in the kidneys. On the other hand, the chemical analyses of blood and urine by Andral and Gavarret, by Becquerel and Herberger, would seem to leave no doubt that urea is an excretionary product of the blood-corpuscles. Herberger analysed the urine of a chlorotic girl on three occasions before, and twice after the use of iron. The amounts of urea before the use of iron are represented by the numbers 7.04, 7.00, and 7.12. After the use of iron these numbers rose to 26.8 and 27.3. In connection with these analyses of the urine, small quantities of blood have been taken from chlorotic girls and analysed before and after the exhibition of iron. In one case, previously to the use of iron, the amount of blood-corpuscles in a thousand parts of blood is represented by the number 46.0. After the use of iron for some weeks, this number rose to 64.0. In another example, the number before the use of iron was 49.0, after it, this number rose to 95.0.

The amount of urea in the urine increases, *pari passu*, with an increase in the number of corpuscles in the blood; and the presumption is, that the use of iron as a remedy for chlorosis would not have increased the amount of urea in the urine, had there been no increase in the number of corpuscles in the blood.

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* Abstract of two lectures delivered at Brighton, November 1863.

The corpuscles of blood contain a fluid. And the only explanation which can be given of it is, that they take in fluid from the liquor sanguinis. And if a fluid be absorbed by the corpuscles from the liquor sanguinis, some kind of used material must be discharged from them, otherwise they would gradually increase in size, which we know is not the case. Of what nature, then, is the used material discharged from blood-corpuscles into the liquor sanguinis? Our answer is, from the analyses just mentioned, that it is represented by urea or uric acid. It would appear then, that the vital properties of the corpuscles of blood are sustained, on the one hand, by fresh material (oxygen) derived from the atmosphere, and on the other hand, by fresh material (a fluid) from the liquor sanguinis; and that used material (carbon) is discharged from them into the atmosphere, and used material (urea) into the liquor sanguinis.

This account of the actions of blood-corpuscles corresponds with what has been observed in all other departments of life. Every living body, whether plant or animal, is at all times taking in fresh material from surrounding matter; it is also at all times discharging or throwing off used materials. And used materials accumulating in contact with living elements, are prejudicial to health and vigour. We need not dwell upon examples. But if the statement be true of living bodies, it must be true of the various cells of the body. And we conclude it to be true of the corpuscles of blood, which are cellular bodies.

The first inquiry then is, as to the phenomena which appear in the human body from accumulation of used material in the blood.

Pathology of Retention of Carbon. In acute pneumonia, the interchange between the corpuscles of blood and elements of the atmosphere are hindered sometimes over a large area of the lungs. In such cases the countenance, lips, and skin of the patient are dusky or dark coloured. These appearances announce disturbance of the corpuscles of blood as distinguished from the liquor sanguinis, which is colourless.

The other symptoms of severe pneumonia are fever, wandering of the mind, delirium, and coma; because impeded respiration hinders the discharge of carbon from the blood corpuscles, and the brain suffers as from a narcotic poison. In drowning, the discharge of carbon is totally arrested, and a speedy loss of consciousness ensues. When respiration is restored, carbon is again discharged from the blood-corpuscles, and consciousness returns. Ether and chloroform are hydrocarbons. The inhalation of the vapour of either of them produces insensibility; because the inhalation of vapours already saturated with carbon, stops the discharge of carbon from the blood. These pathological phenomena are proofs of a very close relation between the corpuscles of blood and elements of the brain. Is there anything in the anatomy of the organ which helps to explain it? The brain is very largely supplied with blood; nevertheless it is an extremely soft or diffluent organ. It falls to pieces upon the slightest handling. This condition of the organ would seem to imply a species of actual contact between corpuscles of blood and elements of brain; because the coats of the extreme vessels have no coherency.

Pathology of Urea. When the kidneys are diseased, urea accumulates in the liquor sanguinis. Suppression of urine from any cause leads to accumulation of urea in the liquor sanguinis. In these cases the symptoms are those of brain-disturbance, tremblings, muttering, delirium, and coma. Sir H. Halford has left a record of five examples of suppression of urine, and in all of them the symptoms before death were those of poisoning of the brain and nervous system from accumulation of urea in the blood. Thus we show that the used materials of the corpuscles of blood are poisonous to the brain and nervous system, if not eliminated and discharged away from the body. That is to say, the corpuscles of blood in the exercise of their natural functions give origin to poisons, which are eliminated by the lungs and kidneys.

Liquor Sanguinis. In man, and in all the higher animals, under the most opposite kinds of food, the corpuscles of blood, although somewhat different in form, are of the same red colour, and are similar, if not identical, in chemical composition. The liquor sanguinis, on the other hand, is variable in its composition.

It is well known that numbers of people enjoy health and pursue their daily avocations upon very different systems of diet. Moreover, the diet of both rich and poor varies with the seasons of the year in respect of fruit and vegetables. That elements of diet mingle with the blood is proved, because numerous substances taken as food or drink have been detected in blood. When iron has been taken as a remedy for chlorosis, it has been discovered in the urine by its appropriate tests. If a few drops of spirit of turpentine be taken into the stomach, a very short time elapses before the odour of it may be perceived in the urine; and urine is a fluid withdrawn from the liquor sanguinis. But the corpuscles of blood have an uniform composition, that is to say, a composition which does not vary with everything in the liquor sanguinis. It must, therefore, be the fluid of blood which conveys things of diet from the stomach and alimentary canal to the kidneys.

All secreting organs derive elements of secretion from the blood. The milk of a nurse will acquire purgative qualities from her having taken aperient medicine. Mercury and sulphur taken into the stomach have been found in the cutaneous secretions. Other medicines taken into the stomach have been discovered in the blood, and after death in organs of secretion and in the brain. In these examples—if the corpuscles of blood have an uniform composition—the liquor sanguinis must have been the medium of transmission.

But a substance in solution in the liquor sanguinis must be distributed generally throughout the whole body. How is it, then, that symptoms of poisoning are local? When a person takes small quantities of mercury repeatedly, symptoms of poisoning appear in the salivary glands. Narcotic poisons taken into the stomach produce disturbance in the functions of the brain exclusively. Moreover, the brain is unaffected when the salivary glands are suffering severely from mercury; on the other hand, the salivary glands are unaffected by a narcotic poison.

Physiologists explain these phenomena by reference to the specific properties of different kinds of cells. All cells, they say, manifest a property of absorption. But they do not admit indiscriminately every sort of surrounding matter; on the contrary, they exhibit peculiar affinities. And it is in virtue of these affinities in cell-elements that secreting organs manifest special relations towards particular poisons.

That this is a true interpretation seems proved, not only by the limited effects of poisons, but because all the organs of the body are indifferent to many substances in the liquor sanguinis which, *à priori*, we should have expected would seriously disturb or poison some of them. For example: ferrocyanide of potassium may be taken into the stomach to a considerable amount, and be very soon detected in the urine. To reach the urine, it must have been in solution in the liquor sanguinis. If in solution in the liquor sanguinis, it must have circulated through all the organs of the body. Nevertheless, no signs of distress or disturbance appear in any organ from its presence in the blood. Ferrocyanide of potassium is not a necessary of life. Nor can it be said to be a poison. We say it is a thing indifferent.

It may be affirmed, then, respecting soluble matters in the liquor sanguinis, that—1. Some are necessary to life; 2. Some are indifferent; And, 3. some are medicines or poisons.

1. Those things are necessaries which preserve the mean physiological constitution of the liquor sanguinis in respect of water, fibrine, albumen, fatty compounds, and salts. They are comprehended under the terms diet, food, and drink.

2. Those things may be said to be indifferent which are not necessaries, but which, being present in the liquor sanguinis, pass away through some depurating organ without any sensible effect upon the health or feelings of the person; as ferrocyanide of potassium, and other things.

3. Those things are medicines or poisons which sensibly vary or disturb the functions of some local organ; as opium, mercury, etc.

Hence, then, the category or class in which a substance in solution in the liquor sanguinis is placed, is determined by its properties in relation to some tribe or group of cells. The mere fact of a thing being in the liquor sanguinis amounts to nothing, if it do not affect any of the cell-elements of the body.

Now the corpuscles of blood constitute a tribe or group of cellular bodies. We have, therefore, strong ground for arguing that they have those properties which are common to all cells, namely, special affinities.

In explanation of phenomena in inorganic bodies, the chemical philosopher is constrained to admit a doctrine of elective affinities. And the physiologist, in explanation of the various products of the living body, feels in like manner constrained to admit a similar doctrine with respect to the actions of cells. But a doctrine of special affinity, whether applied to the molecules of ordinary matter, or to the cell-elements of living bodies, necessarily implies a coordinate indifference or resistance. That is to say, if cells have special affinities towards some things, we must admit indifference or resistance towards other things. For example, if a plant resist the vicissitudes of heat and cold, no difficulty is felt in referring the power of resistance to the plant. But the resisting power is different in different parts of the individual. The blossom droops before the leaves, the leaves before the stem. This can be referred only to different susceptibilities in different sorts of cells; and a difference of susceptibility is a difference of resistance.

Applying this doctrine of resistance to the relations subsisting between the corpuscles of blood and the liquor sanguinis, the argument is, that poisons calculated to disorder some local organ may be in solution in the liquor sanguinis without disturbing the corpuscles of blood.

It is very usual to say that narcotic poisons are specific to the brain; mercury specific to the salivary glands; other poisons specific to other organs; and our object is to show that there are poisons specific to the corpuscles of blood.

In all the severe or malignant forms of fever, blood is of a darker colour than natural. Huxham, Fordyce, Perry, Armstrong, Rokitansky, Simon, and most other writers on fever, speak of the dark hue of the blood in the malignant forms of the disorder. And with the deepening hue of the blood, cerebral disturbances deepen also. That the dark hue of the blood in fever is evidence of some change or incapacity in the corpuscles seems proved, because exposure to air has no effect in brightening it.

[*To be continued.*]

DIFFICULT LABOUR FROM DEFORMED PELVIS, REQUIRING CRANIOTOMY: UTILITY OF DR. EARLE'S PELVIMETER.

By A. Meadows, M.D., M.R.C.P., Physician-Accoucheur to the General Lying-in Hospital, and to the St. George's and St. James's Dispensary.

In the third volume of the *Transactions of the Obstetrical Society of London* (page 145) will be found a drawing and description of a pelvimeter invented by Dr. Earle of Birmingham, of which I ventured to express a very favourable opinion in presenting it to the notice of the Fellows of that Society. At that time I had not had an opportunity of testing its value, but such an occasion has since occurred to me, and the results were so completely satisfactory that I am anxious the profession should know of the existence of this very useful little instrument. The details of the case in question are as follows.

On December 23rd, 1862, I was sent for to Mrs. J., aged 31, who, I was informed, had been twenty-eight hours in labour with her first child, little or no progress having been made towards delivery for the last four hours, although the os was reported to be fully dilated. The patient was also beginning to show symptoms of exhaustion. On examination, I found evidence, in the bowed extremities, of rickets in early life; and this prepared me for corresponding deformity of the pelvis, in which I was not disappointed. The promontory of the sacrum was projected forwards, and was approximated by the symphysis pubis. Examination by the finger alone gave me the impression that the conjugate diameter did not exceed $2\frac{1}{2}$, or at most $2\frac{3}{4}$ inches. Having Dr. Earle's pelvimeter* with me, I applied it, and found that it registered a conjugate diameter of $2\frac{5}{8}$ inches; and I may here add, that its employment gave not the slightest difficulty, indeed it was easier to reach the sacral promontory with it than with the finger. In addition to this complication, though the head presented and was resting upon the brim unable to enter the cavity, about six inches of the cord were hanging in the vagina, the pulsation in it being exceedingly feeble. As the patient's condition was such as required speedy delivery, I at once performed craniotomy, and in about quarter of an hour delivery was accomplished.

The patient went on well till the third day, when acute mania set in, and she died seven days after delivery.

A *post mortem* examination was made next day, and there was found commencing inflammation of the peritoneum. The liver and kidneys were large, pale, and fatty; the spleen, stomach, and intestines were healthy. Firm old adhesions of the pericardium existed, together with fatty degeneration of the muscular fibre of the heart, and warty growths on the mitral valve; there was also thickening of the bases of the semilunar valves. The pelvis, after removal of the soft parts, measured at the brim $2\frac{3}{4}$ inches in the antero-posterior diameter, $4\frac{7}{8}$ in the transverse, and $4\frac{5}{8}$ in the oblique.

Thus, it will be seen, that the pelvimeter gave indications which were perfectly trustworthy; and though pretty nearly the same results were anticipated from digital examination alone, it was nevertheless highly satisfactory to have this opinion confirmed as it were by another authority. I can quite imagine circumstances where the employment of this instrument would not only be easier, but the information derived from it more certain, than where the finger alone is used; and, in the country more especially, where a consultation with a brother practitioner is not always obtainable, a guide of such proved integrity may, I think, be found of no small comfort in cases of similar difficulty.

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* This instrument is made by Matthews, Portugal Street.

Cavendish Place, Cavendish Square, February 1864.

Reviews and Notices.

THE SECOND STEP IN CHEMISTRY; or, the Student's Guide to the Higher Branches of the Science. By ROBERT GALLOWAY, F.C.S. With Illustrations on Wood. Pp. 771. London: 1864.

THIS book is intended for the use of the student of chemistry, after he has become sufficiently acquainted with the elementary matters treated of by Mr. GALLOWAY in his *First Step in Chemistry*. In it are placed before the learner the chief theories and discoveries, having a general bearing on chemistry, that have of late been attracting attention in the chemical world. An idea of the nature of the work may be gathered from an outline of its contents.

In the first chapter, the author treats of the Properties of Matter; and explains and illustrates the specific gravities of gases and vapours, the expansion and compressibility of matter, liquefaction, vaporisation, etc. The second chapter is on the Law of Volumes. Here we find instruction as to combination by volume, the densities of vapours and gases, etc. The third chapter has for its title Molecular Atoms; and in it the author gives the former and present views as to the constitution of elementary bodies. In the fourth chapter, the subjects of the Numerical Relations of Equivalent Numbers, and the Binary Theory of Salts, are fully treated of. The fifth chapter contains a description of the interesting phenomena known among chemists as Polymorphism, Pseudomorphism, and Isomorphism. In the sixth chapter, the author speaks of the Atomic Weights of the Elements; the Constitution of Chemical Bodies; and the Meaning of Chemical Formulæ. This chapter will be a very interesting one to the student of modern chemical philosophy, as in it he will find an outline of the views of Gerhardt, with arguments for and against doubling the atomic weight of oxygen, as proposed by that learned chemist; the different views held as to the constitution of compounds, including expositions of the "unitary system" of Gerhardt, the various theories as to the constitution of alcohols and ethers and of ammonia, the meaning of formulæ, molecular types, and equivalent values of radicals; and at the end of the chapter is given a classification of bodies in accordance with Gerhardt's views. The following four chapters contain the application of Gerhardt's system of notation, the simplest, or Hydrogen Type, being treated of in the seventh chapter; the Water Type in the eighth; the Hydrochloric Acid Type in the ninth; and the Ammonia Type in the tenth. In the eleventh chapter, Mr. Galloway has placed before the student a very full account of the views of Wurtz, Lyon Playfair, Frankland, and Kolbe, on the Constitution of Bodies. The twelfth chapter has for its subject the Atomic Volumes of Solids and Liquids. The subjects of the thirteenth chapter are: Boiling Points; Fractional Distillation; Specific Heat; Atomic Heat; Heat of Combination; and Calorific Intensity. Those of the fourteenth, are the Diffusion of Liquids; Dialysis; and Osmose. And the fifteenth chapter contains an account of Chemical Analysis by Spectrum Observations. At the end of the work are two Appendices, one on Weights and Measures and other useful matter; the other containing a copious selection of Questions in Chemistry from the examination-papers of various boards, with references to the parts of Mr. Galloway's works in which their answers may be found.

Without attempting to give any further analysis of this work or of any of its chapters, we will only say that the chemical student will find in it as complete an account as he can possibly require of all the subjects of which a list has been given above. The book is, it will of course be understood, not intended as a complete guide in the operations of the laboratory; this duty is left to be performed by such works as those of Fresenius, or Mr. Galloway's own *Manual of Qualitative Analysis;* but, while the author has necessarily introduced a certain amount of instruction as to the preparation or analysis of various compounds, his main purpose is to place before the more advanced student the abstract principles of modern chemical science. In carrying out this object, Mr. Galloway has been careful to place the views of chemical observers fairly before the reader.

"Instead of making the students accept the facts and principles on the *ipse dixit* of the book, the different views which are entertained by different chemists on the same subject are collated, and the several arguments by which these views are maintained are given, so as to teach him to form his own opinion on the disputed points, rather than adopt the opinions of others. This method of teaching will best fit the student for reading original memoirs on the science, whilst, at the same time, from its exercising his reasoning faculties, it will form the very best discipline for the mind. I have, therefore, drawn largely upon original memoirs; and on such important subjects as molecular atoms, the doubling of the atomic weights of oxygen, sulphur, etc., I have not hesitated to give the memoirs of Sir B. Brodie, Dr. Wolcott Gibbs, and Dr. Odling, almost *in extenso.*"

To increase the utility of this work to the teacher and to the student, Mr. Galloway has, as in his *First Step*, introduced a large number of *exercises;* which, he believes (and in our opinion rightly) will facilitate the understanding of the subjects. Thus—the data for working out the solution of the problem being in each case previously given—we find such questions as the following:

"A gas measures 20 cubic inches at 50 F. What would it measure at 90 F.?

"A gas measures 15 cubic inches at 90 F. What would it measure at 60 F.?" (P. 8.)

"In what proportion of volume must hydrogen and sulphur combine, to form sulphide of hydrogen?" (P. 47.)

"Deduce from the following per centage numbers the formulæ of the different substances, and employ the system of notation just explained:—A specimen of the mineral monradite was found to contain in 100 parts, $Si O^3$ 56.17, of $Mg O$ 31.63, of $Fe O$ 8.56, HO 4.04." (P. 156.)

"Calculate the calorific intensity of ether (C^4H^5O) in oxygen gas and in atmospheric air." (P. 624.)

"A caking coal from Northumberland was found to have the following per centage composition:—Carbon 80.54; hydrogen 4.76; oxygen 14.70. Determine its calorific intensity from these numbers." (P. 625.)

Each of these questions is only one out of a series of several of the same kind; nor have we given examples of all the kinds of problems that are offered to test the student's power of solving them.

To those of our readers who have the inclination and the opportunity to become acquainted with the principal views of modern chemical philosophy, Mr. Galloway's *Second Step in Chemistry*, containing as it does a full and impartial exposition of the various doctrines and discoveries, will be a most valuable guide.

DR. GARROD'S LECTURES
ON THE
BRITISH PHARMACOPŒIA,

Delivered at the Royal College of Physicians.

The fourth lecture was delivered on Friday, Feb. 5.

Three new *Resins*, obtained from drugs, are now introduced; viz., the *Resin of Jalap* (*Jalapæ Resina*); the *Resin of Scammony* (*Scammoniæ Resina*); and the *Resin of Podophyllum* (*Podophylli Resina*). These substances are commonly known by the names of jalapine, scammonine, and podophylline.

Resin of Jalap, or jalapine, is the active principle of jalap-root; its dose is about one-twelfth or one-fifteenth of that of powdered jalap.

Scammony Resin is the chief constituent of scammony; which sometimes contains 80 per cent. or more; but the quantity is very variable. About two tons of scammony are sent each year to Europe; and it appears to be the business of two thousand men in Turkey to adulterate it. The scammony resin is now ordered to be prepared from the root itself; and it presents a marked difference from the ordinary scammony, which has a musty odour, probably from chemical changes, while the root is fragrant, and the resin has a similar odour. From clinical observations made by Drs. Garrod and Farre, scammony resin is quite equal in its effects to the best scammony, either alone or with other purgatives. The dose is much the same as that of pure virgin scammony, which indeed contains, in good specimens, as much as 80 or 90 per cent. of resin.

Resin of Podophyllum is obtained from the root of *Podophyllum Peltatum*, a plant of the natural order *Ranunculaceæ*. The dried root is imported from North America "in pieces of variable length, about two lines thick, mostly wrinkled longitudinally, dark reddish-brown externally, whitish within, breaking with a short fracture." The resin is "a pale greenish-brown amorphous powder, soluble in rectified spirit and in ammonia; precipitated from the former solution by water, from the latter by acids." Podophylline has been extensively employed in this country; and Dr. Garrod has arrived at the following conclusions regarding it. It is a powerful purgative. It produces large biliary evacuations from the intestines; probably rather through emptying the gall-bladder than through increasing the secretion of bile. In large doses, it has a griping and depressing effect. It is best given in combination with other purgatives; of which it increases the action. The griping produced by it may be prevented by combining with it belladonna or henbane. It is a valuable substitute for mercury. The dose of podophylline is from a quarter of a grain to half a grain or a grain.

Preparations of Mercury. Beyond the change of nomenclature referred to in the second lecture, no extensive alteration has been made. The *Red Sulphuret* of the former Pharmacopœia has been omitted. *Red Iodide of Mercury* (*Hydrargyri Iodidum Rubrum*) has been re-introduced; it is a simple iodide (H I). An ointment composed of sixteen grains of the iodide to the ounce, is ordered. The dose for internal use is from one-twelfth to one-fourth of a grain—somewhat greater than that of corrosive sublimate.

Iodine has a powerful influence in modifying the action of mercury. Many years ago, the occurrence of symptoms of mercurialisation after the use of iodide of potassium was noticed by Dr. Garrod and other practitioners, and was also referred to in works on materia medica. From further investigations, it has been shown that, where mercury is taken for any length of time, it is partially deposited in an insoluble form in the tissues; sometimes in combination with albumen, sometimes in the metallic state. Melsens has shown that iodide of potassium sets the metal free and renders it soluble, so that it is again introduced into the blood and excites mercurial salivation. Dr. Garrod referred here to some illustrative instances. A young man came under his care with a sore-throat and skin-eruption, the result of syphilis. Iodide of potassium was first given in doses of from five to ten grains three times a-day; no remarkable symptoms nor change in the patient's condition were produced. This medicine was then omitted, and calomel was given in grain doses; salivation was rapidly produced, and the patient's symptoms were improved. The calomel was then discontinued; and, when the symptoms of mercurialisation had entirely disappeared, the iodide of potassium was resumed, in ten-grain doses. In forty-eight hours, however, intense salivation returned; and it was not till after some time that the patient was able to take the full dose of the iodide with impunity. The effects of the simultaneous administration of iodine and mercury form an interesting subject for future investigation.

Acid Solution of Nitrate of Mercury (*Liquor Hydrargyri Nitratis Acidus*) has been introduced. As a caustic, it has been employed in the treatment of carcinoma; but care is required in its use, as it has been known to produce symptoms of mercurialisation.

In *Alcohols, Ethers*, and the allied compounds, some important alterations have been made. *Rectified Spirit, Proof Spirit, Sherry Wine*, and *Chloroform*, remain practically the same as before. *Spiritus Vini Gallici* has been omitted. *Ether* is directed to be of a lower specific gravity than formerly.

Ethereal Oil (*Oleum Æthereum*) is omitted for the following reasons: there is no clinical evidence of its antispasmodic properties; it is a very expensive remedy; and it is extensively adulterated.

Spirit of Chloroform (*Spiritus Chloroformi*) is ordered as a substitute for the pharmaceutical compound commonly known as chloric ether—which has been a very erroneous name, as the so-called substance bears no relation to the true chloric ether or chloride of ethyl. The pharmaceutical chloric ether has hitherto varied much in strength; containing sometimes 1 part of chloroform in 6 of rectified spirit, sometimes only 1 part in 19 or 20. In the British Pharmacopœia, it is directed to be made by adding one part of chloroform to nineteen of spirit. When it is thus made, the chloroform is not precipitated by the addition of water, even when this contains much saline matter.

Spirit of Nitrous Ether (*Spiritus Ætheris Nitrosi*) should be a solution of nitrous ether in spirit. Made, however, according to the process directed in the London Pharmacopœia, it was very uncertain; and, as found in the shops, often contained less than one per cent. of nitrous ether. In the British Pharmacopœia, it is directed to be made by distilling a mixture of sulphuric acid, nitrite of soda, and rectified spirit. Thus prepared, it is likely to be of more uniform strength; and there will be an opportunity of ascertaining its real value as a medicinal agent.

Rectified Pyroxylic Spirit (*Spiritus Pyroxylicus Rectificatus*) has been introduced; it is defined as a "hydrated oxide of methyle, C^2H^3O, HO, with about ten per cent. of water, a product of the destructive distillation of wood." As it is a methyl compound, it is necessary to be careful not to confound it with methylated spirit, which is ordinary spirit spoiled by the addition of methylic alcohol so as to render it unfit for drinking purposes. It is to be regretted that some druggists have used this methylated spirit for the purpose of making tinctures.

Has pyroxylic spirit (purified methylic alcohol) any real properties? It has been used as a sedative in vomiting, gastric disturbance, and cough. Dr. Garrod has had but slight experience in its use; but he thought that, when good effects have followed its use, these have resulted rather from the impurities contained in it—hydrocarbons allied to creasote. He doubted whether an absolutely pure methylic alcohol will procure relief; and considered its introduction an injudicious step, on account of the use made of the impure methyle-alcohol for the purposes of adulteration.

Anthelmintics. Four new anthelmintic remedies find a place in the British Pharmacopœia; viz., Male-fern; Kousso; Kamela; and Santonine.

Fern Root. This is the dried rhizome of the *Aspidium Filix mas.* It has been sometimes given in the form of powder; now, however, a *Liquid Extract* (*Extractum Filicis Liquidum*) is ordered; it consists of an ethereal solution of an oily matter contained in the fern-root. The value of fern-root as a remedy in tapeworm is well known; it apparently produces the death and expulsion of the parasite. The dose of the fluid extract is from half a drachm to a drachm.

Kamela is much less known as an anthelmintic than fern. It is a coarse orange-red powder, consisting of the substance adhering to the capsules of *Rottleria tinctoria.* It is mostly soluble in ether, but is insoluble in water; it is soluble in alcohol. Kamela is much employed in India, and to some extent in this country, as a remedy for tapeworm. Dr. Garrod had given it in some instances. In one case, a gentleman had suffered during several years from symptoms of tænia. Two drachms of kamela were given; and sixteen feet of the worm were expelled—the head, however, could not be found. There has been no return of the symptoms, during an interval of two years and a half. In other cases also, large quantities of tapeworm have been expelled; in some, however, a return has taken place. The dose is one, two, or three drachms, given in gruel or syrup. It is a powerful purgative, and, therefore, does not often require to be followed by other medicines having a similar action.

Kousso (*Cusso*) consists of the flowers of *Brayera Anthelmintica,* a plant of the natural order *Rosaceæ.* An infusion is ordered to be made by mixing a quarter of an ounce of coarsely powdered kousso in four fluid-ounces of water. It is a powerful remedy in tapeworm, but numerous comparative trials are required before its real merit can be established. For an adult, the dose is from a quarter to half an ounce. As the kousso itself is directed to be taken with the infusion, without straining, the bulk of the dose renders it somewhat difficult to swallow.

Santonine (*Santoninum*) is a crystallised neutral principle obtained from santonica, the unexpanded heads of some undetermined species of *Artemisia.* On the continent, it is commonly called *semen contra*—the seed against worms. Santonine is insoluble in water, but is soluble in alkaline solutions.

Santonica has been occasionally given in doses of from half a drachm to one or two drachms; its bulk is the principal objection to its use, but this is overcome by the employment of santonine, of which from two to six grains are sufficient. There appears to be good clinical evidence of its efficacy as an anthelmintic; it is said also to have antiperiodic properties.

Cherry-Laurel Water (*Aqua Lauro-Cerasi*). This is made from the leaves of the cherry-laurel or *Laurocerasus.* It would not have been introduced into the British Pharmacopœia, if it had not been previously in those of Edinburgh and Dublin, and had been in use in Scotland and Ireland. The cherry-laurel water contains hydrocyanic acid, the product of the decomposition by certain ferments of the amygdaline contained in the leaves. It is considered to be an elegant mode of using hydrocyanic acid. But it is very liable to vary in composition; and it is not required, as dilute hydrocyanic acid is already a pharmacopœial preparation. The dose is from half a drachm to a drachm.

Diluted Hydrocyanic Acid (*Acidum Hydrocyanicum Dilutum*) remains the same as in the London Pharmacopœia. Dr. Garrod advised practitioners in future not to prescribe Scheele's acid. It has been said, that this is superior to the Pharmacopœial acid. Chemists, however, are in the practice of making a strong hydrocyanic acid, which they dilute to 4 per cent. and call it Scheele's acid; while other portions of the same, diluted to 2 per cent., are sold as Pharmacopœial acid.

Bromide of Potassium was contained in the London Pharmacopœia of 1836, but omitted in that of 1851. It is now re-admitted. The formula of the salt is $K\,Br.$; and in its chemical relations it is closely allied to the chloride and iodide of potassium. It is very soluble in water. When first introduced, bromide of potassium was considered to resemble the iodide in its physiological properties; but little was known regarding it. About nine years since, Dr. Garrod gave it with apparently good effect in some cases of syphilitic psoriasis, etc.; he also found that, when pure, it did not give rise to symptoms of iodism. When it did so, this arose from the presence of iodide of potassium in the salt. The results at which he arrived from observation of its effects were the following. It does not produce coryza. Some persons, after taking it, experience a peculiar dryness of the throat. It produces in all drowsiness, and headache when given in large doses. The administration of large quantities is followed by slight paraplegia. The action of the drug is alterative; there is no marked action on the perspiration or urine. It has been recommended by Sir Charles Locock in cases of epilepsy, hysteria, and uterine disturbance; and has been found to lower the functional excitement of the generative organs. Hence it has been found useful in cases accompanied by irritation or overexcitement of these organs. It has also been found useful in deadening the sensibility of the larynx, as a preliminary to the use of the laryngoscope. Dr. Gibb has also recently recommended for this purpose the bromide of ammonium; which he says he has employed with good effect.

Preparations of Arsenic. The *Solution of Chloride of Arsenic* (*Liquor Arsenici Chloridi*) of the London Pharmacopœia has been omitted; because it contains no chloride, but simply arsenious acid; and because, although effective in skin and nervous diseases, it has not proved superior to Fowler's solution. Dr. Garrod has found that, when doses containing an equivalent quantity of arsenic are given, the intolerance of the two solutions is the same.

The British Pharmacopœia contains Fowler's solution, under the name of *Arsenical Solution* (*Liquor Arsenicalis*); and two new salts of arsenic—*Arseniate of Soda* and *Arseniate of Iron.*

Arseniate of Soda has long been used as a medicine on the continent; and is, according to Dr. Garrod's observations, a valuable substitute for Fowler's solution. He referred to some cases in which he had made a comparative trial of the two remedies. In one patient, a woman, aged 50, arsenious acid produced gastric irritation, and was omitted; but arseniate of soda was tolerated, even when the dose contained a larger quantity of the mineral than had been given in the former medicine. The same result was obtained in other cases. The British Pharmacopœia orders a solution of arseniate of soda, of which each ounce contains four grains of the salt.

Arseniate of Iron ($3\,Fe\,O, As\,O^5$) has been given in doses of one-twentieth of a grain and upwards in carcinomatous affections.

British Medical Journal.

SATURDAY, FEBRUARY 20TH, 1864.

EXPERTS AND CRIMINAL LUNATICS.

Every member of our profession must note, on all occasions when matters medical are debated in the House of Commons, how unfortunate it is that there is no member of the profession there capable of giving authoritative information and explanation on the points in question.

The debates on Townley's case, in so far as they touch the medical side of the question, are full of inconsistencies, and exhibit, above all things, a want of real knowledge of things and men appertaining to our calling. Whenever a word unfavourable to medical evidence in lunacy cases is uttered by any member, it is received with the usual marks of parliamentary approbation. Most of the speakers, indeed, on the occasion referred to, took occasion to point out the unworthiness, or rather the untrustworthy character, of medical evidence; the result of all this being, in fact, a marked condemnation of the whole profession as witnesses in cases of lunacy.

If a member of our profession, who knew the profession, had been present, he would have at once pointed out the absurd error into which the Imperial Parliament had fallen, and would have shown the false conclusions on which the error was based. The members of the House referred to fell into the very common and vulgar mistake of arguing generals from a consideration of particulars. Because members of the medical profession occasionally cut a very poor figure in the witness-box, and talk a good deal of erudite nonsense, therefore, it is argued, no member of the profession is capable of giving sensible evidence. And, again, because certain professional men, with wide reputations as lunacy doctors, enter the witness-box, well paid advocates, to save a criminal's life, therefore, argues the House of Commons, all lunacy doctors' medical evidence is to be regarded as *per se* unacceptable or suspicious. The fallacy involved in all this is really very transparent to men of medicine. The House of Commons argues that, because certain lunacy doctors give advocate-evidence, therefore all lunacy doctors will give advocate-evidence. Instead of regarding such evidence as merely the evidence of a partial advocate, they give to it all the value, and argue of it as, of the evidence of a solemn judicial expert whose sole and only object is to tell a plain and uncoloured tale.

But the most surprising part of the case is this, that any member of the House could fall into such an illogical position, with positive facts to the contrary staring him in the face. Thus, for example, we have Mr. Hardy illustrating his assertions by examples which prove, or tend to prove, their total incorrectness. By no means, he says (amidst cries of "Hear, hear"), let your commission be composed wholly of doctors. You want, he says, lay people to decide when doctors differ! Or, in other words, when, on a matter of scientific investigation, men of science, skilled in a study of that matter, are unable to come to an agreement, then send for a number of men, who know nothing about the matter, to decide the differences of the men who do! Such is Mr. Hardy's logic. But how does he illustrate his position? In the very next breath, he tells us that

> "The Commissioners of Lunacy" (composed of his laymen and of doctors) "drew a distinction most dangerous to society; for they thought the man was of an unsound mind, but that he was in such a state that he ought to be responsible for his actions. [*Hear, hear.*] Finally, they had a commission issued, composed of most eminent men, who seemed to have conducted their inquiry with a good sense which contrasted strongly with the previous mode of inquiry, and they came to the conclusion that he was not insane when they examined him. [*Hear, hear.*]"

So that the opinion of the mixed commission, formed of his laymen and doctors, was "most dangerous"; whilst the opinion of the four "eminent men" who were all skilled lunacy doctors, not skilled advocate-doctors, was "full of good sense," etc. And this is the way in which Mr. Hardy illustrated and supported his opinion that the commission should not be a purely medical one! For the first time, in this case the Government appoint four medical men, skilled in a knowledge of lunacy, solemnly and impartially to investigate the condition of mind of George Townley, and for the first time they get a common sense, clear, and definite opinion of his mental condition; and thereupon Mr. Hardy argues that medical men are not fit persons of themselves to decide in such a case of difficulty! He supplies an illustration which manifestly upsets his own conclusion.

Sir George Bowyer took a very sensible view of the case; but he also fell into the mistake of supposing that there is or could be, in fact, a distinction between the medical (if we may use the term) and the legal definition of insanity. The whole mistake lies in the supposition that medical experts, solemnly instructed by the Crown to investigate the state of mind of a criminal, would act the part now acted by medical advocates. If the Crown had already had experience that such medical experts appointed by it were incapable of taking any other than what is called this medical view of the case—this narrow and purely professional view—an obscured diseases of the mind or brain sort of view—then would the Crown have reason to reject the evidence of such experts as a safe guide to justice. But nothing of the sort has the Crown before it. The Crown has never yet employed medical experts in such cases, excepting on this one occasion, where it admits that the experts have given a most excellent opinion.

When Professor Taylor's opinion is disputed on a matter of medical jurisprudence, does the Crown send a layman to decide the difference? Surely not. And why then in this case? . The investigation of the lunatic state of man's mind is a purely scientific investigation. The study is one in which a man perfects himself only by research and long experience; and, therefore, it is evident, that he who has had the greatest experience in dealing with lunatics must, by the fact, be most capable of investigating the mental condition of supposed criminal lunatics. There neither is, nor can be, any solid distinction in what is called the *dictum* of insanity. There can be no difference between the legal and the medical *dictum*. The Crown wants to know, what the state of mind of the man is; and it is simply the business of the expert to state the degree of soundness or unsoundness of his mind. And how, we should like to ask Sir G. Bowyer, is it possible, that any layman or legal man can alter, or neutralise, or in any way modify, the opinions given by Crown medical experts in such a case? The expert, whose evidence in such case is without suspicion, defines the state of the man's mind, and instructs the Crown as to its condition of soundness or unsoundness.

Clearly, there are all degrees of mental soundness to be found in specimens of humanity. In a certain sense, no man's mind is perfectly sound; and it is the business of the expert to define the degree of unsoundness of mind in the particular case. What justice wants to know is this, Did the man know right from wrong when he committed the act? Well, we put it to any man of common sense: Who is more fitted to give an answer to that question than the expert, who has been all his life engaged in dealing with lunatics; of studying their acts and motives of action, and their ideas of responsibility? How, then, can the medical be opposed to the legal *dictum?* The legal conclusion must infallibly be founded on the medical evidence, and, therefore, cannot in right differ from it. It is a logical conclusion. The whole pith and virtue of the medical evidence is the very point in dispute; viz., whether the man knows right from wrong. If the expert give not this evidence, he gives none at all.

The reason of the thing plainly and unhesitatingly dictates the conclusion, that the Crown should be helped in this case by its skilled experts, just as it is helped in certain cases of poisoning by its chemical and other skilled experts. But the public and the House of Commons have a prejudice, founded on error, against lunacy experts; and, therefore, they hesitate to act according to the plain reason of the thing.

Let the House, however, reflect, that its prejudice is founded on an unjust surmise; viz., that because medical advocates—the paid agents of the prisoner—have given partial evidence—evidence such as an advocate would give—hair-splitting and highly sublimated evidence fitted for the purpose of throwing dust in the eyes of the jury—therefore, all medical experts' evidence must be of a similar character. Let the House also remember that, when the Crown sends four medical experts, skilled in lunacy, unbiassed and untrammelled, to do absolute justice, as in the case of Townley, it obtains a report which almost all the world confesses is just and righteous and most reasonable.

Let us, in conclusion, ask of those who would have a Commission composed of laymen and of doctors, to tell us what is meant by laymen in the sense as opposed to medical men. We suppose they must mean men of law, who know all about what is called the legal *dictum* of insanity, and nothing about the actual thing itself as demonstrated in the body of man. The doctors, it is thought, must necessarily be ignorant of and misguided as to the law of insanity, and the laymen are admitted to be ignorant of the facts of the case; but by a judicious combination of the two knowledges, and a neutralisation of each other's ignorances, the truth, it is supposed, will be elicited. What are we to say of such imperial wisdom as this? Is it not clear as the day, that it is the business of the doctor—of the medical expert—and of the doctor only—to define the mental capacity of the man; and that the business of law and justice is solely to decide whether that degree of capacity, as defined by the medical expert, is or is not consistent with responsibility?

What earthly business can the layman—the man of law—have on such a commission as this; the laymen being, according to the terms of the proposal, men who are not expert in a knowledge of insanity itself? The medical experts examine the criminal, and they say, the man knew right from wrong when he committed the act; or they say he was not of sufficient capacity to know right from wrong when he committed the act. This is manifestly the duty of the medical experts. This is the simple question which they have to answer. Of course it is not one on which the laymen—ignorant of the ways of lunatics—can give any opinion whatever. Of what use then, we ask, are these laymen on such a commission? Surely, the expert's evidence is evidence to go to the jury; and it is the jury's business, and not the laymen-commissioners' business, to estimate and weigh the opinions of the medical commissioners' evidence. The criminal is or is not of sufficient capacity; and the medical experts have to decide whether he is or not. How can the legal laymen, with all their legal knowledge of the law of insanity, deal with this yea or nay of the medical experts? We might as well ask them to decide whether white was white or black black. In this case, therefore, it is the medical expert's evidence alone which is of value in a commission of the nature supposed.

Had a medical man of sufficient knowledge been in the House of Commons to advise our imperial rulers, we feel satisfied that he would have suggested these patent facts to the unconscious House; and would have thereby demonstrated to our rulers, that the way to deal with supposed criminal lunatics is plain and most simple; viz., that in all cases of supposed insanity the Crown should appoint medical men of admitted experience—men of the stamp who decided Townley's fate at Bethlehem—to examine the criminal, if possible previously to trial, or at all events during the trial. Let the Crown treat the question of insanity, in a word, as it would treat any other question of science, in which evidence is useless, unless it be the evidence of men of scientific knowledge and of large experience in the matter under investigation. It will be time enough for the Crown to say that such a simple plan cannot answer, when it has tried it and seen the failure of it. Justice to the public and justice to the criminal demand that the judge and jury sitting in judgment should be thus enlightened by the impartial—the judicial—evidence of an expert or experts solemnly appointed by the Crown to aid it in the dire difficulty of possible insanity. Mixed commissions are mixed absurdities. To deal with subjects of scientific consideration, men of science alone are capable.

MEDICAL PHILANTHROPISTS.

[*Communicated.*]

The readers of the Journal (*vide* August 1st, 1863) are aware that an Association of medical officers has lately been formed in Calcutta, and that it has been proposed to make this Bengal Medical Association a Branch of the British Medical Association. We have been favoured with the introductory address delivered at the opening meeting by the President, Dr. Chevers; and this contains much excellent matter. We extract some passages from it, and wish to direct attention particularly to the notice of the early career of two of our most distinguished medical brethren in India. Many of us will receive probably with as much gratification as surprise the news that members of our profession have, not once, but repeatedly, been the means of obtaining the most important political advantages for their country; and this, not simply in their capacity as citizens, or volunteer soldiers, statesmen, or merchants, or political adventurers, but as medical men modestly pursuing their true vocation of healing the sick and consoling the afflicted. When asked to name the rewards they expected for priceless services, these disinterested men exhibit neither greediness for gain nor inordinate ambition, but are content to give reins only to the impulse of an enlightened patriotism. We must confess that small, comparatively, have been the rewards accorded to the medical officers who have since become temporary or permanent exiles in our eastern dominions. Great the satisfaction these noble pioneers must have felt in the thought that they had preferred their country's good to their own temporary exaltation; and equally great to their successors the satisfaction in having been the means of inaugurating and carrying out plans of improvement in the country of their adoption, and giving the natives the benefit of all the civilisation and enlightenment of the West. As regards medicine, indeed, it seems that we have been only giving the oriental the dues he could morally claim from us: for Dr. Chevers says:

"I am in the habit of telling my pupils that, in teaching them medicine, we are literally merely repaying, with considerable interest, a debt which Europe has, for at least seventeen centuries, owed to India."

It seems that the Great Mogul, "in 1614, peremptorily assured Sir Thomas Roe, King James the First's ambassador, that permission to trade in Bengala and Synda *should never be granted*".

"About the year 1644, Gabriel Boughton, surgeon of the United Company's ship *Hopewell*, having cured the daughters of the Emperor Shah Jehan of a frightful burn, was desired by the grateful emperor to name his reward. Thus offered by a prince of boundless wealth the well and hardly earned reward of his science and his skill, whither fled the thoughts of this poor surgeon? Towards release from the noisome little ship in which the flower of his days had worn away; where in every voyage the crew became, despite his best efforts, so thinned down by flux and scurvy and putrid calenture, that, long ere the first cocoa-nut trees came in sight, there was scarcely a man to hold the rudder or to trim a sail? Did his mind, I say, attempt to tear him from his almost servile position in this pestilent little craft, and away to the oak-avenue of some well remembered hall in merry England, where, as lord of the manor, as master of the hounds, as knight of the shire, as president of his college, his own unblemished character and sound good sense, backed by the freely offered gold and jewels of the Great Mogul, would win him the blessings of a station and a home, the gratitude of the poor, the honour of powerful friends, the smiles and kisses of little children clinging about his knees? Being a man, and a wise one, he of course thought of such things as these; but his only request was, that his masters—the Company—might be granted the often sought and always denied privilege of establishing factories in Bengal, and of trading there free of all taxation. That which had been insultingly refused to the King of England's ambassador was at once frankly conceded to the surgeon of one of the then obscure Company's vessels. Proceeding to Bengal, intending to establish securely the privilege thus obtained, he made the friendship of Sultan Soojah, Subahdar of Bengal, the Emperor's third son, and succeeded in curing one of the ladies of his harem of a dangerous malady. Consequently, he obtained the fullest aid in carrying out the Emperor's *firman*. He lived to see factories established, first at Piplee, and afterwards at Balasore and Hoogley. He then passed silently, and, as far as history is concerned, to his rest, and, let us trust, to his great reward. Do any who visit that now desolate spot, Rajmahal, pause to think of the great and patriotic heart which once glowed and throbbed there with no single mean or selfish wish, and which probably still awaits its call in its place unknown to all eyes but One—beneath the sand of the river-bank, or in the shadow of some ancient tree?

"In 1715, the power of the United Company of Merchants trading to the East Indies was well-nigh broken by the exactions and oppressions of Moorshed Ally Khan, the Nawab of Bengal. They consequently sent an embassy to the Emperor Ferruk Shere at Delhi. It is a positive historical fact, that the utter failure of this embassy was just impending, when Mr. William Hamilton, their surgeon, having succeeded in curing the Emperor of a most distressing malady, entreated that the requests of the ambassadors might be complied with. Consent was freely and immediately conceded. A *firman* was granted, confirming all the original privileges of the Company, authorising the president to issue passports, exempting goods from search throughout Bengal, allowing them the use of the Mint at Moorshedabad, and permitting them to purchase thirty-eight additional villages near Calcutta. The tombstone of noble William Hamilton may still be discovered in an obscure nook of St. John's Cathedral yard; although it is on record that, before leaving India, Warren Hastings visited it, and desired that the letters of the inscription should be gilt, and that the slab should be erected in a conspicuous situation in the porch of the then new cathedral. I believe that it is reserved for the recently appointed municipality to give Calcutta a Hamilton Place and a Boughton Square.

"Having taught our pupils up to the standard of our own knowledge, we now start fairly with them in the scientific race. Upon Aristotle's axiom, that 'men born in hot countries are wiser than those born in cold' (England was then only famous for tin and oysters!), we must strain every sinew, if we do not wish to be last at the goal. In selecting the profession of physic, we of England and our native brethren have chosen that which the wise and learned Dr. Parr declared to be '*the most desirable of all professions, as being equally favourable to a man's moral sentiments and intellectual faculties*'. Let us be content to teach and learn and practise this profession together in a spirit of amity and just feeling, rebutting the theory of Hobbes of Malmesbury, that society is a mere conflict, in which every man's hand is against his neighbour; and remembering that, however necessary resolution and hard struggling may be while we are engaged in the hot battle of life, the poisoning of our rival's reputation and the stabbing of men in the back are as little suffered by the onlooking world as they are by the Great Umpire in whose ever vigilant presence we contend.

"It is commonly remarked that, although the medical graduates of Indian schools go forth into the world highly educated, they rarely attain remarkable scientific eminence in after life. The same may, I think, be said of the brightest English students, when their lot in life is cast, as general practitioners, in the Yorkshire wolds or the Lincolnshire fens. Most solid bodies are sharpened by attrition; so are men's minds in social and scientific intercourse. I confidently believe, as a result of many years' personal observation, that the eminence of the greater proportion of the leading medical men now in London is in a very large degree, if not mainly, due to the fact that they have laboured constantly in societies like this from their youth upwards.

"Let us, therefore, begin to strive together, not against, but for, each other; ever pressing manfully onward upon the narrow and difficult road which leads to honour—and above it."

It would not be easy for writers of romance to invent stories of more thrilling interest than these artless sketches of the careers of the two Anglo-Indian doctors of a bygone period; and we may thank Dr. Chevers also for so clearly pointing out the relative duties and aspirations of the European and Indian practitioners for the present and for the future.

COMMODORE WISEMAN, in his despatches referring to an engagement with the natives of New Zealand, writes as follows of the medical officers:

"I would also bring to their lordships' notice the admirable conduct of Assistant-Surgeons A. B. Messer of the *Curaçoa*, and Duncan Hilston of the *Harrier*. They were landed with the seamen and marines, and were indefatigable in their attention to the wounded, dressing them under fire.

"Mr. Messer, when he heard of Mr. Watkins's fall, went up to the body, which was lying in the ditch close under the parapet of the enemy's work, to ascertain if he were alive or not. Finding he was dead, he returned to attend to the other wounded. He was accompanied, both on his going and returning, by William Fox, ordinary seaman, of her Majesty's ship *Curaçoa*, and on both occasions exposed to heavy fire.

"The wounded, both naval and military, were brought on board the *Pioneer* and *Avon*, and remained on board till landed at the Naval Camp on Sunday the 22nd. During this period, Drs. Messer and Hilston were unremitting in their attention to them."

We need hardly remind our readers that rarely does any fighting occur, and especially in naval warfare, without some members of the medical service being exposed to the worst vicissitudes of war; and yet our great army and naval authorities delight to designate and to treat the army and naval medical men as non-combatant officers. In consideration of the distinguished conduct detailed in the despatches of Commodore Wiseman, Assistant-Surgeon Messer, M.D., has been appointed Surgeon; and the name of Dr. Hilston has been "favourably noted." We are sure every one must feel that Dr. Messer has well earned the Victoria Cross.

As the question is still asked, Can a physician sue for his fees? we will again tell our readers how this point is. Before the Medical Act was passed, a physician's fee was an *honorarium*, for which the physician could make no legal claim. Under the Medical Act, to every registered man of medicine, physician, surgeon, or apothecary, was given the power to make a legal claim; but also the Medical Act gave Colleges of Physicians the power to pass a by-law to relieve them from what their dignity might deem the onus of such a new legal right. Now the London College of Physicians has, in fact, availed itself of this power, and has passed a by-law to that effect, so far as regards that class of physicians who are dignified with the title and privileges of Fellows. But the College did not interfere with the right of their Members and Licentiates to sue under the Medical Act, and for a very good reason. The College affairs are ruled by the Fellows; and, as it was impossible to know what the feelings of the Members and Licentiates, as a body, were on the subject, the Fellows did not think themselves justified in including the Members and Licentiates under the aforesaid by-law. Indeed, it is very much to be doubted whether a large number of the Members and Licentiates would not have entered a protest against any interference with the new powers given to them under the Medical Act. It was all very well for the Fellows to prescribe in this matter for themselves; but it is evident that they would have been taking overmuch on themselves, had they, in this matter, taken away the powers of suing for fees given to the Members and Licentiates under the Medical Act. It is, of course, quite a mistake to suppose that the Members and Licentiates have any power to sue for fees under a by-law of the College. They derive that power simply and solely from the Medical Act, as above mentioned.

ON the 29th ult., an important meeting, to further the interests of the Nurses' Training Institution and Home, was held at Bristol. Dr. Symonds took the chair, and was supported by Dr. Martyn and a large number of other influential gentlemen and ladies. It is gratifying to notice that the benefits of the system of nurse-training are beginning to be so generally felt throughout the country. Dr. Symonds made some most excellent and *apropos* remarks on the occasion. A few outlines of what he said we subjoin.

"This institution," he said, "is intended to be at once a school of nursing art and a repertory of good nurses. But what do we mean by good nursing? It is not merely sedulous, devoted, untiring attendance; nor is it merely the expression or manifestation of sympathy and compassion; nor is it merely the official execution of the directions of medical advisers, in administering food or medicine, or in managing ventilation or regulating temperature, or in discharging the more technical duties of a nurse. But it also consists in performing the duties of the office, and in rendering the services of kindness, in a manner that shall be easy and soothing to the sick person. A nurse may be faithful, and vigilant, and conscientious, and painstaking, and kind-hearted, and good-tempered, and yet she may be a bad nurse. Above all things, there must be tact, either natural or acquired. Natural tact is a compound result of fine perception and accurate observation, and an instinctive *savoir-faire*, and a quickness of imagination—such imagination as enables the possessor of the faculty to realise the sufferer's condition, to divine his feelings, and thus anticipate his wants. Some persons are as much born nurses as others are born poets. But those who are not blessed with such natural endowments may yet, by training and experience, acquire as an art that which others have by nature; they may learn to do in the best possible way what is required for the help and relief of sick people. Next to the sick themselves, the persons most to be pitied are their relatives and friends. To them it is real suffering to see those dearest to them in want of the solace which good nursing can yield. But, besides the friends of the sick, there is another class of persons on whom this institution, if it progresses as we hope it will, must confer very great benefits. It is a class to which I have the honour to belong, that of medical practitioners. A good nurse saves them much labour, by enabling them to pay fewer visits. But a more important result is, that her help enables them to select the very best remedies and methods of treatment that the art can furnish."

A case of great distress, in the family of a late member of this Association, has been brought under our notice. A correspondent sends us an advertisement from one of the Birmingham papers, from which we learn that Mr. W. S. Partridge, of Bordesley, Birmingham, where he had honourably practised as a surgeon for twenty-four years, has died suddenly, leaving a widow and thirteen children in a state of great destitution. A committee, consisting of Drs. J. Johnson, Evans, F. Elkington, Bell Fletcher, Russell, Warden, Wade, the Rev. W. H. Hill, and Messrs. G. Elkington, Hadley, Clayton, Chesshire, West, etc., has been formed for the receipt of subscriptions, to be applied for the benefit of the family in such way as may be determined on by three trustees. Subscriptions are received by Dr. Bell Fletcher of Birmingham; by Mr. E. F. Mason, 67, New Street, Birmingham; or by Messrs. Attwoods, Spooner, and Co., bankers, Birmingham. We call the attention of our readers to this case, feeling assured that they will not allow the appeal to which we have alluded to be made in vain.

A member of our Association, Dr. Corry of Belfast, has recently been subjected to the annoyance of an attempt to fasten an unfounded charge of gross misconduct on him. It appears that Dr. Corry, who is a dispensary medical officer, was called to attend a person named Rose Drummond; and that, although he remained only five minutes with her, and though none of the persons in the room below heard any noise, the woman attempted to raise a charge of violent assault against him. An investigation before the magistrate, lasting two days, has happily ended in the complete breaking down of the plaintiff's case, without the necessity of calling any evidence on the part of Dr. Corry. So thoroughly are the public in Belfast satisfied of Dr. Corry's innocence, that his accusers have found the place too hot for them, and have been obliged to retreat to Glasgow. We are glad that Dr. Corry has so easily disposed of a charge which might, under circumstances that have occurred in other cases, have caused him months of anxiety, and have cost him large sums of money, if, indeed, it did not shake his professional reputation.

We are glad to find that the Executive Committee of the Medical Council have resolved to publish both small and large editions of the *British Pharmacopœia* simultaneously; and that the editors are doing their best to carry out the intention of the Council, and to pass the smaller edition through the press and publish it with all possible dispatch. It has been resolved to print 10,000 copies of the demy octavo edition, and this has been done. There is no resolution or understanding as to an increased issue of the large edition; and no foundation for the statement made to us, that 50,000 copies of it would be printed. Hence, therefore, we may shortly expect the appearance of the smaller edition; and may rest assured that the Council are not waiting for the disappearance of the large edition before they produce the smaller.

M. Berthier, of the Bourg Asylum, says that there is an ophthalmia peculiar to the lunatic; that it may become inveterate and incurable; and that it is a sign which may be useful in the diagnosis of maniacal fury, when this is simulated.

Dr. Hervieux, physician of the Maternité, has lately investigated the question as to the presence of gases in the circulatory system of puerperal women, and he concludes: 1. That the sudden death of puerperal women is in cases undoubtedly caused by the presence of gas in the circulatory system; 2. That it is impossible to regard the presence of the gases as a *post mortem* effect; 3. That there is a chemical identity between these gases and the gases of the blood, and therefore a probability of their spontaneous development during life; 4. That, although the introduction of air by the uterine veins has not been proved, the practitioner should never resort to injections into the uterus, except with extreme caution.

Dr. Occhim, in *L'Imparziale*, relates a case of a woman whose abdomen was torn open by a cow to the extent of twenty-five *centimètres*. The mass of the intestines was exposed and lay upon the thighs, but they were not injured. The intestines were washed with warm wine, and reduced; the two epigastric arteries were tied; twenty-two sutures closed the wound. Twelve leeches were applied to the ecchymosis on the left side, and poultices; saline purgatives and calomel administered. Notwithstanding (!), says the report, the abdomen became swollen and very painful, and an intense fever was set up. Frictions with extract of belladonna allayed these accidents. An abscess appeared at the ecchymosis. The sutures were removed on the ninth day, and in about five weeks cicatrisation was complete.

The sudden cold has produced in Vienna, as elsewhere, an increase in the numbers of catarrhal and inflammatory diseases, and also of typhus fever and of children's diseases.

Victor Emmanuel has given 300,000 *francs* from his private purse, for the erection of a civil hospital at Naples.

Association Intelligence.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

A meeting of the above Branch was held in the Medical Department of the Birmingham Library, on Thursday, February 11th; Alfred Baker, Esq., President, in the Chair. There were also present twenty-two members.

New Members. The following gentlemen having, at a previous meeting of the Council, been elected members of the Association, were unanimously elected members of the Branch:—Herbert Budd, Esq., Worcester; John Gabb, Esq., Bewdley; W. C. Cooksey, Esq., Worcester; E. S. Machin, Esq., Erdington; J. N. Greensill, Esq,, Great Witley.

Papers. The following papers were read.

1. Amputation by a Single Flap. By H. D. Carden, Esq.

2. The Origin of Bright's Disease of the Kidney. By James Russell, M.D.

Notice. Mr. Duncalfe gave notice that, at the next meeting of the Branch, he should bring before the members the following subject.

"A recent case, in which a charge of neglect of professional duty was preferred by the coroner for the district of West Bromwich, in the Southern Division of the County of Stafford, against Mr. John Manley, surgeon."

METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A special general meeting of the Metropolitan Counties Branch was held at the rooms of the Royal Medical Benevolent College, 37, Soho Square, on Tuesday, February 16th, at 4 p.m.; B. W. Richardson, M.D., Vice-President, in the chair. The object of the meeting was to consider the propriety of appointing a Committee to watch the progress of bills introduced into Parliament affecting the medical profession.

Resolutions. The following resolutions were unanimously carried.

1. Proposed by Dr. Gibbon, seconded by Dr. Paul: "That a Committee be appointed to watch the progress of all bills introduced into Parliament, affecting the medical profession; to communicate with the Committee of Council of the Parent Association, and with the other Branches; and to report to the Branch on all questions having relation to the political and social interests of the profession."

The proposition was supported by Dr. Webster; by Dr. Seaton, who spoke of the necessity of watching the progress of bills having relation to lunacy; and by Mr. W. Martin, who alluded to the grievances suffered by the medical officers of the army and navy and of the Indian army. The Chairman also briefly alluded to the ways in which the Committee might work.

2. Proposed by Dr. Webster, and seconded by Mr. W. Martin:

"That the Committee consist of the Council of the Branch, with power to add to their number."

3. Proposed by Dr. Cormack, and seconded by Dr. Stewart:

"That the Committee be requested to consider whether any means can be taken by the Branch to increase the representation and influence of the medical profession in the House of Commons."

Dr. Cormack explained that the object to be sought was, in his opinion, not merely the election of medical men into Parliament, however advisable this might be, but the obtaining of an influence in the House of Commons as at present constituted.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

January 21st, 1864.

R. Gee, M.D., Vice-President, in the Chair.

Thoracic Aneurism. Dr. Waters shewed a specimen. The patient, a sailor, aged 49, was admitted into the Northern Hospital one evening, spitting up blood in large quantities, and died in an hour and a half after admission. It appeared that for ten years he had suffered from pain in the chest, for which he had had advice at different times. Two years ago, he felt too weak to go to sea, and had since been employed as a shipkeeper. On December 14th, 1863, he had been lifting a heavy weight, when he was seized with hæmoptysis, and at once taken to the hospital. The blood was bright and frothy, and after about an hour's time, came up in large quantities; it almost seemed to be vomited up; and in half an hour he sank and died.

On a *post mortem* examination, the left pleura was found full of blood, and a large clot lay in the costovertebral groove. The valves of the heart were healthy, excepting the aortic, which were slightly atheromatous; the aorta was thickened, dilated, and very atheromatous. Three inches below the opening into the left subclavian artery on the outer side of the aorta, was an opening the size of half-a-crown, leading to an aneurismal sac the size of the fist. The sac contained laminated fibrine. The aneurism lay on the third, fourth, fifth, and sixth intercostal spaces. These and the corresponding ribs were ulcerated; and in the fourth intercostal space the aneurism passed through to the back. There was a large rent in the sac of the aneurism, which had burst into the lower lobe of the left lung, and also into the cavity of the pleura. The stomach and œsophagus were quite free from blood. The liver was pale and fatty. The heart was apparently healthy; but under the microscope was found to have undergone fatty degeneration; in some of the fibres muscular striæ were visible, but in many were entirely obliterated. The cartilages of the ribs were much ossified about their centres, and in this siuation no cartilage-cells were visible; the other portions were healthy.

Dr. Waters remarked that this ossification of the cartilages of the ribs frequently occurs in connection with fatty degeneration of the heart and arteries; and where we have one of these conditions, we may expect to find the other.

Some discussion ensued, in which the Chairman, Dr. Nottingham, Mr. Hodgson, Mr. Hakes, and Dr. Waters, took part.

Wound of the Intestine. Mr. Hamilton shewed a portion of the small intestine of a Malay, who had been stabbed, and taken to the Southern Hospital. On admission, there was found to be a wound on the left side, two or three inches long, from which the whole of the small intestines were hanging out. In replacing them, he observed a little escape of fæcal matter, and found a small wound, which he stitched up, and returned everything within the abdomen; the mesentery was wounded. Hæmorrhage afterwards came on from the epigastric artery, of which Mr.

Hamilton secured both ends. The patient, who was much collapsed at first, rallied after the intestine was returned, and again even after the hæmorrhage; but incessant vomiting came on, and he died thirty hours after admission. There was found to be considerable peritonitis, and the wound of the intestine appeared to have united. The peritonitis was quite in its first stage.

Abscess of Liver. Mr. Nash shewed a specimen. The patient was a sailor, who had come from India, and had enjoyed good health during the voyage. He was driking before Christmas; and on Christmas-eve was drinking and dancing, and exposed afterwards to cold. A few days after he came to the Infirmary. He had rather a frequent pulse, and dry tongue, and pleurodynia, but no severe symptoms then, and no diarrhœa; a few days later, most urgent diarrhœa came on, with great pain in the right side. This continued for a fortnight, in spite of stimulants and opium given freely. He died rather suddenly; and this large abscess was found, which involved a great portion of the liver, and had ruptured into the peritoneal cavity. Ulcers were found in the intestines. There was no previous history of dysentery.

HARVEIAN SOCIETY OF LONDON.

Thursday, January 31st, 1864.

W. Adams, Esq., F.R.C.S., President, in the Chair.

INDURATED CHANCRE IN THE FEMALE.

BY VICTOR DE MÉRIC, ESQ.

Mr. de Méric gave three cases of infecting chancre in the female, viz., of the cervix uteri, of the labium, and the fourchette. The percentage of indurated chancre in the female was small, and chancre of the cervix was rarely met with. He had, moreover, had the opportunity in two cases, not only to watch the sores from the beginning, but to examine the men from whom the diseases had been taken. The sore on the cervix uteri was of the hard glazed kind, and had seemingly been taken from a gentleman labouring under secondary syphilis, but with sound organs of generation. The lady made a good recovery after a sufficiently prolonged mercurial course. The chancre of the labium was also derived from a gentleman labouring under secondary syphilis, but with a penis free from disease; whilst the disease near the fourchette was taken from a gentleman affected with a chancrous erosion seated on a very large indurated base. Mr. de Méric alluded to such cases of chancre on the cervix uteri as had been quoted by authors, and concluded by some remarks on the occasional transformation of indurated chancres into mucous tubercles.

Mr. Curgenven did not quite coincide with the usually received opinion, that syphilis was merely inoculated by contact of infected persons. He had seen cases to prove the contrary; and mentioned one of a sailor, who had been for a long time at sea, before he discovered a chancre on his penis. With regard to the natural history of the disease, when untreated with mercury, he had already brought forward two severe cases in the debate upon Dr. Drysdale's paper; and he would now mention another. A man had chancre, which was treated without mercury, and healed. The man remained without any bad symptoms for about six years, and then his health broke down. Among other symptoms, he was troubled with frequent emissions of seminal fluid, especially in the presence of the other sex. These ceased, and he then became impotent.

Dr. Drysdale believed the occurrence of indurated sores in women to be very rare. M. Cazenave had recently asserted that secondary symptoms in women were in nineteen out of twenty cases preceded only by discharges, without any ulceration. As to the inoculation of secondary symptoms, M. Ricord's experiments had shown this to be very rare. He had as high a respect for all attempts at arriving at correct diagnosis in syphilis, as in other diseases; but it by no means followed, even if we accepted the descriptions of events given by Ricord, that, therefore, we should grant that the disease should be treated by so dangerous a drug as mercury. For the experiments of Fricke, Guthrie, John Thompson, Syme, etc., had shown that it always causes the disease to become a thousandfold graver. As to secondary symptoms, too, Professor Boeck had recently shown by large comparative experiments, that they occur nearly twice as often, when mercury is used; and the time of treatment, too, is nearly twice as long. Dr. Diday shows that great misery often results from M. Ricord's six months of mercury, and gives cases treated by himself of secondary symptoms, which had had no relapse in periods from four up to sixteen years. As to infantile syphilis, it was a rare disease, one per cent. in the Children's Hospital, and was far better treated without mercury than with it.

Dr. Griffith had carefully observed cases among the Chinese, where no mercury was given, and where he had seen cases of flattening of the nose, from caries of the nasal bone. He thought that although such symptoms were in this country often the result of the amalgam disease, yet that such cases arose where none had been taken. He quoted the case of a patient of Mr. Erichsen's, a hospital mate, who some years ago had had a chancre. This was treated and cured by simple means, and yet he was now suffering from necrosis of the cranial bones. Another case was at present in the Lock Hospital. This man had some years ago been a marine, and had contracted chancre, which was cured by local applications alone. He remained without any symptoms for several years; but then his health failed, and he became covered with ecthymatous and rupial spots. This was again cured with simple treatment, and he continued well a long time. Recently again, through family distresses, his health failed, and the eruption re-appeared; the neck, face, etc., were covered with the crusts and cicatrices of rupia and ecthyma. Another case was mentioned to him by Mr. Shillitoe. A gentleman contracted chancre, and was cured without mercury. The disease disappeared entirely for a long time, but then appeared in the form of tertiaries.

Mr. Berkeley Hill mentioned that the surgeon to the hospital St. Lazare in Paris had informed him that indurated sores occur in about 16 per cent. of all ulcers in women.

Dr. Chowne thought it sometimes a matter of great difficulty to say what part was the infecting focus, in the case of females affected with profuse discharges. With regard to mercury, he had been in practice now nearly fifty years, and had heard the remarks of Guthrie, Rose, etc.; but he must say with regard to the drug, that he looked upon it as the agent to which he always felt inclined to fly when he found others fail in any disease.

Mr. de Méric said, that the cases cited by Mr. Curgenven were interesting. He was, however, very severe upon himself, and must remind Mr. Curgenven that his cases, if substantiated, would quite revolutionise the current ideas upon the disease, since he had related instances where the patient had been without any symptom of the disease for years, and then became affected—a sequence not admitted by writers on the subject. We could not tell what had happened to the patients between these dates. The cases cited by Dr. Griffith, too, although less open to criticism, were liable to the same objection.

Correspondence.

IRIDECTOMY.

LETTER FROM WILLIAM BOWMAN, ESQ., F.R.S.

SIR,—It appears from the letter of Dr. Browne of Belfast (*ante*, p. 136), that some time back you "did him the honour to solicit his views on the much debated question of 'iridectomy as a *cure* for glaucoma'," and he now responds to your request. Knowing that Mr. Walton had dedicated his work, *On the Surgical Diseases of the Eye*, to Dr. Browne, I naturally anticipated an able contribution to our discussion, particularly as Dr. Browne claims to be considered "an unprejudiced observer," and to ground his opposition to the new practice on much study of the literature of the subject, and on a large personal experience.

As I am far from underrating the importance attaching to strong opinions professing to be thus supported, I am the more desirous of sifting their real value, chiefly for the sake of those who, for lack of similar opportunities, might be inclined to rest their conclusions on the *dictum* of so imposing an authority.

"For several years," says Dr. Browne, "I have devoted considerable time and attention to learn, if possible, the *exact* nature of the disease of the eye named glaucoma by the iridectomists." "During the last four years I have carefully observed every case of eye-disease, more than five thousand in number, that has come before me, and I have not been able to recognise more than one per cent. which I could classify as glaucomatous, namely, *deep-seated inflammation of the tissues of the eyeball; dilated pupil; probable effusion within its structure, and tension of the entire globe; severe pain, with impairment, or almost complete loss of sight, the disease at the same time running a more or less rapidly destructive course, and not being controllable by medical treatment.*" This one per cent. in more than five thousand cases, or (say) fifty in all, have thus been examples of acute inflammatory glaucoma, and one of the proofs, rather the chief proof, of their glaucomatous nature has been the fact that they have "*not been controllable by medical treatment.*" For, "I have seen," he says, "within the same period a large number of cases of acute inflammation of the deep tissues of the eye with the symptoms of effusion, namely, dimness of vision, in several degrees, and appreciable tension of the globe. These were cases of choroiditis, or chronic iritis; *were perfectly manageable*; and in them, under proper treatment [*i. e.*, without iridectomy], the eyes were restored either to tolerably good, or to unimpaired sight."

Now, "dilated pupil," it is true, is here mentioned under the glaucomatous class, and not under the other; but every one knows that a dilated pupil is met with in non-glaucomatous forms of choroiditis. As for increased tension, it is enumerated under both heads. So that the only distinguishing character left us in Dr. Browne's description of these two large and important categories of disease, is that of the one "not being controllable by medical treatment," while the other was "perfectly manageable" without iridectomy.

These fifty cases, then, of deep-seated inflammation having been thus recognised as glaucomatous through the failure of medical treatment, I can hardly be wrong in supposing that medical treatment was fully tried in them, either by himself or others, before he was satisfied of their glaucomatous nature; before, therefore, he could have entertained the idea of iridectomy, or practised it "with all the care he could exercise in some of the cases referred to as glaucomatous." The natural conclusion is, that this destructive disease had virtually run its course before the tardy remedy was applied, and that his operations must have been performed when little or no rational hope could have remained of the recovery of sight. So that no one need be at all surprised when Dr. Browne insists upon "his own experience of iridectomy in the treatment of glaucoma having only afforded him negative results." We might rather have been surprised had it been otherwise.

Further, in thus limiting his detection of glaucoma in five thousand ophthalmic cases to about fifty examples of the severer inflammatory form (deep-seated inflammation, severe pain, etc.), and passing over without any mention at all those other common types which are attended with either none, or but few of the ordinary signs of inflammation, or which have an intermittent character, Dr. Browne inadvertently confesses that he has altogether omitted to recognise these latter as glaucoma. It is also very well known now that the acutely inflammatory glaucoma is in the greater number of instances preceded by a *premonitory period*, in which there is either no apparent inflammation, or but very little, and that it is particularly important not to overlook the disease at this stage, inasmuch as iridectomy is especially valuable before the severe inflammation sets in, which is attended by its own special hazards of spoiling the structures it involves. Of this premonitory period of acute glaucoma he says nothing, and we may assume that it likewise has not been recognised by him yet.

I make these observations under some reserve, because he expresses what he calls "a shrewd suspicion" that the disease in Belfast is something different from what we find it to be generally in England (including the Irish in London), and what it is described to be in other countries of Europe. These forms, unmarked by him, are less obvious to a casual observer, their symptoms are less obtrusive, they are apt to be confounded (by those who have not had their signs pointed out to them) with various forms of amaurosis or impaired vision, and they require on the part of the practitioner who would detect them—(1) some familiarity with their ophthalmoscopic characters, and (2) a discriminative touch as regards the existence of increased tension.

1. Concerning the *ophthalmoscopic signs* of the presence of glaucoma Dr. Browne is absolutely silent. He implies that only the acute glaucoma can be recognised from other forms of disease, and that chiefly by its not being "controllable by medical treatment." Other forms he omits to mention, except to hint at their having an existence only in our fancy; and yet in these forms the diagnosis is usually even more definite than in the acute, because the greater transparency of the media allows the characteristic appearances of the optic disc to be seen by the ophthalmoscope.

2. Concerning *tension*, "which *now*," he says, "seems to be the great point" (but the considerable time and attention he has devoted to the subject should have taught him that it has *always* been the great point since 1856), he takes pains to explain that he is unable by means of touch to discriminate between glaucomatous and various other diseases. He finds tension of the eye, it is true, in acute glaucoma, but he likewise finds it to be "a prominent sign in cases of acute choroidal, corneal, and iritic inflammation."* He adds, what is more remarkable still, "I have lately had a patient with goître under my care, in

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* I allow augmented tension in certain forms or stages of these, where there is glaucomatous complication; and on this I need not here dilate, because I have already touched upon it in two previous letters (pp. 55 and 106), and may have to do so again.

whom the eyes were prominent and *tense*, with impaired powers of sight" [rather a vague phrase], "yet, just as the enlarged gland diminished in volume, so did the abnormal condition of the eyes recede also. Would any man in his senses," he then inquires, "and with a just regard to the honour of our noble profession, operate in such a case because he had discovered that dimness of sight and tension of the eyeball were present?"

Now, in reply to this very pertinent question—not to invoke unnecessarily "the honour of our noble profession," or to call other senses than touch into question—I must say that I could never discover any abnormal increase of tension whatever in a case of proptosis with enlarged thyroid body, and it has occurred to me to see and narrowly to watch a considerable number. So that the question of iridectomy in such a disease has never once entered my thoughts, nor, so far as I know, the thoughts of any one else practising iridectomy in glaucoma. May I not, in my turn, hazard "a shrewd suspicion" that the tension of the eye in the proptosis of anæmic bronchocele may perhaps be different in Belfast from what we find it to be here? or else that Dr. Browne must mean by *tension* of the eye some state very different from that of *undue hardness?*

Dr. Browne adds, "after all these observations I may be told, as others have been, that I am incapable of recognising a truly glaucomatous condition of the eye, and that hence I cannot appreciate the *nice* principles of iridectomy!" Let me explain, in reply, that I have not knowingly told any one that he is "incapable of recognising a truly glaucomatous condition of the eye." If I have, I shall be glad to have the passage pointed out. And I do not tell even Dr. Browne so; although I am not quite clear why, after so much attention given to the subject, he has failed, according to evidence deduced from his own letter, in doing so in numerous instances. It appears to me probable that glaucomatous diseases in Belfast must pretty much resemble those of other places, and that by laying aside natural prejudices, and taking some moderate pains to acquire a practical acquaintance with the physical and other signs of glaucomatous types of disease, as they have been very graphically and now repeatedly described, any surgeon, and particularly one accustomed to eye-diseases, may easily master the diagnosis. My hearty desire, since the autumn of 1857, as I have on all occasions taken pains to evince, has been that the knowledge of the new treatment should spread as widely and as rapidly as possible. Those who have resisted it have done so, I quite believe, with honesty of intention (and I have never for a moment doubted it in the case of any one), though, as I think, under a serious mistake; and a mistaken view on such a subject must of course have been attended with results which one would have wished different.

This brings me to one other paragraph in Dr. Browne's letter, which I was sorry to see there, and which I would gladly have left unnoticed. I might safely have done so as regards any influence it is likely to have on the minds of those who bear in mind the tenour of my recent letters; for nothing they contain gives the slightest ground for the imputations it puts forth. But as the charge, if unrefuted, may possibly be regarded hereafter by some as having rested on a solid foundation, I think it better to meet it in a precise manner, particularly as I find it to be a repetition of what was contained in Mr. Walton's letter, and which I have already commented on, but apparently too briefly (*ante*, p. 104).

Dr. Browne says, "I cannot but allude to a certain tone which has more or less pervaded the letters of the iridectomists, but more especially of one who is the leader of the school" [a compliment, by the way, which I unaffectedly disclaim]. "I refer to the patronising air, the offended dignity, but more particularly to the *denunciatory terms* in which *his opponents have been threatened with loss of name and fame, and, by consequence, of practice.* Such a course, permit me to tell the writer, is wrong. No surgeon has the right to stand up among his equals—his peers—and *thus denounce any of his brethren*[!]. I *contend, on the contrary*, that any educated and conscientious surgeon has not only the right to express his opinions, but to maintain them too, by legitimate argument and conduct, *without being denounced before the profession and the public as perpetrating a grievous wrong, because he will not adopt the course pursued by others*, when his experience and conscience tell him that he is following the path of rectitude and honour."

I have looked through my previous correspondence in your JOURNAL, to see if I could discover on what pretext this strange imputation could be supposed to rest, and find the following in your last volume, p. 535, under date Nov. 14, 1863.

"On the whole, I must say that any oculist is pursuing a course perilous to his own reputation, however great, who, after six years of open proofs of the efficacy of iridectomy, continues to treat glaucoma by those purely 'medical means' which universal experience declares to be but temporising and inefficacious expedients. What can a surgeon, who knows how these expedients have beguiled the practitioner into the loss of splendid opportunities, say, when afterwards asked by the disconsolate patient, 'Could my sight have been saved at an earlier period?' With the kindest wish to screen a professional brother, he can but evade the question by some such words as these, 'I have no doubt all was done by those you consulted that seemed to them at the time to be best for you,' or maintain a painful silence; *à priori* arguments are but poor opponents to facts."

In the letter from which this extract is taken I was replying categorically to the objections to iridectomy, which in a leading article you had alleged to be taken by various surgeons and oculists "of the highest celebrity," *whose names, however, were withheld.* I said, "when the eminence of men is thus advanced as an argument to add weight to opinions opposed, as I believe, to scientific truth, and pernicious in proportion as they prevail in practice, I am surely justified in asking that the names of these gentlemen should be stated, and that they should be requested to report the cases on which they have based their conclusions, so that these opinions should be open to examination and criticism."

Mr. Syme had indeed "denounced" the operation, and I replied to him in terms becoming, I hope, both to him and myself. He met that reply in a proper manner. No other eminent surgeon or oculist had recently spoken on the subject in an adverse sense, and I used the language above first quoted in the way of friendly but earnest caution, so that no one might unguardedly commit himself to views which he might afterwards see cause to regret, or continue to pursue the former method of inefficacious treatment without a new and fuller examination and inquiry. Those words, being words of truth, ought not, I think, to have been resented by any, though they may not have been palatable; certainly they were no *denunciation*, and implied no *threat*. I have had, and continue to have, the most friendly feelings towards all my fellows.

There is one other passage to which allusion may possibly be intended by Dr. Browne, and I shall therefore quote it entire, without comment, in order that every one may judge for himself of the tone in which it is written. It is in your last volume, p. 649, as follows:—

"These inflammatory forms of glaucoma, thus confused with other forms of inflammation, I may incidentally say, were constantly, to the great misfortune of the poor patients, treated too indiscriminately by bleeding, leeching, blisters, mercury, colchicum, opium, etc.—remedies ineffectual in glaucomatous disease, and of which, though some may be palliatives, the greater number are only too surely aggravations of the misery they are intended to relieve. I have formerly given them myself a hundred times, and am heartily thankful that the necessity for using them in glaucoma can never occur again. I am heartily sorry when I see that they have been given now, with the best intentions but the worst results, by practitioners who have overlooked the glaucomatous nature of the case, not being yet aware of the recent advances in knowledge, or who, being partially acquainted with these advances, reject an effectual remedy, infinitely less onerous to the patient than a course of mercury. The excuse formerly was, that we knew no better, we did our best, and hoped against hope, leaning on reeds that had constantly failed us in these glaucomatous cases, though they had often succeeded in others that we could not then distinguish from these. *But we know better now.* Iridectomy supersedes these severe measures in glaucoma. Those who reject it have to explain whether they still employ these unavailing remedies, or leave their patients practically untreated; and, if these be employed, whether they prove adequate now to arrest a disease against which they were formerly directed in vain." I am, etc.,

WM. BOWMAN.

5, Clifford Street, February 8th, 1864.

NEW REMEDY.

SIR,—In reference to your notice of Dr. James Watson's opinion of certain remedies which have been recently introduced, I think it is the duty of every practitioner to give his personal experience of the same, because it can only be by the accumulated testimony of many observers that such new remedies are either to be approved or condemned; it will not do to adopt or cast them aside upon an authoritative opinion delivered by one or two individuals, however eminent they may be. I can only speak of the Veratrum viride. I had an opportunity for the first time of observing its powerful sedative effects on the circulation while attending the Bellevue Hospital, New York, in 1857, and I do not recollect that its use ever produced pain. As I do not readily adopt new remedies if those which have stood the test of more lengthened experience will answer the purpose, I never tried it in my own practice until last summer, when I had to treat a case of encephalitis of a desperate character in a young woman aged twenty. She had a full bounding pulse of over 100, with corresponding action of the heart, irritable stomach (though not severe), purging, and, at times, evacuations of blood from the bowels. I administered successively, and in combination, hydrocyanic acid, tincture of digitalis, and tartarised antimony, but with no decided benefit. I therefore tried the tincture of veratrum viride (Cutter's) with a most satisfactory result. Its power in controlling the force and frequency of the heart's action, and, to a corresponding degree, the cerebral symptoms, was most marked, at the same time reducing the previous high temperature of the skin. That it was the veratrum viride which produced these effects was undeniable, for, although administered in the form of mixture, when I increased or diminished the dose of veratrum, a corresponding effect followed. This, however, led me to observe, that, although beneficial in relieving the symptoms, it did not subdue the cerebral disease; I therefore combined it with iodide of potassium, and, I am glad to say, with the desired result. The general treatment consisted in keeping the patient in a cool darkened room, utmost quietness, the head shaved, with evaporating lotion applied, and low diet of arrowroot, milk and water, etc. I am, etc., B. W.

January 18th, 1864.

MORTALITY IN LABOUR-CASES.

LETTER FROM GEORGE RIGDEN, ESQ.

SIR,—Your correspondent, "A Medical Practitioner of Fifty Years' Standing", who is curious about midwifery statistics, and who wishes to know the proportion of deaths to the mothers delivered in Great Britain, is not, I fear, likely to meet with the information he seeks. Those of our members, however, who are engaged in large midwifery practice, and who have records of their cases, can help him to something like an approach to the result.

I append the number and the causes of death that I have met with, in an attendance upon 2950 cases. It is satisfactory to observe that fatality to the mother is quite an exception in modern midwifery practice.

I would also suggest an inquiry—one indeed of national importance—as to the proportion of still-born children to those that are born living.

I am, etc., GEORGE RIGDEN.

Canterbury, February 5th, 1864.

1. Aged about 20; unmarried; had been idiotic, and frequently epileptic, from childhood. First labour; first seen when in the second stage of labour; comatose; child presenting naturally, and delivery effected without assistance, of a still-born child within an hour's attendance; continued comatose until her death, two hours after delivery.

2. Placenta prævia; about 20 years of age; married. First labour; considerable flooding; delivered of a still-born child by turning; placenta followed quickly; rigors and puerperal fever on the third day, terminating fatally on the sixth day.

3. Nearly 40 years of age; married; the mother of several children. Natural labour; satisfactory convalescence until the seventh day; when rigors and fever supervened; followed by death on the third day of the disease.

4. Nearly 40 years of age; married. First labour, and protracted from disproportion; delivery effected by the forceps; placenta retained through inertia; excessively hot weather and a small room; fever on the fourth day terminating fatally on the sixth day.

5. About 25 years of age. First labour; natural, and without difficulty; convalescence favourable for four days; supposed to have used damp linen; rigors appeared on the fifth day, followed by fever and death on the thirteenth day.

6. About 40 years of age; married; the mother of several children; had menstruated regularly throughout her pregnancy. Labour protracted through inertia; delivery effected by forceps without difficulty; rigors appeared on the third day, followed by fever, and death on the sixth day.

7. About 35 years of age; married; the mother of several children; epileptic for several months past. Labour natural; placenta retained for an hour; convulsions ten hours after labour, ending quickly in death.

8. About 30 years of age; mother of two children, and the subject of seven miscarriages at the sixth or seventh month, three of which were attended with

convulsions; constantly anasarcous from diseased kidneys. Labour natural and quick; delivery of a still-born child, after which there was little or no secretion of urine; death on the eighth day from uræmic poisoning.

MERCURY AS A REMEDY.

Letter from Thomas Pope, Esq.

Sir,—The homœopathist and the proscriber of mercury are in a pitiable state; and woe to their victims. As with the former, so is it with the latter; many of those professing their craft publicly, like those following in their wake, recreants as they are, courting popularity, secretly belie themselves.

What may we infer from the remark of a gentleman who lately, at the Harveian Society, boasted that for several years past he had never used mercury internally? If mercury in the system be always deleterious, then I should say, the sooner such a notion be exploded, the better; for I am bold to say that I look upon mercury as an internal and external agent of more value to the medical man, in his treatment of disease, than, I had well-nigh said, all the other articles of the materia medica conjoined. Give me this, and air, food, sleep, excretions, exercise, and the passions, and I think I could do my patients more good without any of the other articles, valuable as they are.

Mercury, like arsenic and other poisonous articles of the materia medica, requires the greatest caution in its use. Who would give it in cases where the crasis of the blood is in a dissolved state, or in organic disease, particularly of the liver and heart? Or who would venture on large doses without first knowing whether idiosyncrasy existed in the individual? We know there are some few who cannot tolerate it at all, and others to whom we can hardly give enough, and, between these two states, gradual steps; therefore we see the great advantage of a knowledge of the constitution, not only of a tolerance of this, but of the others. Much may be said in the praise of this mineral, and some I have said in this Journal; and I believe I can safely say that I had never cause to regret its use. I will, however, conclude with its advantage in infantile syphilis. I know four grandfathers whom I treated, before they were a month old, with a grain of blue pill daily for about two months; they have healthy progenies. For about sixty years up to the present time, I have never been long without patients of this description, male or female; so that I am not in the same predicament as the Irish candidate mentioned in our Journal of the 23rd ult. (page 110); and but for its use, most of them would have fallen sacrifices like thousands of others without this specific, or would have lingered and died miserably at different periods of life; and if after marriage and progeny, what horrors ensue!

I am, etc., Thomas Pope.

Cleobury Mortimer, February 8th, 1864.

MERCURY IN IRITIS.

Letter from Charles Drysdale, M.D.

Sir,—The debate upon iridectomy, which has been so long carried on in your columns, has afforded us all much instruction. In all difficult points, the best way of eliciting truth is to hear what has to be said on both sides of the question.

If there be so much difficulty in coming to a conclusion as to the diagnosis and treatment of the disease glaucoma, however, there is likely to be still more in the decision of the question of the treatment of iritis by an internal remedy such as mercury. Hence the propriety of administering mercury in this disease is considered by some, *at least*, quite as doubtful as the necessity of operating on the iris in glaucoma is by many ophthalmic surgeons.

Thus Mr. Hugh Carmichael treated many cases of syphilitic and other varieties of iritis by means of doses of oil of turpentine, without mercury, with great success. Then Dr. H. Williams of Boston treated sixty-four cases of all varieties of the disease by means of belladonna, opium, and depletion, without mercury, with the result that sixty of them made a perfect recovery. Mr. Travers and Mr. Acton both express their opinion (in which I concur) that the complaint is sometimes *caused* by mercury. Dr. Hughes Bennett says: "As to mercurials, the confident belief in their power of causing absorption of lymph, by operating on the blood, is not only opposed to sound theory, but is not supported by that experience which has so confidently been appealed to in their favour." Mr. Zachariah Laurence treats all cases of iritis entirely without mercury. Mr. J. Hogg has informed me that he believes the drug does harm in rheumatic iritis; although he, as well as Mr. Ernest Hart, seems afraid to extend this view to cases of syphilitic iritis.

Such being the state of opinion on this matter among such instructed surgeons, will you allow me to ask two questions of any eminent oculist who may favour me with a reply?

1. Is mercury useful in all cases of iritis?
2. If not, why is it only useful in syphilitic iritis, seeing that statistics show the drug frequently to *produce* iritis, and to do enormous damage, when given largely, in every other part of the system?

I am, etc., Charles Drysdale.

Southampton Row, February 5th, 1864.

MAN-MIDWIFERY.

Sir,—I have read the letter in your Journal of the 9th instant, headed Man-Midwifery, and was sorry to learn that an attempt should have been made to unsettle and prejudice the public mind on that subject by the pamphlets therein alluded to. Having been in a pretty extensive obstetric practice for many years, and, of course, not only conducted a great number of cases myself, but met in consultation with my brethren of the profession, I have the satisfaction to state that I never witnessed an instance of immoral conduct in them at such times; nor have I, that I can recollect, heard anything reported of them as resulting from their obstetrical attendance on women. I believe, indeed, that the most decorous and gentlemanly conduct marks the character of our profession in their attendance on females, and that where there are instances of a contrary kind they are the exception.

The fact is, sir, if it be indecent and immoral to have male accoucheurs, then it is, also, to have male physicians and general practitioners. Every one knows that, in all cases of medical and surgical attendance on females, the peculiarities of the sex, both anatomical and physiological are well known, and, when necessary, made the subjects of inquiry; and yet I trust that in the great majority of cases, though the opportunities and facilities are much greater than in midwifery, our brethren are too honourable, or, at any rate, too prudent and careful of their own reputation, to abuse the confidence placed in them by their patients and their friends, to suffer themselves to be guilty of a breach of morality and propriety of conduct. If, therefore, men-midwives are to be done away with, so I should say *à fortiori* should male medicals.

It may be argued by some that men should only be in attendance in very difficult cases; and that then, and only then, should they be sent for. But I would ask, how and when are they to get their experience so as to be able to afford the required help? The public would shut them out from all common cases, and send for them, inexperienced as they would then be, to deliver in difficult and dangerous labours. Does not every one see that in the course of some years, when the present able men in the profession shall have died off or become superannuated, that there would hardly be found a medical man, supposing these prejudices to have been acted upon, in urgent cases? and the poor sufferer and her friends would have to be told that the cause of modesty and female delicacy was held paramount to everything else, and that she must consider herself as honoured in dying a martyr in the cause.

It is surely no disparagement to the female character and capabilities to say that, with some few exceptions, they have neither the skill nor courage to deliver in very difficult labours; or why do they so frequently send for us at such times; and whence come the mistakes as to the presentation and the officious manipulation we sometimes find to have been made by these professors and amateurs of the art? And how could a sufficient number be properly educated and trained to afford any chance of efficiency?

There may be some specious arguments brought forward and disgraceful facts raked up, calculated to work upon the minds of husbands, fathers, and brothers; but allowing all that may be adduced, and even much more,—I ask the plain question, whether the public are prepared? whether these husbands, fathers, brothers are prepared to trust the lives of their wives, daughters, and sisters in the hands of women midwives entirely, however clever they may be? I say entirely, in every case, because, if not entirely, then it must be the wisest plan to encourage male practitioners, that their experience and efficiency may be promoted. But even should such relatives be willing to commit the lives of those most dear to them to the care of women, would the patients themselves be willing? in dangerous cases, would they be willing, I say? From what I have witnessed, I am sure they would not.

I hardly think, sir, you will consider I have trespassed by the length of this letter, considering the importance of the subject. I should be happy, at any time, to state anything in support of the views I have been advocating, and to vindicate the character of the profession from the broadcast seeds of suspicion and calumny, which the pen, a more mischievous instrument than the tongue, may throw out against it.

I am, etc., G. D. R. McC.

January 19th, 1864.

REGISTRATION NECESSARY FOR CERTIFICATES.

Letter from Henry Goode, M.B.

Sir,—In the report of the speech of Sir G. Grey on the amendment of the Prison Lunacy Act, the Home Secretary is made to say that Mr. Harwood's certificate of lunacy was good in law, though he is not registered. This is a mistake, as the words should have been, that Mr. Harwood is not registered *as a surgeon*. It will be found, on turning to the *Register*, that Mr. Harwood has been duly registered as a member of the Apothecaries' Company since the passing of the Medical Act.

The wording of the Prison Discipline Act is in other respects so lax, that the use in it of the words "physician or surgeon" could scarcely be limited by any other rule than that of common parlance, which calls a general practitioner a surgeon; and in this sense, I should imagine, must be taken the decision of the Lord Chancellor that Mr. Harwood, as a registered apothecary, is a surgeon within the meaning of the Prison Act.

It appears to me important that this correction should be made public, lest any misapprehension should hereafter occur, if the decision of the Lord Chancellor were cited in its present wording, due merely to an imperfect report.

I am, etc., Henry Goode,
Formerly Secretary to the Derbyshire Registration Association.

Derby, February 15th, 1864.

Medical News.

Royal College of Physicians of London. At a general meeting of the Fellows, held on Monday, February 15th, 1864, the following gentleman, having undergone the necessary examination, was duly admitted a member of the College:—

Birch, Scholes Butler, M.D.St. Andrew's, Gore Lodge, Upper Kensington Gore

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Brietzcke, Henry, Deptford
Cameron, Charles, H.M. Bengal Army
Gill, William, Truro, Cornwall
Maclure, Duncan Maclachlan, 16, Harley Street
Mickley, Arthur George, Buntingford
Morgan, Cosby William, Newcastle. New South Wales
Parry, Henry Hitchcock, Allington, Devizes
Thomas, George Frederick, Taranaki, New Zealand
Williams, Kenrick Henry Bold, Llansaintffraid, Conway

The following gentlemen were reported by the examiners to have passed the first part of the professional examination:—

Bagnall, Samuel Freeman, King's College
Bell, William, King's College
Burge, Frederick John, King's College
Collier, Thomas, Guy's Hospital
Powne, Benjamin Lamb, St. Bartholomew's Hospital
Rigden, George William, University College

Apothecaries' Hall. On February 11th, the following Licentiates were admitted:—

Butcher, H. O. F., Ware, Herts
Jackson, J. B., Leicester
Shorto, W. B., Charing Cross Hospital

At the same Court, the following passed the first examination:—

Burge, F. J., King's College Hospital

Army Medical Service. List of the candidates who were successful at the Competitive Examination in February last, and who have passed through a course at the Army Medical School.

Names.	Studied at	No. Marks.
Troup, R. W.	Aberdeen	5210
Kynsey, W. R.	Dublin	5100
Lawless, R. W.	Dublin	4946
Beattie, J. F.	Aberdeen	4572
Cunynghame, R. B.	Edinburgh	4492
Thomson, A.	Aberdeen	4192
Turner, A.	Aberdeen	4015
Preston, A. F.	Dublin	3926
Forsayeth, R. W.	Dublin	3776
Delmege, J.	Dublin	3756
Cuffe, C. McD.	Dublin	3743
Gouldsbury, V. S.	Galway	3729
Shaw, J. A.	Dublin	3710
Haines, Charles	Cork	3717
Dick, F.	Edinburgh	3693

Collier, H. C.	Edinburgh	3622
Barker, J. E.	Dublin	3619
Greenhill, J. R.	London	3572
Greene, H. R.	Dublin	3511
Bolton, R. H.	Dublin	3315
Morris, Henry	London	3289
Lyons, P. P.	Dublin	3259
Condon, E. H.	Dublin	3251
Barker, James	Dublin	3224
Barry, James	Cork	3100
Atkins, C. A.	London	3092
Smith, W. P.	Dublin	3052
Fearon, George	Dublin	3032
Weir, C. J.	Dublin	3029
Howard, Francis	Dublin	2989
Byrne, Frederick T.	Dublin	2983
Elgee, William	Dublin	2784
White, Thomas	Dublin	2573

APPOINTMENTS.

ARMY.

BARTLEY, Staff-Assistant-Surgeon A. G., M.D., to be Assistant-Surgeon 101st Foot, *vice* W. Pile, M.B.

CODRINGTON, Assistant-Surgeon O., Supernumerary in 68th Foot, to be Staff-Assistant-Surgeon, *vice* G. C. Gribbon, M.B.

GRIBBON, Staff-Assistant-Surgeon G. C., M.B., to be Assistant-Surgeon 25th Foot, *vice* J. C. Rattray, M.D.

HARVEY, Staff-Assistant-Surgeon H. O., to be Assistant-Surgeon 21st Foot, *vice* J. H. West, M.D.

HATCHELL, Assistant-Surgeon E. J., 60th Foot, to be Staff-Assistant-Surgeon, *vice* G. A. Hutton.

HOYSTED, Assistant-Surgeon T. N., 77th Foot, to be Staff-Assistant-Surgeon, *vice* H. O. Harvey.

HUTTON, Staff-Assistant-Surgeon G. A., to be Assistant-Surgeon 60th Foot, *vice* E. J. Hatchell.

OUGHTON, T., Esq., to be Staff-Assistant-Surgeon.

WEST, Assistant-Surgeon J. H., M.D., 21st Foot, to be Staff-Surgeon, *vice* J. Davys.

ROYAL NAVY.

BROWNLOW, Thomas D'A., M.D., Acting Assistant-Surgeon, to the *Asia.*

COCKIN, John, Esq., Surgeon, to the *Britannia.*

DOMVILLE, W. T., M.D., Staff-Surgeon, to the *Fisgard.*

GOODALL, Alexander, M.D., Acting Assistant-Surgeon, to the *Princess Royal.*

HAGUE, Robert, M.D., Assistant-Surgeon, to the *Princess Royal.*

HALPIN, Joseph, Esq., Assistant-Surgeon, to the *Curaçoa.*

O'MALLY, James N. J., Assistant-Surgeon, to the *Hastings*, for the *Ferret.*

TOMS, Francis Y., Esq., Surgeon, to the *Princess Royal.*

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

RISK, K. R., M.D., to be Assistant-Surgeon 65th Lancashire R.V.

DEATHS.

BUTT. On February 6th, at Thurlow Terrace, Clapham, aged 85, S. Newsome, widow of Edward Butt, Esq., Surgeon, of Bath.

FALCONER. On February 12th, at Bath, aged 6, George Howard, younger twin son of *R. W. Falconer, M.D.

GLEESON. On February 13th, aged 3 months, Florence E. A. F., youngest son of *Edward M. Gleeson, Esq., Athlone, Ireland.

KEBBELL. On February 13th, at Brighton, aged 1 year and 5 months, Eleanor, youngest child of William Kebbell, M.D.

MUSTON, Edward, Esq., late Surgeon Bengal H.E.I.C. Service, at Bordeaux, aged 75, on January 5.

NICOL. On February 7th, at Ardmarnock House, Argyleshire, Margaret D., wife of John Nicol, M.D., late of Liverpool.

DEATH OF HEINRICH ROSE. This distinguished analytical chemist died at Berlin, on January 29th, aged 69.

DR. TURNBULL. We are glad to note that Dr. Turnbull, Surgeon of the 6th Dragoons, contradicts the report that he has been placed upon half-pay.

UNIVERSITY OF LONDON. Her Majesty has nominated the Right Hon. Edward Cardwell, M.P., and Dr. William Sharpey, secretary to the Royal Society, to be members of the Senate of the University of London.

THE LONDON HOSPITAL, which at present contains four hundred and fifty beds, is not large enough to supply the wants of the surrounding people. The Committee have therefore determined to enlarge it by the addition of a wing.

PUBLIC DINNER TO THE LATE SHERIFF OF CORNWALL. At a meeting held on the 9th instant, at Penzance, it was resolved to invite Mr. W. Coulson, late sheriff of Cornwall, to a public dinner, as a means of acknowledging the able and courteous manner in which he discharged the duties of his office during the last year. A committee was appointed to make the necessary arrangements.

THE MORTALITY OF LONDON showed a slight decrease last week from that of the week before. It is still, however, high; the average estimate for the last ten years is 195 below the number of 1647, whose deaths are recorded last week. While the death-rate is high, the birth-rate is low. The number of births recorded last week amounted to 2005; the corrected average for the last ten years is 2116.

THE BRITISH PHARMACOPŒIA. In forming an opinion of the merits of this work, it is impossible to forget that the book has now been more than four years in preparation, and that it has cost a sum variously stated at £6000 or £8000. We have no interest in depreciating the value of literary and laboratory work, but we have no hesitation in asserting that, the work could have been as well prepared in less than twelve months by any moderately accomplished chemist and pharmaceutist, who would have thought himself richly rewarded with £400 or £500. No doubt the contentions between the three colleges about their rival preparations were frequent and severe; no doubt, the debates on such questions, as whether iodine should be called iodum or iodinium, and whether pil. galbani co. should, for the future, be known as pil. assafœtidæ co. or not, were long and fierce. We, however, have only to judge of the results. Although the book has been all these years in preparation, it bears evident marks of having been put together in a hurry. Some of the directions are incomplete and faulty. The bulk of the work is mere compilation. Much of it is taken up with prescriptions such as medical men should be left to write at their discretion; *e.g.*, mist. creasoti, mist. scammonii, pil. plumbi c. opio. The chemistry does not fairly represent the science of the day. Taken altogether, the book, as the production of the collective wisdom of the Medical Council, is far from likely to increase the respect which that learned body has inspired. *(Chemical News.)*

ACTION FOR ALLEGED ILLEGAL DETENTION IN AN ASYLUM. An action for damages for "wrongous and illegal detention," in Saughton Hall Lunatic Asylum, has been occupying the attention of the Scotch Courts. The defenders in the action are Drs. Smith and Lowe, owners of the asylum, in which Angus Macintosh, Esq., was confined for about six weeks in the summer of 1852, under a warrant of one of the sheriff-substitutes of Edinburgh, granted on a certificate of two doctors, that he was of unsound mind. Two or three years ago he had another action of damages against these doctors who signed the certificate, and in that action he was unsuccessful, the jury finding, in point of fact, that he was insane when the certificate was granted. He tried to obtain a new trial and failed, and has brought this action to have the privilege of telling his own story to the jury. And he did tell it very well, and was a most amusing and clever witness, giving his evidence in a frank, nonchalant, gentlemanly way, expressing himself elegantly, and dexterously avoiding awkward admissions. He remembered all his mad-like pranks, had reasons for them all, and ascribed all his extravagances to a three months' spree in London. After a lengthy and able summing up by the judge, the jury, after an absence of three hours, returned a verdict for the defendants, by a majority of nine to three.

THE LATE PROFESSOR VROLIK. Death has recently closed the career of a very eminent cultivator of natural science and an excellent man, Professor Willem Vrolik, who died on December 22nd, at the age of 62. He was the eldest son of Professor Gerardus Vrolik, and was born at Amsterdam, April 29th, 1801. He studied first at Amsterdam, and afterwards at the University of Utrecht, and then at Paris, from October 1822, to April 1823. On his return to Holland he took the Degree of Doctor of Medicine at Utrecht, June 10th, 1823. After his marriage with Theodora Cornelia van Doorn, he travelled in Germany, visiting Berlin and Saxony. Being established at Amsterdam in the practice of medicine, he exercised this profession until 1829, when he accepted the appointment of extraordinary Professor of Anatomy in the University of Groningen. He was occupied in the campaign on the frontiers of Holland and in Belgium from the end of 1830 till November 1831, serving with the volunteers of the students of Groningen and Franeker. In the latter year he received an invitation to the chair of Anatomy, Physiology, and Zoology in the Athenæum of Amsterdam. He occupied this chair with distinction for more than thirty years, having, in the spring of 1863, on account of his declining health, been compelled to resign. The works of Professor W. Vrolik are numerous. They are mostly on comparative anatomy, chiefly of the mammalia, and upon morbid anatomy. In the first science the principal are:—*Recherches d'Anatomie comparée sur le Chimpansé*, fol., 1841, with fine plates; and *Natuur-en Outleedkundige Beschouwing vander Hyperoodon* (Delphinus edentulus), 1848. Printed in the *Natuurkundige Verhandelingen van de Hollandsche Maatschappij der Wetenschappe te Haarlem.* On morbid anatomy, or teratology, his works are important, and valuable on the origin of Cyclopy. His chief work is *Handboek der zichtekundige Outleekunde. Aangeboren Getreken*, 2 vols., 1840-1842; and *Tabulæ ad illustrandum Embryogenesin Hominis et Mammalium, tam naturalem quam abnormen*, (100 plates, 4to.) For this work he received the Montyon prize from the Academy of Sciences, at Paris, in 1850. English medical literature contains specimens of his researches in both these departments of science. In the fourth volume of Todd's *Cyclopædia of Anatomy and Physiology* appear his articles, *Quadrumana*, and *Teratology*. Willem Vrolik was Knight of the Military Order of William (after 1831), of the Order of the Dutch Lion, 1855, and a member of many learned societies. (*Athenæum.*)

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Edward Smith. Lettsomian Lectures on Physiology. Lecture II, "The Evolution of Carbonic Acid by the Lungs and Skin, and other Phenomena of Expiration and Excretion, under the influence of various agencies."

TUESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Savory, "On the Absorption of Dead Bone"; Mr. Nayler, "Observations upon Alopecia."—Zoological.—Ethnological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Markham. Gulstonian Lectures. "The Uses of Blood-Letting in Diseases."—Pharmaceutical Society, 8.30 P.M. Professor Bentley, "The British Pharmacopœia."—Geological.

THURSDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Society.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Markham. Gulstonian Lectures. "The Uses of Blood-Letting in Disease."—Royal Institution.

SATURDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King's College. 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

GRATUITOUS SERVICES.—When "A Country Surgeon who gives advice to the Poor" will tell us what his views really are on gratuitous medical services, we shall be happy to notice them.

P. L.—Self-supporting are the best kind of medical charities. There are many dispensaries of this kind—partly self-supporting, at all events—in different parts of the country: at Northampton, and, we believe, at Coventry.

CHAUCER thus renders Hippocrates' famous aphorism in the opening verse of his *Assembly of Foules:*

"The lyfe so short, the craft so long to lerne,
Th' assay so hard, so sharpe the conquering."

A DISFIGURATION.—SIR: I should be very glad if any of your readers could suggest a remedy for a rather disfiguring, and therefore, especially in the female sex, a not unimportant affection. I allude to a condition of the skin of the face, characterised by a dilated state of the capillaries or minute arterial twigs immediately below the surface. It occurs in persons of fair complexion and delicate skin; and is most observable on the forehead, where it is considerably disfiguring from the red blotchy appearance that it imparts, and yet neither the epidermis nor cutis is in the slightest degree raised or roughened.

I have in one or two instances, when such blotches were well isolated, destroyed them by drawing a slender thread by means of a fine needle through the course of the dilated vessel, the thread having been previously soaked with nitric acid for half an inch of its length. But when the blotches are many and of a tortuous ramifying character, this proceeding (affording a perfect cure when applicable) cannot be carried out. Ordinary astringent lotions of all kinds I have tried in vain. I am, etc.,

February 13th, 1864. PULCHRA.

COMMUNICATIONS have been received from:—Dr. WILLIAM ADDISON; Dr. SANKEY; Dr. A. T. H. WATERS; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. ROUTH; Mr. WILLIAM BOWMAN; Mr. A. B. STEELE; Mr. J. R. HUMPHREYS; Dr. JOHN LORIMER; Mr. LOWNDES; Dr C. L. ROBERTSON; Mr. JONATHAN HUTCHINSON; Dr. MEADOWS; THE HONORARY SECRETARIES OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Mr. WILLIAM COPNEY; Mr. T. P. TEALE; Dr. M ROOKE; Dr. J. W. OGLE; THE DIRECTOR-GENERAL OF THE ARMY MEDICAL DEPARTMENT; Dr. GOODE; Mr. W. C. BURDER; Mr. W. G. WALKER; Mr. WILLIAM B. KESTEVEN; Mr. W. COOKE; and Mr. E. M. GLEESON.

BOOKS RECEIVED.

1. Three Hundred Consultations in Midwifery. By Robert Lee, M.D.. F.R.S. London: 1864.
2. The Roman or Turkish Bath. By James Lawrie, M.D. Edinburgh: 1864.
3. Twenty-Fourth Annual Report of the Suffolk Lunatic Asylum. 1864.
4. The Hunterian Oration for 1863. By George Gulliver, F.R.S.
5. Proofs of the Non-Existence of a Specific Enthetic Disease. By D. Macloughlin, M.D. London: 1864.
6. The Mechanism of Parturition. By W. Leishman, M.D. Glasgow: 1864.
7. Restoration of a Lost Nose by Operation. By John Hamilton. Dublin: 1864.

Remarks
ON
CRIMINAL RESPONSIBILITY IN RELATION TO INSANITY.*

BY
JOHN A. SYMONDS, M.D., F.R.C.P., F.R.S.Ed.,
CONSULTING-PHYSICIAN TO THE BRISTOL GENERAL HOSPITAL.

I COMMENCE this paper by saying, that I propose to discuss the criminal responsibility of the insane under such aspects only as are necessarily presented to all practitioners of medicine. The consideration of the subject under all its bearings would be more appropriately undertaken by those who have made the phenomena of insanity their especial study, and the care of the insane the main business of their lives. I need not remark, that our Branch has the honour of numbering among its members some very eminent representatives of this class of observers and practitioners, one of whom, in his presidential address last year, imparted to us some highly valuable information on points connected with his particular experience; and another has promised us a paper for this evening, to which my own may, perhaps, serve as a very slight introduction. The only other remark that I have to make in the way of preface is, that this paper was written just after the trial and conviction of Townley the murderer, and before the various discussions had appeared in journals and newspapers; which, could I have foreseen them, would very probably have deterred me from bringing before the Society a subject which, however important, has become trite and all but exhausted.

Among medical writers and medical witnesses in courts of law, there have been great differences of opinion as to what constitutes a man irresponsible for a criminal act. But these differences may be arranged under two or three heads.

1. There are those who think it must be proved, that the person under consideration was the subject of a delusion, an insane belief, the result of a morbidly erroneous action of the comparing faculty, and that this delusion originated the act for which the person is brought to trial.

2. There are those who would not limit irresponsibility to so narrow an issue. They say, that there may be no evidence of any particular delusion; but that the man before he committed the act manifested so much disorder in his feelings, disposition, character, and general conduct, that he ought to be held irresponsible.

3. A third class hold that, if a man were one of whom it might be said that he was in any way insane, whether in judgment, or in feeling, or in propensities, no matter whether or not there be any evidence of connection between the act and the special form of mental derangement, still the mere proof of diseased mind ought to excuse the person from the legal consequences of his act, even though there might be evidence of an adequate motive for the act; the theory in this view being that, when it is once admitted that a man's mind is in any way unsound, no one can deny that this unsoundness may have extended to the feelings, motives, judgment, power of self-control, etc., so as to put the act out of the category of crime. In other words, the holders of this view do not require that, in order to exempt from responsibility, the delusion, or the known morbid state of the emotions and moral sentiments, should have been mixed up with the crime.

Now, the view which the law takes of this subject is briefly this. It is a mistake, according to Judge Maule, to speak of the "plea of insanity." It is not that a man is tried and convicted of a crime, and then that a plea against judgment is presented on the ground of insanity, like the plea of a general pardon or a previous acquittal. The issue is, whether, say in the case of murder, the man committed the act wilfully and maliciously. The prosecutor alleges that he did. The prisoner, in his defence, gives evidence that wilfulness or malice cannot be predicated of his act, because of the unsoundness of his mind.

Now, the stress of the evidence is all on this point. The jury have to decide whether the prisoner's act was wilful and malicious. The judge explains to them that he committed it wilfully and maliciously, unless he was in such a condition of mind at the time as not to know that he was doing wrong; or, as some put it, not capable of knowing the consequences of his act. It has been held by some great lawyers that, if the person committing the act know that it is illegal, he is responsible for the act. But the Judges, in their answers to questions put to them some years ago by the House of Lords, in the case of Macnaughten, for the solution of this point, decided that the jury have to find whether the prisoner acted wilfully, and knew that he was doing wrong, and thereby incurring the punishment of the law; or, as it might otherwise be expressed, that the law cannot allow acquittal, unless it be proved that the person was disabled by mental disease from knowing that his act was wrong. I think that, as the lawyers use the word wilfully as well as maliciously, their proviso ought to include those cases in which men, being driven by irresistible and motiveless impulse to crime (as in homicidal insanity), cannot be said to have committed the crime wilfully.

Some have contended, that it is unreasonable to ask a jury to solve problems so difficult as right and wrong. But, after all, it is only a common-sense view that is required of the jury; it is not a metaphysical subtlety. The law is founded upon right and wrong—principles which people decide upon and act upon in the common affairs of life; and it is presumed that most persons know that such principles are the foundation of the law.* The great difficulty, as I have hinted, which the jurors have to meet, is that of determining whether the prisoner was disabled by mental disease from knowing that his act was wrong. Medical witnesses are summoned to give evidence on this very point. One, as we have already seen, would say that it is enough to prove any unsoundness of mind, because this may vitiate, more or less, all its judgments, feelings, or motives. Another, with more limitation, would say that the man's insanity bore particularly on his feelings, disposition, emotions, and motives to action; and, therefore, that it was specially liable to lead to an act of violence; and that as our feelings, in our soundest condition, affect our judgment, so, when morbidly perverted, they are particularly liable to warp it and disable a man from perceiving the quality of his act. A third will maintain that there was a special delusion which led to the act in question, and made it of a quality claiming irresponsibility. But this argument of delusion must be accompanied by proof of its emanating from a diseased mind; for, without this qualification, the strange opinions held by sane men might exculpate any criminal act. Again, others have argued with considerable justice, that you may grant the delusion, and that the act flowed from it, but yet it does not follow that the man did not know his act to be wrong. The lords put this question to the fourteen judges. "If a person," ask the lords, "under an insane delusion as to existing facts, commits an offence in consequence thereof, is he thereby excused?" The judges answer: "Assuming that he labours under such partial delusion only, and is not in other respects insane, we think he must be considered in the same situation, as to responsibility, as if the facts with respect to which the delusion exists were real."

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* A paper read at a meeting of the Bath and Bristol Branch of the British Medical Association, held at Clifton on Feb. 18th, 1864.

* For a luminous statement of the legal aspect of this subject, I beg to refer to a paper by Mr. Fitzjames Stephen, published in Part I of the *Transactions* of the Juridical Society.

This judgment leaves it open to the jury to take in the delusion as a part of the evidence as to the prisoner's mental condition, though the delusion itself does not justify the act. In the case of Hadfield, his delusion consisted in his belief that he was our Lord; that his death was necessary for the salvation of mankind; and that, though he ought not to kill himself, yet for firing at George III he would be hanged, and so the world would be saved. It is clear, here, that he did not feel that, in acting on his delusion, he was doing wrong, but quite the reverse. In Bellingham's case, he was under the delusion that Mr. Windham had injured him; and, having mistaken (which any sane person might have done) Mr. Perceval for Mr. Windham, Bellingham shot him. There was no evidence to prove that he did not know that he was doing wrong, so he was convicted; for, if Mr. Windham had indeed injured him, and Bellingham in revenge had shot him, he (Bellingham) would, of course, have been convicted. The feeling that followed upon the delusion or upon the real fact, and which feeling brought about the murder, was the same in either case. But still it might have been argued, that such a delusion was so absurd as to indicate great unsoundness of mind; and the jury in such a case would have to settle in their own minds, whether it was enough to disable the subject of it from knowing that his act was wrong.

Cases are not uncommon in which persons have been afflicted with a false impression that they heard voices maligning, denouncing, and threatening them. Under such an impression, they have taken loaded pistols and rushed out of their houses in search of the imaginary offenders. Supposing that such a person had met some one on the spot, and, under the influence of rage at the fancied insult, killed the unoffending individual, was the insane man answerable for his action? A man under any violent passion does not consider much the consequences of his act; and even had the insane man been really insulted in this way, it would not justify his act. In such a case, the medical witness may give an opinion that so strong a delusion indicated a diseased brain, and that the man was disabled by the state of his brain from knowing at the time that his act was wrong; or that he was for the time so mastered by the delusion as to have lost all power of self-control; so that, though his act was malicious, it was not wilful.

If the delusion proved to exist in a case had nothing to do with the act, the quality of the act must be judged on other evidence. In Buranelli's case, it was pretty clear that his delusion had nothing to do with his crime; and that there was sufficient evidence of malicious motive. But there were eminent psychopathologists who thought that, independently of those delusions, the prisoner presented other evidence of unsoundness of mind sufficient to make him irresponsible. In a recent case (Townley's), the prisoner was held responsible because he knew the consequences of his act, and he was actuated by evil passion, and he premeditated the crime. But a question might be raised whether he knew that he was doing wrong, seeing that he held the notion that an engagement made the lady his property, and that he might dispose of her as he liked. Though I should have joined in the verdict of "guilty" on the whole evidence, I confess that there is a difficulty in distinguishing what one might call a strange eccentric individual belief or crotchet from what another would call an insane belief in this case. But, seeing that the object of punishment is prevention, it would be dangerous to admit that a young lady's life might be left to the mercy of a lover's crotchets.

It may be worth while to dwell on the instances of delusion to which I have just alluded. In all but Buranelli's the delusion was mixed up with the act. In Hadfield's case the delusion was not only an utterly wild and absurd belief, but it also affected his sense of the morality of his act, and his act had little or no personal passion mixed up with it. In Bellingham's case the delusion, though concerned in the act, did not affect the right or wrong of the act, and natural passion entered largely into it. In the hearer of imaginary voices, the delusion *per se* again might not justify the act (for it is wrong to shoot a man for abusing you). In Townley's case, his particular notion did affect his view of the quality of his act in a pre-eminent degree, but it was combined with violent personal feeling. And the delusion, if so to be called rather than an eccentric notion, was not enough to prove a diseased state of mind.*

What is delusion or insane belief? Let us take one or two examples. Suppose a man proposes to you to form a company for draining the Mediterranean Sea, and making of the recovered land a magnificent cherry-orchard; this proposal is so contrary to all your notions of what is probable or practicable, that you pronounce it at once to be insane. Another comes to you, and avers that he can produce a change in your body by administering to you decillionths of a drug, and persists even when you have explained to him the numerical meaning of a decillionth, which is equivalent to *reductio ad absurdum*. This is quite as opposed to your notions of what is possible or practicable as the former notion, but do you call it an insane belief? A third tells you that he believes that a *clairvoyante* girl can read a writing placed on the epigastrium, or form a judgment of the bodily and mental condition of a person hundreds of miles away, by means of a lock of hair. Is this an insane belief? and if insane, is it so insane as to argue disease of the mind which entertains it? A fourth tells you that he was justified in killing his betrothed, because a marriage engagement gives a man absolute possession of the woman, and the right to deal with her life. There is nothing more insane in this belief than in the others which I have noticed. The first and the fourth are the most dangerous; the one to the property of the speculator; the other to the life of the affianced lady. The second and third may be only dangerous in the way of superseding more reasonable and salutary methods of medical investigation and treatment.

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* Since the above was written, it has been made highly probable by the investigation of this case by the special commission that the alleged notion was an after-thought set up in vindication of the crime. See a very able medico-legal commentary on Townley's case, entitled *Insanity and Crime*, by the editors of the *Journal of Mental Science*.

I think that the more we consider delusions, the more surely we shall come to the opinion that a delusion, like a symptom of a disease, must be viewed in connection with other mental facts before we can arrive at a correct notion of the unsoundness of the mind, and the correlative irresponsibility of its owner; and it will be found that different species of insanity, like the groups of diseases in our nosological classifications, run into each other. Not the less, however, do we recognise the value of such classification. There is a class of cases in which delusions or intellectual aberrations are the prominent phenomena; but they are rarely, if ever, unattended by an abnormal condition of the emotions and feelings. There is another class in which the feelings and sentiments which constitute disposition, temper, and character, and which incite and govern actions, are disordered without marked disturbance of the understanding (the moral insanity of Prichard, the *manie sans delire* of Pinel); but if we examine them carefully, we may often discover indications of impaired or disordered judgment. And the same may be said of the group characterised by violent disturbance of the lower propensities, while mania may present in the same person manifestations of all the forms of derangements which characterise the above groups.

Our excellent associate Dr. Davey, in an interesting pamphlet on *The Law of Lunacy in Relation to Crime*, gives it as the result of his observation and experience, that mental disorder generally, and especially that which is likely to be mixed up with criminal charges, has its beginning, and betokens itself mainly, in the emotions and propensities.

To return to the principal question of this paper. How far does mental unsoundness affect a man's responsibility? Perhaps we may get a little additional light by looking at the question from a fresh standing ground. Instead of looking at it from the side of insanity, let us regard it from that of the rights, liberties, and interests of society. Was the criminal under trial a free agent, enjoying all the advantages and privileges of a person at large? If he was, can the law distinguish between him and other members of society? Law is a social contrivance for the preservation of life and property. As at present constituted, it cannot without difficulty enter nicely into the motives and antecedents of crime. It views the acts of men as they are done, and deals with them according to its prescriptions. The legal judge is not the maker and searcher of hearts. It is hard for him to decide what motives or passions are irresistible; or what temptation was unduly yielded to, what bias was pardonable. If the biography of every criminal could be fully unfolded, if his original organisation could be laid bare, if the outward conditions of his moral life could be described in detail, showing how every influence that should educe and nourish the moral sense, was wanting, while all that could feed and foster and develope the tendency to evil, was working upon him from the cradle up to manhood, it might appear that, on a righteous and equitable survey of the agencies and instincts to which the criminal had been subject, he was perhaps a less culpable person than nine-tenths of the members of the court at whose bar he is arraigned—persons whose propensities to commit legal offences have been held in check by, or received no encouragement from education, position, habits, customs, conventions, and worldly interest. Much of temptation is hidden under social propriety. And, were hearts to be unveiled, perhaps more might appear than might be pardonable even among the most respectable members of society. But such adjudications are not for human tribunals, at least in the present imperfect state of society. Men must be tried by their acts; and the known consequences of certain acts are the preventives to crime set up by society in its own defence. Society does severe things. It is hard, though perhaps unavoidable, to send brave, ignorant peasants to incalculable suffering, and with the certainty of a large percentage of deaths, in fighting battles for the defence of pestilent territories acquired on most questionable titles. It is hard to imprison, and it ought to have been felt very hard (in a former state of our penal code) to hang men for crimes prompted by the most primitive of human needs. "You are not hanged," a humane judge might say, "for stealing a sheep in behalf of your craving stomach and famishing children, but you are hanged in order that henceforth sheep may not be stolen. Your fate must conform to the necessities of society."

But though society cannot nicely balance and allow for the natural incentives to vice and for the faults of education, may it not allow for morbid aberrations of judgment or for morbid propensities? Unquestionably, when they amount to a certain degree. But what is that degree? This question we have already in part considered. But let us ask another question. Why was the criminal at large? Why was he in the enjoyment of the privileges of society, if he were not answerable to the law which protects those privileges? This question points out to our minds a test that may be a help to us as medical witnesses, whatever may be the value of it to the public, or to the deliberations of a court. If we are considering whether a prisoner is responsible or not for his act, let us ask ourselves whether the facts testifying to his unsoundness of mind were such as would have justified us in certifying him as a person fit to be confined. And if we can satisfy ourselves that we should not have judged him to be a person who could be entrusted with his liberty, we may safely pronounce him irresponsible for his actions. But if we must have left him at large, then he must be treated as a free agent, and one who was not disabled by mental disorder from knowing that his act was wrong.

I think my fellow-members will give due consideration to this suggestion. And were it brought before the attention of the public as likely to be carried into practice, it might probably have an indirectly beneficial operation on those unfortunate persons about whom is the question. Were the partially insane to know that so long as they have liberty they are answerable to the law, I believe that this knowledge would lead them to that self-restraint which is the object of deterrent penalties. And as to the public, they would take more heed of those individuals who, by reason of their unsoundness of mind, are dangerous possessors of liberty. The test would not only diminish the odium or obloquy which at present is so often attached to those who place such persons under control, but it would impel the friends of such persons to the performance of a duty from which it is often natural to shrink. But here comes a difficulty which must be familiar to all who have had to deal with these debateable cases. There is no friend or relation willing to incur the responsibility and the expense of consigning the case to an asylum. What is to be done? This difficulty points to a great public want, which will, I trust, be some day supplied. I mean the appointment of public medico-legal functionaries, whose business it shall be to investigate and take the responsibility of determining upon. and providing for, the seclusion of the cases alluded to. I think it would eventually appear that it is better, nay, that it is fiscally and economically preferable to deposit a brain-sick man in a hospital for the insane, where he may be *cured* as well as kept out of the way of harm to himself or others, than to allow him to remain at large till he has committed some crime which will cause him in one case to be maintained at the public expense as a convict or prisoner for life, or in another to be executed as a doubtful criminal.

There are two obstacles, but not, I think, insuperable, against the practical utility of the criterion which I have proposed. One is presented by such cases of madness as begin abruptly, and are, indeed, first betokened by the very act for which the perpetrator is under trial. Such are the cases of impulsive mania, called Phonomania, Pyromania, and Kleptomania. Now, I think, if these cases are studied carefully, it will be seen that they are so flagrant as to prevent any question about them; that, although the person affected manifested no such indications of mental unsoundness previously to the act as would have justified any one in depriving him of liberty, yet the act itself was so motiveless, so obviously the result of an irresistible impulse, as to take it out of the legal category either of wilfulness or of malice.

Another difficulty would be offered in cases in which a delusion, though long held, has only been manifested by the act itself. If it be plain that the delusion did exist at the time of the act, then we may consider whether, had we known of such delusion, we should have deprived the person of his liberty. But if the delusion would not have been strong enough to justify such interference, then let the criminal be held responsible.

But here I beg to remark that, in debating these questions of responsibility, we are taken somewhat beyond our strictly medical functions. Sometimes, we willingly, almost officiously, pass out of our province; but oftener we are dragged out of it. I do not think, that it is our business to say what is moral, much less legal, irresponsibility. It might be well for us to resolve and agree to say no more than what we know as medical practitioners. Let us declare the man to be, in our judgment, sane or insane; just as, in examining for an insurance-office, we pronounce the candidate to be sound or unsound in body. Having declared him to be unsound in mind, let moralists and legal judges settle the question whether he was responsible for his actions. For my own part, I do not hold that, in the abstract, unsoundness of mind should, necessarily and in all cases, exempt from culpability. Every case must be examined on its own merits; and the questions on which the individual case must turn are, as it seems to me, legal and moral, not medical. We have enough burthens on our minds; enough of difficult problems to solve; and it is hard to have forced on us those which do not belong to our calling.

But whether we like it or not, we shall still have these troublesome questions pressed upon our consideration. Was the prisoner insane to such a degree as to take his act out of the category of malice and wilfulness? Was he ignorant that he was doing wrong and breaking the law? Had his disorder deprived him of the power of self-control? I repeat what I have said, that, in determining these points, we must study the whole man; and consider, whether had we known his history, we should have allowed him to be in possession of his liberty. And we must remember that, while it is our duty, on the one hand, to save an irresponsible man from punishment, we must not, on the other, push our theories as to human actions so far as to weaken that check which punishment gives to crime; ever bearing in mind that, while one man may be so overmastered by morbid propensity, and another by wilfully indulged passion, either of which may set all fear of punishment at defiance, there are vast numbers of persons with feeble moral sense, moderate passions, and exposed to strong temptations, whose premeditation of crime is arrested by the dread of punishment. For, putting aside the fear of criminal punishment, are we not all aware that even minor penalties are strongly operative? What would be the safety of virtue and what of integrity, were there no such punishment as social loss of caste and social dishonour?

In conclusion, and to gather up the more important practical points of this paper. It will be our duty to inquire in any case: 1. As to delusions, whether they were of so gross a nature as in themselves to argue a diseased state of the understanding; or whether, though of an insulated nature, and not involving the whole mind, they had a direct bearing on the crime, or whether they were mixed up with morbid emotions and sentiments. 2. As to cases without manifest delusions, whether the state of the emotions and moral feelings was so perverted, either with reference to the ordinary standard, or with reference to what was the patient's former temper and character, as to indicate a morbid condition, that condition telling in particular on the power of self-control. In distinguishing such cases, it will be a help to view the inordinate emotion in relation to the object which excited it—as in the common cases of revenge, hate, jealousy, and cupidity; and to consider the proportion between the passion and its provocation. 3. As to the impulsive forms of mania, these ought not to be admitted but on the strongest evidence. But luckily, in such cases, the evidence is usually very convincing; or if not so to the merely legal mind, it is conclusive to those who have any practical acquaintance with the great variety of the forms which mental disorder can assume.

Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

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LECTURE III.

On the Pathology and Treatment of Certain Forms of Delirium. Therapeutics. The Physiological and Therapeutic Action of Alcohol. The Present State of Therapeutics, and the Direction which Therapeutical Inquiries should take, etc.

MR. PRESIDENT AND GENTLEMEN,—At the termination of my last lecture, I had referred to two pathological conditions of the body as illustrative of the general bearings of the subject of these lectures. Before passing on to the special object of the lecture of to-night, I wish to direct your attention, very briefly, to certain other pathological phenomena of great practical importance.

I pointed out, in a former lecture, some of the difficulties with which the study of the structure and functions of the nervous centres is involved; and I endeavoured to show the influence which our imperfect physiological knowledge has had in retarding our progress with reference to the pathology and therapeutics of the diseases of the nervous system. But it would be easy to prove that, in regard to those particular morbid symptoms which are essentially referable to a perverted function of the organ of consciousness and intellectuality, important advances have been made, both in the discrimination of the different conditions under which the phenomena occur, and the treatment to which they are submitted. Is it not true that we are now aware that two of the most formidable symptoms with which we have to deal, delirium and coma, are caused by various and differing conditions of the brain? And has not this knowledge been acquired as the result of our improved physiology, and the careful observation of facts in clinical medicine and morbid anatomy?

These symptoms, delirium and coma, were once thought, and that not long ago, to be essentially connected with an inflammatory state of the brain or its membranes; but, careful *post mortem* examination of cases in which the symptoms had occurred revealed the fact that no such inflammation had existed. Indeed, we have now learned that acute inflammation of the brain, or of its membranes, occurring in adults, is a very rare disease; and that, in the vast majority of cases, in which we meet with delirium, and even coma, there is no structural change of an inflammatory kind going on within the cranium.

It is especially to the subject of delirium that I wish to direct your attention. I do not, however, intend to enter into any lengthened consideration of its nature, but rather to confine my remarks to the pathology of the phenomenon, when it occurs in connexion with some general malady or some distant disease—when, for instance, it arises in the course of a specific fever, or of a local inflammation, as pneumonia, pericarditis, or erysipelas.

It seems to me that, step by step, we have arrived at conclusions, with reference to this symptom, which have materially modified our treatment of it.

The occurrence of delirium from the imbibition of alcohol or the inhalation of chloroform, and of coma as a consequence of the administration of opium in large doses, has taught us that these symptoms do exist without any structural change in the organ of consciousness and intellectuality. Further, the condition of the brain after death from delirium tremens, and as a consequence of Bright's disease attended with coma, shows that a poisoned state of the blood is alone sufficient to give rise to the symptoms to which I am referring.

When, therefore, we meet with delirium in the course of a specific fever, as scarlatina, or in the progress of pneumonia, pericarditis, or erysipelas, may not the symptom be due to a like cause? Nay, has not clinical experience shown the strong probability that such is the case? And when an opportunity has been afforded of making a *post mortem* examination, have we not seen that not only has there been no congested or inflamed condition of the brain, but that the only morbid change occasionally found has been a somewhat anæmic state of the grey matter of the cerebral convolutions?

I believe these facts are becoming recognised and acted on by us; but yet I doubt whether they have been sufficiently impressed on our minds, and whether they have yet led to the general adoption of a practice in accordance with the indications they afford; whether, in fact, we are not too apt to consider delirium, occurring in such cases as I have referred to, as the result of organic changes going on within the cranium, and to direct our remedial measures in accordance with this view.

I am unwilling to trouble you with unnecessary details; but, in order to make my position clear, I must illustrate my views by reference to a single case.

I attended, in the spring of the present year, a gentleman of middle age attacked with scarlatina. I saw him on the fourth day of the attack. The rash was not well out; the throat was sore; the pulse 120; and the fever rather high. The symptoms may be characterised as, at that time, severe, but not urgent. On the following day—the fifth of the disease—the general symptoms were much the same, except that there was great excitement in the patient's manner, with restlessness, flushed face, and injected conjunctivæ. Moreover, the urine was albuminous. On the following day—the sixth of the disease—I was told my patient had passed a bad night, and had been very restless and delirious. He was excited, talked in a rambling manner; but, when spoken to, answered sensibly. He complained of violent palpitation of the heart, which he said was a steam-engine working in his inside. I examined his chest, and found no evidence of inflammatory mischief. On the next day—the seventh of the disease—he had passed rather a better night, but still had been delirious. In the afternoon of this day, he began to talk in an incoherent manner; got up and crawled to the bottom of his bed, and was obliged to be pu back by his attendants. When I saw him at night, he was more quiet, and the pulse was less frequent; but there was extreme prostration. From this time, no delirium occurred; and, with the exception of a threatening of diphtheria which manifested itself on the eighth day, and a somewhat alarming prostration, the patient progressed satisfactorily to recovery.

Now, I wish to refer briefly to the measures which were adopted in this case, under which the delirium disappeared, and a favourable issue resulted. I must here remark, that the delirium was of a severe type; it was not the mild delirium we so frequently meet with, but such as to require, for two or three days, constant watching, and, on more than one occasion, actual personal restraint.

On the day on which I saw the patient, he was taking chlorate of potash and steel, with small quantities of wine. On the following day, the steel was omitted, the wine and potash were increased, and free nutrition was ordered. As soon as the delirium occurred, notwithstanding the flushed state of the face, I considered the symptom to be due rather to a poisoned condition of the blood, and perhaps an anæmic state of the brain (for, although the pulse was quick, it was weak), than to any congestion or inflammation of the contents of the cranium; and, acting on this view, the only modification I made in the treatment was to increase the quantity of stimulants, and to insist more urgently on the free administration of nourishment. These measures were fully carried out, and the quantity of stimulants given was large. The chlorate of potash was continued up to the eighth day of the disease, when two grains of quinine were given every four hours.

I have referred to this case, because it is an instance of severe and alarming delirium occurring in the progress of a specific fever, not met by any abstraction of blood, nor by any remedy addressed to the head itself, but by free stimulation and nutrition; and with the most satisfactory results. To the early, persistent, and regular carrying out, night and day, of these measures, I attribute the patient's recovery; for, in spite of all the stimulants that were given, on the eighth and ninth days of the disease, when the fever-symptoms and delirium had subsided, the pulse became intermittent, and the patient lay for some time in a semi-syncopal condition, from which he was roused by a very liberal administration of brandy. I have mentioned that the urine was albuminous. On the fifth day, it was smoky, and gave a large deposit with heat and nitric acid. The alcohol did not seem in anywise to be prejudicial to this condition; on the contrary, during its administration, the smoky colour became daily less, the albumen diminished in quantity, and both conditions soon disappeared. No dropsical symptom followed the attack.

Cases of this kind we are probably all familiar with. I might relate others; but the one I have mentioned is perhaps sufficient to illustrate the principle to which I have directed your attention. Had the delirium been dependent on inflammation or congestion of the brain, the treatment adopted might have endangered, or even destroyed, the patient's life. The result, I think, afforded a strong proof that no such condition existed.

But, to pass on to the delirium which we often meet with in the course of a local inflammation. It not unfrequently happens that, during the progress of pneumonia or pericarditis, the patient becomes more or less violently delirious. Several such cases have come under my notice; but, without occupying your time by referring to the details of them, I may remark that, as far as my experience goes, the symptoms come on, for the most part, in patients who have indications of general malnutrition, in whom the pulse is quick and feeble; and I consider that the delirium partakes very much of the nature of that which is called traumatic.

An acute disease, like an accident, interferes with the usual habits of life, and when there has been an over-indulgence in alcoholic liquids, severe mental exhaustion, or anything which has led to impaired nutrition, it is very probable that results, similar in their character to those which often follow an accident, will arise in the progress of an acute attack, unless they are anticipated by the practitioner.

But there is, further, in these cases of inflammation, and more especially in some, as rheumatic pericarditis, an additional cause of the symptom in the poisoned state of the blood; this—together, perhaps, with the feeble action of the heart, consequent on its impaired nutrition, and often the mechanical interference with its movements—becomes the exciting cause of the delirium.

The remarks I have made as to the nature of the delirium in rheumatic inflammation will assuredly apply to that which occurs in erysipelas. In my own experience, I have seen a large number of cases of this disease, and I can safely say that, often as I have seen it attacking various parts of the body, I have never seen an instance in which there has been a metastasis to the brain or its membranes. Delirium I have seen very frequently, varying in degree from the slightest possible disturbance of the normal function of the brain, to that which required constant watching; but I have never seen actual inflammation within the cranium as revealed by the scalpel. And does not the treatment with which we meet these cases, even when delirium exists, bear out the view I have taken of the pathology of that phenomenon? Do we not find, that the purely sustaining and stimulating treatment is that on which we can most safely rely, to carry our patients through a severe attack of the disease.

And to return to the point on which I have often insisted in these lectures—*the importance of studying slight deviations from normal actions, if we would understand the graver aberrations*—I think we may gather valuable indications as to the nature and treatment of the phenomenon to which I have directed your attention, from a consideration of the conditions under which it occurs in its milder forms. There is no difference, except in degree, between the mild delirium, if I may so term it, which we so frequently meet with, and those violent paroxysms which characterise some specific diseases. Have we not all experienced the symptom to a greater or less extent? Have we not felt and noted the access of the phenomenon, the gradual passage from the healthy action of the brain, to one which has stepped into the confines of pathology? Have we not, under the influence of over-work, over-anxiety, irregular hours, suffered from that malnutrition which always follows as the result of malassimilation? Under these circumstances, or depressed, perhaps, by some prevailing epidemic—even the mildest attack of influenza,—have we not felt a sort of wandering of our thoughts when we ought to have been healthily sleeping? Have we not found ourselves dwelling on fantastic images, and weaving curious combinations? Have we not felt the occasional involuntary start, or the uncontrollable twitching of some muscle? Have we not, in fine, found that the central, regulating, coordinating agent, that by which our thoughts are elaborated, our ideas conceived, and by which our will exerts its power, has passed from a condition of vigour to one of feeble and uncertain action? And have we not found, as our anxiety has ceased, our work diminished, as our food has been better assimilated, and, in fact, as the nutrition of the brain has improved, that these symptoms have disappeared, and that the normal vigour has returned to the organ of our thought, our intellect, and our will?

And it is by studying these phenomena in their early stages, or their slight manifestations, by watching the steps which mark the passage from health to disease, and from disease back to health, that we gain an insight into their pathology, and the clearest indications as to their treatment.

But in referring to the cases in which this perverted function of the brain occurs, I would distinctly guard my hearers against a hasty generalisation as to its causes or its treatment. It would be far beyond the scope of this lecture for me to attempt to define the peculiarities of delirium as caused by an inflammation of the brain, and of that which results from a mere functional disturbance. My object has been rather to show that, in the majority of cases, the phenomenon is due, not to inflammatory change, but to faulty nutrition, the result of a poisoned state of the blood, or an impairment of the general circulation, or of both these causes combined; and that, in our treatment, we should direct our efforts to the relief of the general malady, and not specifically to the symptom itself.

[*To be continued.*]

A Recent Invention. The Graduated Compression Suspensory Bandage is designed for the relief, prevention, and cure of the various diseases connected with or in relation to the spermatic cord, the testes, and the envelopes. This bandage, invented by Dr. G. Miliano, of New York, has been so constructed and arranged as to make equal pressure upon the whole surface of diseased testes and their envelopes. The pressure can be graduated at the pleasure of the surgeon or the wearer, according to the circumstances of the case, by drawing sufficiently upon the braids so as to contract the bandage and compress the disease; then crossing them at the back of the scrotum, at the perineum, and tying them in front under the penis. (*American Medical Times.*)

Inside a Monitor. Only think of the sanitary prospects of eighty or a hundred men shut up in a submerged iron encasement, with only about sixty-five cubic feet of air-space to each person, and that sepulchral atmosphere unchanged, except by the very imperfect process of "blowing" a feeble current from the "turret." According to our own rough estimate, each man during battle, or in a sea at all rough, when scuttles and hatches must be closed, would receive *less than two cubic feet per minute* of fresh air for respiration. Add to this the inevitable humidity and the excessive heat and darkness of the monitors, and you have the elemental and *inevitable* causes of a fearfully high invalid-rate. (*American Med. Times.*)

Original Communications.

A CASE OF MANIA, WITH ALBUMINURIA, CURED BY THE ROMAN BATH.

By C. L. Robertson, M.D.Cantab.; Medical Superintendent of the Sussex Lunatic Asylum, Hayward's Heath; Editor of the *Journal of Mental Science.*

M. W. (No. 720) was admitted at Hayward's Heath on February 23rd, 1863.

History. He was married, aged fifty; was coachmaker at the Brighton railway works; a man of intemperate habits. He was stated to have shown symptoms of mental disease for a twelvemonth, with a tendency to suicide. There was no hereditary taint.

State on admission. a. Bodily. He was very weak. The tongue was furred and tremulous; the whole frame in a state of tremor. He was restless, and did not sleep. *b. Mental.* The mind was quite confused; he was unable to understand or answer questions. There was difficulty of articulation. He was unable to tell his name; and was disposed to be destructive and dirty.

February 25. Want of sleep and restlessness continued. He was very nervous and tremulous. Pulse feeble, 90; pupil contracted. He ate slops. He was ordered to have a glass of whisky at bed-time, and to be packed in the wet sheet for two hours, with two cold pails afterwards.

March 2. He had improved rather under the treatment; pulse 72; tongue cleaner; pupils contracted. The mind was incoherent; memory deficient. He was very restless—taking down the pictures; and was disposed to be dirty in his habits.

March 18. He was not so well. Pulse 120; face pale; surface cold. Restlessness increased; he was incoherent and noisy. The packing and cold pails were omitted, and ʒj of the sedative mixture[*] ordered to be given at bed-time, and he was directed to continue the whisky and extra food (chops, porter, and ordinary diet), of which he ate well; and to have an occasional warm bath for half-an-hour at bed-time.

May 10. He had lost ground; the restlessness and incoherence continued. He was noisy at night; his habits were dirty; he was feebler. Œdema of the legs had set in. The urine[†] was found laden with albumen, abundant in quantity, specific gravity 1025, clear, no deposit. The heart was healthy; pulse 110. He was rambling in his conversation; he spoke also of his strength and ability, and that he would build me a carriage, and provide four horses for it, and drive it himself. He was very troublesome, secreting things, etc. He was ordered to have the Roman bath at 150°; to omit the sedative mixture. He was so feeble that he could hardly stand. He had to be carried to the bath. The skin acted feebly; pulse 70, on his return.

May 21. The Roman bath was continued twice a week at 170°. The skin acted better. He was still very feeble. The œdema of the legs was less. His mind was no better; he had delusions, and was incoherent. The albumen was less in quantity.

June 17. He was in every way better. His conversation was more rational. He was gaining strength daily. He still entertained rather an exaggerated idea of his ability and strength, and had a propensity to secrete and collect trash as before. He was ordered to continue the Roman bath twice a week, and to go to the carpenter's shop. The œdema of the legs was quite gone. His appetite was hearty. Albumen was slightly present only.

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[*] The following is the formula of the sedative mixture. R. Tincturæ digitalis, tincturæ cannabis Indicæ, liquoris opii (Taylor), ætheris chlorici, singulorum unciam. Dose ʒss to ʒj.

[†] Unfortunately, the urine was not microscopically examined.

October 5. A steady improvement had taken place. There had been no trace of albumen for some weeks in the urine. He was convalescent. The mind was clear and rational. He worked steadily in the carpenter's shop, and was allowed to go about the premises alone, satisfied with his position and care, and prospect of discharge.

November 30. He was discharged on trial for a month. During the month, he came to Hayward's Heath to ask for a Roman bath. I found him sound in mind and body, and working for the Brighton Railway Company, in their carriage factory, at thirty-three shillings a week.

December 30. He was discharged cured.

Remarks. The therapeutic uses of the Roman bath have yet to be studied. I believe them to be very great. Of its curative power in the early stages of phthisis I have had several examples, and I can confirm all that Dr. Leared reports of its action in the early stage of that disease. I long to see the Roman bath fairly tried in zymotic diseases. I believe, if used at sufficiently high temperatures (170°-200°), that the results will astonish us all. If anything ever can cure hydrophobia, it will be the Roman bath, at 200°, continued for many hours.

Yet, strange to say, although three years have elapsed since it was fairly and fully brought to the notice of the profession by Mr. Erasmus Wilson, and although the public are building baths, and using them eagerly and ignorantly, no London hospital has thought it worth while to add this potent agent to its armoury. The Newcastle Infirmary, and the Sussex and Devon Lunatic Asylums, are the only hospitals in England (so far as I know) provided with a Roman bath.

In the *Journal of Mental Science* for July 1861 I gave an account of the Roman bath at Hayward's Heath. A similar bath, capable of accommodating six bathers at a time, can be built for £150 to £200 complete. The cost of heating it is about one shilling a day. In the same journal, for July 1862, I published some cases of melancholia (with refusal of food) successfully treated by the Roman bath, and I have since then regularly used the bath in my practice at Hayward's Heath.

In the case above recorded, I have little doubt that the Roman bath saved the patient's life and restored him to reason. He steadily lost ground until he began its use; the delusions increased; the bodily health gave way; œdema of the limbs set in, and he was so weak that he had to be carried to the bath, and could hardly stand when he came up from it. In six weeks he was at work at his trade, and in six months he was discharged from the asylum sound in mind and body, and able to earn a comfortable living. This cure was the only possible result which I did not foresee. I thought first that the case was tending to permanent dementia; then it looked as if general paresis of the insane would be the end; then it seemed as if he were to die from dropsy and albuminuria. I cannot but think that the Roman bath was the agent which rescued him from all these perils, and restored him to health of mind and body. The danger which awaits him is a recurrence of the disease, should he revert to his intemperate habits.

Socrates was the son of a midwife, and himself practised the art of midwifery.

Transactions of Branches.

SHROPSHIRE ETHICAL BRANCH.

CASE OF ARTIFICIAL ANUS IN THE LEFT LOIN: DEATH FOUR-AND-A-HALF MONTHS AFTERWARDS.

By J. R. Humphreys, Esq., Surgeon to the Salop Infirmary.

[*Read September 21st*, 1863.]

I was requested on June 21st, to see Samuel Davies, aged 31, who had been an out-patient of mine at the Infirmary for some time, suffering from a tumour of the rectum, diagnosed to be malignant.

The commencement of his illness he dated about twelve months previously, when he experienced a difficulty in passing his motions; this increased, and about two months since he lost all control over his sphincter. I did not see him for some weeks, and when I visited him on Sunday the 21st, he told me that he had been suffering much since he saw me last both night and day, he had been most of his time in bed, and that nothing whatever had passed from his bowels for three weeks. His belly was enormously distended. On passing the finger into the rectum, it came into contact with the tumour, which was hard and of considerable size; in fact, the bowel was completely blocked up. The poor fellow was in great agony, and begged me to do what I thought proper to relieve him. I explained to him the nature of the obstruction, and what I proposed for his relief; viz., opening the bowel in the left loin. He readily assented to it, and that afternoon I proceeded to the operation,

He was put under chloroform by my friend Mr. W. Eddowes, the house-surgeon of the Infirmary. An incision about four inches long was made in the left loin, midway between the short ribs and the ridge of the ilium; the skin, cellular-tissue, fasciæ, and muscles were divided in turn, and the descending colon reached behind the peritoneum; the bowel was secured by two ligatures at top and bottom, and opened for about an inch and a half long between them; a great quantity of gas immediately rushed out, followed by a stream of dark coloured fæces, which continued for some considerable time; the ligatures of the bowel were passed through the respective edges of the external opening, so as to bring the outlet of the bowel continuous with the skin; some brandy and water was given to the patient, a moist flannel placed over the wound, and a towel pinned round his waist; he was put to bed, and expressed himself greatly relieved. A marked change was noticed in his countenance, which was less anxious, and showed clearly that he had been relieved of much suffering.

June 22nd. He passed a comfortable night. A copious discharge of wind and fæces had escaped from the opening during the night, and the belly was softer and more natural. He had taken ample nourishment, and expressed himself in grateful terms for the relief which he had experienced.

June 25th. I found him dressed, and lying on the couch downstairs. He had passed a comfortable night, and took solid food. The vent was acting well.

July 10th. As the opening in the loin closed up more rapidly than I wished, I passed a full sized rectum-bougie into the bowel, and afterwards injected a pint and a half of cold water into it with an elastic enema apparatus; by this means the bowel was emptied much more effectually and more comfortably. I instructed his nurse to do the same thing every morning. He was able to take all kinds of food; dressed himself daily, and walked about the house. He was free from pain, excepting when he took stimulants, which invariably caused pain and a burning sensation in the rectum.

July 17th. He had a difficulty in passing urine; he was obliged to sit on a chamber-pot half full of hot water, before he could pass any. He continued much in the same state during the remainder of July and August.

September 5th. On my return home after a fortnight's absence, I found him weaker and thinner, and suffering much pain in the lower part of the back. He did not sleep at night. His legs were swollen, particularly the right. On examining the groins, I found the inguinal glands enlarged on both sides. The countenance looked haggard, and wore the malignant aspect. The pulse was weak and small, and losing power. Five grains of soap and opium pill were ordered every night. Nothing whatever had passed *per anum* since the stoppage took place.

September 17th. He was decidedly easier since he took the opium, which he repeated two or three times a day as he required it. He had slept well.

November 7th. He had been gradually becoming weaker, and died this morning.

Post Mortem Examination. November 8th. On opening the abdomen, the omentum and peritoneum were found studded with cancerous deposit. The inguinal and mesenteric glands were enlarged from the same cause. The rectum was closed about its middle with the same matter, so that it was with difficulty that the tips of the fore-fingers could be made to meet, one being passed *per anum*, and the other down the rectum, which was divided from the colon at its sigmoid flexure. The opening in the descending colon was patent, and the bowel continuous with the external skin. The liver was full of cancer, and there was some in the spleen.

This poor fellow's mother died, at the age of 50, of the same disease.

Reviews and Notices.

On the Diseases of Women. By Fleetwood Churchill, M.D., M.R.I.A, Professor of Midwifery and Diseases of Women and Children to the King and Queen's College of Physicians, Ireland, etc. Fifth Edition, carefully revised and enlarged. Pp. 937. Dublin: 1864.

After an interval of seven years, Dr. Churchill's classical manual on the *Diseases of Women* is again brought before the profession, enlarged in size, partly by the adoption of a larger and more easily legible type, partly by the addition of new matter. A work so well known does not require us to say much concerning it; and our only duty will be to point out some of the newer portions of it.

Stricture of the Urethra—a rare affection in females—is noticed at page 85, where Dr. Churchill describes two cases which have come under his notice, in which symptoms believed by him to be those of spasmodic stricture occurred in patients between 60 and 70 years of age. A cure was effected by the introduction of a series of gradually increasing bougies, more rapidly and permanently, in Dr. Churchill's opinion, than would have been the case had structural disease been present.

Reflex Irritability of the Bladder is spoken of at page 87 as a highly distressing condition, but as having received very little attention from writers. Its most familiar illustration is the frequent desire to pass urine in early pregnancy; but it may be connected with menstrual irregularities; with acute non-gonorrhœal vaginitis; with menorrhagia; with congestion, chronic inflammation, or erosion of the cervix uteri. That it is reflex, Dr. Churchill is led to believe because, even though the irritation be of long standing, the urine preserves its natural composition. The diagnosis of the disease is generally easy, if moderate care be taken; but sometimes it is more difficult, especially as similar symptoms may be produced by the presence of a calculus in the bladder. For the treatment—the absence of stone or of organic disease being ascertained—the indication is, to cure the primary affection on which the irritability depends.

At page 90, there is a new chapter on Cancroid and Cancer of the Vulva, Lupus, etc. Dr. Churchill here gives an account, derived principally from the able memoir of M. Huguier, of the Rodent Ulcer of the Vulva, or *Esthiomène* of the above named French surgeon.

Cancer of the Labium and Vulva is also noticed. This is a rare disease; for Dr. Churchill has been able to meet with but few cases in the practice of others, and until last year had never himself seen one—since which time three cases have come under his care. He also reproduces, with illustrative plates, the description of three cases brought before the Dublin Obstetrical Society by Dr. McClintock.

A chapter on Vaginismus is introduced at page 123. This condition, "the result of spasmodic contraction of the vaginal orifice occasioned by unusual sensitiveness," was brought before the notice of the profession in a paper communicated to the London Obstetrical Society by Dr. M. Sims of New York (*Trans. of Obstet. Society*, vol. iii). It has also been noticed by MM. Debout and Michon in France. Dr. Churchill says that the condition has frequently come under his notice; and he gives some practical observations as to its causes and treatment.

A chapter on Encysted Tumour and on Polypus of the Vagina is given at page 138.

Encysted Tumour the author does not find described in books; and he gives an account of four cases which have come under his notice, and refers to one recorded by Mr. Lane. In his cases,

> "The tumours have all been situated in the anterior parietes of the vagina; they do not take on a polypoid form; are perfectly painless; give rise to no symptoms beyond the feeling of fulness and bearing down. The projection of the tumour, its pearly colour and semi-transparency, its evidently fluid contents, and its not being connected with the bladder, will sufficiently guide our diagnosis, which may be rendered conclusive by a puncture with an exploring needle."

The treatment which Dr. Churchill prefers is to evacuate the fluid, and snip out a portion of the walls.

Of Polypus of the Vagina, Dr. Churchill has seen only one or two instances, and he avails himself of the description of several cases given by Dr. McClintock.

Retro-Uterine, Peri-Uterine, or Pelvic Hæmatocele, which has received so much investigation within the last few years, has a chapter devoted to it at page 160. Dr. Churchill has little apparently to add to the descriptions already given of the disease; but as to treatment, he suggests that, "If the distress from tension be not very great, we may fairly try the effect of time, absorbent doses of mercury, the application of poultices, iodine, blisters, etc.; but if the tension be considerable, and there is a sense of fluctuation in any parts within reach, it will surely be better to puncture by means of a fine trocar, and, if necessary, to enlarge the opening by the bistoury, so as to empty the sac of its fluid contents. I confess that I have grave doubts as to the propriety of injections.

"If we are fortunate enough to be called to a case in process of formation, it will be well to try some hæmostatic remedy in addition to cold applications and absolute rest. The succeeding monthly periods will of course require anxious care; absolute rest, quiet, laxatives, and, if necessary, a few leeches to the ovarian region, will probably be sufficient."

At pages 526 and following, the operation of Ovariotomy receives a much fuller consideration than in former editions of the work. Dr. Churchill lays fairly before the reader the arguments for and against the operation, and gives his conclusions as to the circumstances under which it should be undertaken, deferred, or abandoned. As to the mode of operating, he adopts that of Mr. Spencer Wells, whose description he quotes.

In the course of the remaining parts of the book, Dr. Churchill has made such additions as have seemed to him fitted to bring it up to the present state of knowledge of the subject; and he has increased the number of woodcuts from thirty-one to fifty-seven. The book is, in its present form, a complete practical treatise on diseases of women, wherein the reader may find a thorough digest of opinions and observations, made by men at home and abroad, connected and enriched from his own experience by one of the most worthy representatives of the Dublin school of obstetric medicine.

A Manual of Popular Physiology; being an Attempt to Explain the Science of Life in Untechnical Language. By Henry Lawson, M.D., Professor of Physiology in Queen's College, Birmingham, etc. Pp. 168. London: 1863.

Among the books which have been written in late years with the view of instructing the public in physiological science, Dr. Lawson's *Manual* must take a creditable position. The author has in it endeavoured to avoid the use of technical terms, and has written in a plain, familiar, often amusing style; and he has, withal, given a very complete account of all that is necessary for a popular knowledge of how we live.

Many who think physiology too dry a study, will, if they take up this book, find that they can read it nearly, if not quite, as easily as a newspaper article, and will thus, with little labour, imbibe a deal of very useful knowledge.

Manchester Air. Dr. Roscoe, who has lately investigated the amount of carbonic acid in the atmosphere of Manchester, says: "We may conclude that the combustion of coal and the respiration of animals exert no appreciable influence on the quantity of carbonic acid contained in the town air of Manchester collected in an open situation; gaseous diffusion and the great motions of the atmosphere serving completely to disperse the millions of tons of this gas which every year are evolved by the above mentioned causes in this neighbourhood."

British Medical Journal.

SATURDAY, FEBRUARY 27th, 1864.

LUNACY AND MEDICAL EXPERTS.

It is a great misfortune, we again repeat, for the country, as well as for our profession, that no medical man who is personally acquainted with their sentiments, and with the practice of their art, sits in the House of Commons, to point out the remarkable errors, or rather the profound ignorance, touching medical men and medicine, which are so frequently exhibited there. We last week referred to this in connexion with the discussion on criminal lunatics. The animus displayed by many members of the House against the evidence given by medical men in cases of lunacy was really surprising; and it was deplorable, because founded upon a complete misconception of the merits of the case. We must once again refer shortly to this matter, in order to point out the fallacies upon which these erroneous notions of so many members of the House are founded.

In the first place, the evidence of all medical men in matters of lunacy was condemned because, it was said, doctors are so biased by their medical theories as to be unable to give rational evidence on the subject. Now this error arises wholly from the fact, that the legislators in question did not distinguish between the one-sided advocate-evidence of lunacy doctors paid and retained like barristers to save their clients from punishment, and the evidence of solemn judicial experts appointed by the Crown to do absolute justice to the best of their skill—neither to save the guilty, nor to exaggerate the charge against him. Surely this only requires being stated to be understood. It would, in fact, be just as reasonable to condemn the opinions of the whole legal profession in the matter of lunacy, because Townley had a skilful barrister and lawyer, who did their best to make him appear a lunatic. Does not the fact stand patent before us, that five experts in lunacy were appointed by the Crown to give a medical judicial report on the state of mind of Townley; and that these experts, thus appointed and unbiased, at once reported the man to be sane? Is not the fallacy above alluded to demonstrated by this fact? And, in truth, how is it possible to do without skilled medical evidence in these cases? The House of Commons, if it were wise, instead of attempting to do that which is impossible—viz., give the go by to medical evidence in such cases—would ascertain how to use rightly the medical evidence which is at their disposal; and this is, in fact, what Government is compelled to do. Sir George Grey knows well enough that he *must* fly to medical evidence in the difficulty; and his new law provides for the appointment of proper persons by the Crown to make the inquiry, and those persons will undoubtedly be medical experts.

Practically, therefore, it is certain that, in all cases in which the lunacy of the criminal is doubtful, and the Government is appealed to, the decision must be made by medical experts appointed by the Crown. We are surprised that men in the House of Commons can shut their eyes to the fact; and that there should be men found there to propose that medical lunacy experts, who have made the subject of lunacy the study of their lives, should, by the very fact of their being doctors and learned in the ways of lunatics, be excluded from all such commissions of inquiry!

Again, members of the House of Commons have attempted to show that there is a fatal distinction between the legal and medical dictum of insanity; and that, therefore, the medical evidence is worth less than nothing. But this supposed distinction is really merely nominal; that is, as regards its effect upon the criminal lunatic's case. Thus, for example, the medical man may say and believe the criminal knew right from wrong when he did the fatal act, but believe he did it under an impulse which he could not control. Well, the law takes this evidence and deals with it, and says: "I know nothing about your uncontrollable impulses; it is enough that you say he knew right from wrong, for me to proclaim him guilty of the crime." Now, we ask, what opposition is there *practically* here between the medical dictum and the legal dictum? The doctor has his opinions and crotchets, as they are called; and the law its written decrees; and his opinions cannot upset the law, so long as it is law, although his definition of insanity may differ from the law's definition of it, and may be the truer definition. The law wants simply to know this: Did the man know right from wrong when he committed the act? and on the yes or no to that question hangs all the practical virtue of the medical man's evidence in the eye of the law. The law takes no cognisance whatever of his particular opinions about lunacy. How, then, can his opinions *in practice* be really opposed to the law?

In these few considerations seems to us to lie the whole pith of the matter. Sir G. Grey no doubt sees as well as we do, for he has studied the subject, that the skilled medical evidence of the Crown must decide in such cases as Townley's; and we sincerely trust that the Crown will in future, in all doubtful cases of criminal lunacy, appoint its own responsible and unbiased experts to examine into the matter. In this way, all undue influence exerted by skilled medical advocates in behalf of the prisoner will be properly counteracted; and in this way also will the public conscience be satisfied that no injustice is committed, by misadventure, on persons of truly lunatic mind.

And, in conclusion, we would say this one word, suggestively, to men of reasonable minds: If the medical dictum or theory of insanity differs from the legal dictum or theory of it, is it not just possible that the medical dictum may be nearer the truth than the legal one? The law admits that its definition of insanity is an imperfect one—not absolutely true and all-comprehensive. The justice, therefore, which is founded on such an imperfect definition, must of necessity also be an imperfect or rough sort of justice, one into which error may possibly creep. It is evident that, in such a case as this, the Allwise alone can administer absolute justice. We mortals must be content to get as near to perfect truth and perfect justice, as our limited powers to read the inward springs of action of the human mind will permit. But surely mercy and truth require that we should never forget the possibility of our doing injustice here through this admittedly limited knowledge of ours; and therefore is it, as we see the case, that plain reason bids the law, in doing justice here, to seek earnestly for all aid to guide it through the labyrinth and horrors of a lunatic mind; and therefore, again, is it the plain and reasonable duty of the law, or of those who make the law, to be fully satisfied that what are so often regarded as the crotchets of lunacy doctors—the medical dictum of insanity—may not be much nearer truth, and therefore to justice, than what is called the legal—the common sense—dictum of insanity.

LIMITED LIABILITIES.

Mr. W. G. Walker calls our attention to an act of gross injustice of which he has been made the victim. Mr. Walker, as Union medical officer, attends certain midwifery cases on the order of the overseer, and is thereafter refused payment for such attendance by the Board of Guardians, on the ground that the cases were not "of sudden and urgent necessity." He takes his case into the County Court; and Mr. Parry, who administers what is called justice there, decides against the validity of his claim. Mr. Parry's decision may be law; though we very much doubt if it be. If law be the quintessence of common sense, assuredly this decision cannot be law. But if it be bare law, it is manifestly the cause of a shameful injustice done to Mr. Walker.

Mr. Parry's verdict is based upon the assumption, that attendance upon a woman in childbirth is not a matter of urgent necessity.

> "I am clearly," he said, "of opinion that an ordinary case of midwifery, is not one of sudden and urgent necessity, and therefore not one to which the Guardians would be liable to pay."

Now, does this worthy judge really mean to say that, if his wife be taken in the pangs of parturition, it is not a "matter of sudden and urgent necessity" that she should have proper attendance during that critical period? Oh! says the judge, what I term "urgent necessity" is when a woman is "taken in childbirth on the road or in a field." Judge Parry was evidently for the ratepayers; if we encourage this sort of thing (he said), we shall have all the country coming here to be confined. Mr. Walker again cited what lawyers like so much; viz., precedents. He said that the Guardians had previously paid him in such cases. But it was of no avail.

Until better informed, we must decline to believe Judge Parry's decision to be law, it being so opposed to justice. And really we are astonished, that the judge could find no word of sympathy with Mr. Walker, who evidently was the victim under any circumstances. He obeys the overseer's order. He is obliged to obey the overseer's order: and when he asks for his fee, is refused the same by the Guardians, whose agent the overseer is. Well may Mr. Walker ask, "How, then, am I ever to tell when an order is a proper or an improper one?" The decision, we must confess, strikes us as doing no great credit either to the judge's head or heart. Even if his decision be the real legal one, why did he not, in delivering it, exclaim against the manifest injury done to a member of an honourable profession; and suggest that no medical man ought to be exposed to such injustice? We sincerely hope that Mr. Walker, if so advised, will take the case into a higher court; or, at all events, apply to the Poor-law Board for advice in the emergency.

OUR MEDICAL PRIZE SYSTEM.

[*Communicated.*]

VERY much has been said and written in reference to the system of prize-giving for many years adopted in our medical schools. Alterations have been made, and undoubtedly a certain amount of good has been effected; but it is well to consider whether something further may not be done to improve a system, to say the least of it, of doubtful tendency. Education is a topic to which the attention of the whole country has been, more especially for the last few years, drawn. And, naturally enough, our own profession feels a strong interest in the course of study laid down for those desirous of admission within our portals.

Much time and trouble have been spent upon the subject; and the result is, that the plan of education has been considerably remodelled. In the first instance, every care has been taken, by preliminary examination, that its members shall have the amount of general and scientific knowledge required to fit them for a high and liberal calling.

In many of our large schools, special prizes have been abolished; and scholarships requiring a general knowledge of several subjects substituted, in one or two instances with the addition of a certain amount of practical knowledge; but this is the exception. And even this plan has defects; for it tends to substitute reading for practical study, and, consequently, as it were, cramps the student, whose time for the acquirement of practical knowledge is far too limited. The men who generally "go in" for these scholarships are, as a rule, aspiring students; and how many of these do we meet in a large hospital—fine fellows, whose only drawback is that their bankers' account is not proportioned to the amount of their intellectual capacity, who are anxious to get through their curriculum with the greatest amount of honour and in the least amount of time, in order that they may cast their intellectual bread upon the troubled waters of an assistantship, with the faint hope of finding it in the course of time in some ameliorated condition. These, as a rule, are the men who gain our scholarships; they read hard; practise little and irregularly; reap their momentary reward; get through the College; pass away from the hospital; and, in many instances that have come under our observation, are heard of no more. Thus, in fact, stunted in their growth just at the time they are sending forth their branches.

Perhaps one or two of them are fortunate enough to secure a house-surgeoncy—for which, in a few rare cases, they have to pay; but even this is at an end in the course of a year, and they have to leave to make room for others.

Now, can anything be done to improve this condition; and to enable intelligent and industrious men to continue their course of study at the hospital to which they have attached themselves, where the minds will fully develope, and, in return for the advantages they have derived, shed a bright lustre upon the *Alma Mater* that has fostered them? Let us glance at the Universities of Oxford and Cambridge, and see what provision is made there to induce "good men" to continue their study and connection. Fellowships of various value are provided for them when the drudge of the B.A. is over. They can still remain at their university, subject to certain conditions, one of which is that the fellowship must be given up on the marriage of the owner.

These fellowships come more especially in the way of those entering the Church and the Law; and if for these professions it was considered advantageous to induce students to continue their education, how much more so is it necessary in our own that we should endeavour to make some provision for so laudable an object. Which, we ask, requires the most prolonged study and undivided attention to attain to little more than ordinary excellence, divinity, law, or medicine? We say emphatically, the profession of medicine.

How, then, can an alteration in our prize system assist in carrying out an object calculated to give further facilities for the study of scientific medicine? At several of our large schools, books, medals, and scholarships, are given away to the amount of £200 to £300 *per annum.* The real good that is done is very small, and not commensurate with the amount of money. Would it not be better to abolish *in toto* the present system, and give the amount in the form of a fellowship, or under any other name, in such a manner as to enable even two or three students to take advantage of a more prolonged attendance?

The hospital which is bold enough to give up the old and useless system, and devote their money to the object we have alluded to, will soon find especial favour in the eyes of that class of students which each are so anxious to obtain, and for whom, in so many instances, this present system is only used as a bait; but from which no permanent benefit can possibly accrue.

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ANOTHER examination for assistant-surgeons in the Queen's Army will take place on March 21st. All men legally qualified and under *thirty* years of age will be admitted to examination. This examination is a sign of the times; it is occasioned by the fact of the want of medical officers in India. The difficulty of procuring the necessary supply is plainly indicated by the extension of the age of the candidates from twenty-six to thirty. All this is evidence unmistakable that the service is not in favour with the profession; and the necessary result will be, that the Government, to secure fitting men, must offer better terms for the services required.

WE lately called attention to a letter in which the attorney of Townley stated, that none of the doctors concerned on behalf of Townley had received any fees. If that remark meant anything, it suggested the idea to the public, that the doctors in question had been stimulated solely by philanthropic motives and a love of immutable truth and justice, to come forward and save a lunatic from the gallows. Now, it does so happen that this suggested view has been to a certain extent accepted in the House of Commons; and especial weight has been in that sense given to Dr. Winslow's evidence, on the supposition that it was the evidence, not of a paid witness of Townley's, but of an unpaid philanthropist. We can scarcely believe that Dr. Winslow, or any other member of the profession, would undertake, any more than a famed advocate would undertake, the defence of Townley without fee or reward; and therefore it is that we, as members of the profession, object to the public being in any way blinded on this point. Has it really come to this, that medical evidence is to be considered as worthless unless it be given gratuitously? that paid medical evidence is, *ipso facto*, suspicious and worthless evidence? Our readers may remember that, a few nights ago, in the House of Commons, Dr. Forbes Winslow's evidence was referred to as being of especial force, because it had been given gratuitously. Consequently, are we to conclude that paid medical evidence is, as we have said, worthless? We recommend this to the attention of the profession; and, in the meantime, until better advised, must hope and believe that the report of the doctors of Townley receiving no fees is what we before called it, simply dust thrown in the eyes of a sensitive public. Let the profession reflect upon the position we occupy as witnesses in law courts, when they find a clear-headed man of business practically recognising the fact, that the evidence of his witness-doctors is diminished in value according to the size of their fees; or rather, that its value is recognised because it is said they gave it gratis.

A WARRANT recently issued by the War Office restores a provision made in the medical warrant of 1858, which, as our readers will remember, has been in so many particulars ignored and superseded. By this new warrant, army surgeons are to draw forage, or money in lieu thereof, according to rank. The very fact of the restoration of this item of the warrant of 1858 is a condemnation of the action of those who abrogated it. Justice will never be done to the army and navy surgeons, nor will the army and naval medical services be placed on a right footing, until there is established a Board of independent medical men of high position, whose business it would be to regulate all matters medical in the army, and to advise with the Commander-in-chief. At present, as it seems to us, there is no responsible medical head to whom the profession can look as to an authority who has to give an account to the profession of the treatment of their medical brethren. The Commander-in-chief, of course, is the responsible authority in all army matters; but he is perfectly incapable of supervising the medical service, of knowing its wants, and how to carry out best its duties. He must seek advice thereupon. And of whom does he now get advice and assistance in the matter? Who pulls the medical strings which regulate the army and naval medical services? Where is the Board of grave, experienced, and responsible men, whose advice should and would be law to the Commander-in-chief?

IF the Army Medical Board has the gift of a very moderate prescience, it will note with anxiety which way the wind is blowing with the part of the service over which it presides. The late examinations show plainly that the number of candidates for appointments is continually falling off. It is also remarkable that, on this occasion, as on former late occasions, the number of English candidates is remarkably small. By far the larger number of candidates are medical men from the Emerald Isle.

DR. ROGERS, Poor-law medical officer, lately made an application to the Guardians of the Strand Union for an increase of salary, on account of the large addition made to his labours. We are glad to find that his application has been successful, the Board having passed a resolution to the effect, that in future the drugs used by the sick poor in the union house should be provided by the union, and not by the medical officer. It is also very gratifying to find that Dr. Rogers's application to the Board was backed by a very strongly worded memorial from a large number of the influential ratepayers of the parish.

The chemists (as they are called) and druggists of the country are up in arms against the Medical Council, for attempting to regulate the sale of medicines in the country by Act of Parliament. It is probable that, at all events during the present session, no new Act will be obtained for the purpose. They will, therefore, have plenty of time to ventilate their griefs. It must, however, be clear to all reasonable people, that the public requires some kind of protection against the dangers which arise from ignorance on the part of the drug-compounder. The army and navy and all public medical offices in the country are filled only by qualified medical medical men. Why, therefore, should we not require that the compounder of drugs should also show his competency for the work? It may be difficult to hit upon the right course to follow in this case; but the health of the public has as much right to be considered as have what is called the vested interests of druggists. The number of deaths which happen yearly in this country through the ignorance or carelessness of drug-compounders is very considerable; and what is the use of the Medical Council having powers to make a grand national *Pharmacopœia*, if it have no power to see that the articles ordered by it are properly served up, or served up by competent people to the public? The establishment of a class of skilled and recognised pharmacians would, moreover, we believe, greatly conduce to the credit of the profession. It would be the first step to doing away with the dispensing of his own medicines by the medical man. It would remove from the profession the only appearance of a trading character which still hangs about it. The truth is, that medical men have at the present time a good deal of power in their hands in this matter, if they chose to exercise it. For example, why should not they always give a preference (in the making up of their prescriptions) to those druggists who are members of the Pharmaceutical Society, and who do not prescribe over the counter? It is not, we believe, the Pharmaceutical Society which objects to legislation in this question. The opposition comes from the body of petty tradesmen, who are, as a rule, very ignorant of the nature and properties of the drugs they deal in.

The wisdom of our legislators has placed our Scotch brethren and ourselves in an unequal position in the matter of registration of deaths. In England and Ireland, the signing of certificates of the cause of death is optional. In Scotland, the practitioner is compelled, under penalties, to sign such certificates. Naturally, medical Scotland exclaims against such injustice, and will very wisely once again try to obtain from Parliament an equalisation of rights in this particular.

The Medical Congress of Spain is to meet on the 24th of next September, at Madrid. It is to last for six days. Foreigners must speak in French or Spanish. Papers must not exceed twenty minutes in the reading, and verbal communications not more than ten minutes. Speakers must say their mind in fifteen minutes, and speak but once. The questions designed for discussion are: 1. The Importance of Quarantine and Lazarettos; 2. The Value of Surgery in the Treatment of Cancers; 3. The Causes of Pulmonary Phthisis, and the Means of Avoiding or Diminishing its Ravages; 4. The Test of Moral Liberty in the Commission of Crime. Any one possessed of the title of Doctor in Medicine may have *entrée* to the Congress on the payment of 15 *francs*, which will entitle him to a copy of the *Compte Rendu*.

Professor Lusala of Parma tells the French Academy of Sciences, through M. Velpeau, that section of the pneumogastric nerve prevents poisoning by strychnia; whilst, on the other hand, symptoms of poisoning rapidly appear when emulsine and amygdaline is introduced into the stomach. Professor Lusala accounts for the fact thus: emulsine and amygdaline will not produce hydrocyanic acid in the stomach if the gastric juice is acid; but when the nerve is cut the juice is no longer acid, and then prussic acid is produced.

M. Delcroix, a veterinary surgeon, assures the Academy of Sciences that hydrophobia is a curable disease. In a communication to the Academy, he relates several cases of cure in dogs. He has even experimented on himself. He swallowed, sixty-nine days ago (before February 3rd), a piece of raw meat soaked in saliva taken from a dog dead of hydrophobia. "The intrepid" (foolhardy, we should say) "experimentalist admits that on several occasions, and markedly when writing his remarks which were read to the Academy, he had felt a constriction of the throat, and a difficulty in swallowing."

The consumption of Vichy water is becoming enormous. In 1863, the thermal establishment dispatched 1,460,000 bottles of the water, and provided 180,000 baths. Paris consumed 900,000 bottles, Marseilles 110,000, Bordeaux 70,000, Lyons 60,000, and Nantes 15,000.

Medicine appears to stand as a liberal profession, in the estimation of the Spanish people, next to the law. There are ten universities in Spain. From 1860 to 1861, there were matriculated 5311 medical students, and 676 pharmaceutical students.

DR. GARROD'S LECTURES
ON THE
BRITISH PHARMACOPŒIA,

Delivered at the Royal College of Physicians.

The fifth and last lecture of his course was delivered by Dr. Garrod on Wednesday, February 10th. He said that, as the time was now limited, he would merely notice those new articles of the materia medica whose action he had himself investigated, and would then make some brief remarks on the general arrangement of the preparations in this work.

Lithia. The salts of lithia are now for the first time introduced into the Pharmacopœia. They have been only recently employed in medicine; and Dr. Garrod had been instrumental in effecting this. It was not, however, on his proposal, nor on that of any of the London members of the Committee, that they found a place in the Pharmacopœia.

Lithium has been supposed to exist only in the mineral kingdom. It is the lightest solid known, being capable of floating on naphtha. It has a very low combining equivalent, 7; whereas those of sodium and potassium are 23 and 39 respectively; and hence a smaller quantity of it than of the other alkalies is required for combination with acids. It is valuable in consequence of forming with uric acid a salt which is much more soluble than those with the other bases; and of hence readily holding uric acid in solution or preventing its deposition.

Two salts of lithia are mentioned in the Pharmacopœia—the *Carbonate* (*Lithiæ Carbonas*); and the *Citrate* (*Lithiæ Citras*). The formula of carbonate of lithia is LO, CO^2; that of the citrate, $3\,LO, C^{12}H^5O^{11}$. Both these salts can be obtained in a crystalline form, but are usually met with in a white amorphous or granular powder.

From observations on the preparations of lithia, extended over five years, Dr. Garrod had arrived at the following conclusions. Lithia is readily absorbed by the stomach and eliminated by the kidneys. In this process, the carbonate is unchanged; while the citrate and other salts with vegetable acids are converted into carbonate. In combination with carbonic acid or vegetable acids, and well diluted with water, lithia acts as a powerful diuretic. It renders the urine neutral or alkaline more readily than potash or soda. The administration of lithia is of much advantage in cases where there is a liability to the deposition of urate of soda. Lithia has been found, by the spectrum analysis, in small quantities, in the ash of blood and muscle. Its prolonged use is not attended by any injurious consequences. The dose of citrate of lithia is from three to six grains; that of the carbonate from five to ten grains. The action of this alkali is aided by dilution.

Hemidesmus. This is the dried root of the *Hemidesmus Indicus.* As imported from India, it is "yellowish-brown, cylindrical, tortuous, furrowed, and with annular cracks, having a fragrant odour and a very agreeable flavour. A *Syrup* is ordered in the British Pharmacopœia. Hemidesmus has been supposed to be a cheap substitute for sarsaparilla; but little or nothing is known of its action, and Dr. Garrod observed that it might well have been omitted. The syrup has a pleasant aromatic odour.

Matico (*Matica*). This is the dried leaves of a kind of pepper—the *Artanthe elongata,* or, according to some botanists, *Piper angustifolium.* The leaves have a peculiar appearance, being tesselated on the upper surface and downy on the opposite. There is no accurate chemical analysis of matico; but it appears not to contain much true astringent matter. It was first used externally, to check hæmorrhage; and is now introduced as an astringent. Its hæmostatic property was supposed to be dependent on the structure of the leaves; more recently, however, it has been found useful when given internally, and the British Pharmacopœia orders an *Infusion* to be made. There appears to be some evidence in favour of its efficacy in internal hæmorrhages; and also in some cases of diseased bladder. Since the introduction of matico into the Pharmacopœia, it has become very scarce; in consequence, it is said, of the American war.

Salts of Potash. The neutral *Citrate of Potash* (*Potassæ Citras*) contains three equivalents of potash and one of citric acid (this acid being tribasic). Its formula consequently is $3\,KO, C^{12}H^5O^{11}$. It is an useful salt in medicine, possessing the advantages of having but little tendency to purge; of being readily absorbed (appearing in the urine as a carbonate); and of being pleasant to the taste. It may be employed in cases where it is desired to produce the remote effect of potash; *i.e.,* where the object is not to act on the stomach, but to render the urine neutral or slightly alkaline. Citrate of potash may be well given in a kind of lemonade, as a drink, in some cases of gravel, etc.

Permanganate of Potash (*Potassæ Permanganas*) has been introduced into the Pharmacopœia; and a *Solution* (*Liquor Potassæ Permanganatis*), containing four grains in each ounce, is ordered. The formula of the salt is KO, Mn^2O^7. It is a very powerful oxidising agent, yielding its oxygen rapidly in contact with organic matter; it is also a deodoriser and antiseptic. It is intended more for external than for internal use; and is a valuable ingredient in gargles and lotions. Some years ago, it was proposed to use permanganate of potash in diabetes, under the idea that this condition is dependent on defective oxidation. Dr. Garrod, however, failed to perceive any effect produced in cases in which he tried it.

Salts of Zinc. The *Acetate of Zinc* (*Zinci Acetas*) is considered by some surgeons as more advantageous for the purpose of injection than the sulphate.

Valerianate of Zinc (*Zinci Valerianas*) is a compound of valerianic acid and zinc ($ZnO, C^{10}H^9O^3$). Valerianic acid is supposed to be the active principle of valerian root. It is not, however, produced from this root; but is obtained by the oxidation of amylic alcohol or fusel oil. It has been supposed by some, that valerianic acid does not possess the properties of the valerian root; and that the efficacy of the valerianate of zinc is rather due to the metal. To determine this point, Dr. Garrod had been using valerianate of soda—the soda not being likely to serve any special action. He had not yet, however, arrived at any definite results.

Passing over several substances, Dr. Garrod made some observations on the Pharmacopœial

Preparations of Opium. All the medicines containing opium in the British Pharmacopœia are so named as to contain the name of that drug; for example, the Opium Pill (Compound Soap Pill of the London Pharmacopœia); Pill of Lead and Opium; Powder of Kino and Opium (formerly Compound Kino Powder); Camphorated Tincture of Opium (instead of Compound Tincture of Camphor). Opinions will doubtless be expressed as to the propriety of this change. The subject had, however, engaged much of the attention of the Pharmacopœia Committee; and it was thought that any inconvenience arising from patients becoming acquainted with the nature of their medicine, would be more than balanced by the absence of any attempt at concealment.

The *Hydrochlorate of Morphia* (*Morphiæ Hydrochloras*) is the only salt of this alkaloid admitted into the British Pharmacopœia.

Morphia is *par excellence* the important principle of opium. It contains certainly the anodyne and soporific properties of the drug; yet it cannot be its only active ingredient. Turkey opium yields one part of morphia in eight; but, from experiment, Dr. Garrod had arrived at the conclusion that hydrochlorate of morphia has only four times the strength of an equal quantity of opium. Which of the other ingredients of opium is the active one?

Codeia has been prescribed in this country and in France as a substitute for opium and morphia, being said to produce a soothing effect without any uncomfortable sensations. Not long after hydrochlorate of morphia was first used in medicine, it was found that in some cases it produced irritation of the skin; and this was attributed to the presence of codeia. It has been shown, however, that morphia free from codeia does produce cutaneous irritation in some cases; while codeia has no such effect. Dr. Garrod had endeavoured to test the efficacy of codeia. In a patient with a severe painful affection, half a grain of hydrochlorate of morphia always produced relief; but hydrochlorate of codeia was ineffective, even when given in five-grain doses. Similar results had been obtained by him in other cases; and in no instance had he found codeia to act as an anodyne or to produce sleep. He hence inferred that it has slight, if any, curative powers.

Narcotine, when first discovered, was supposed to be the sedative principle of opium. Afterwards, it was believed to be stimulant. Both these opinions, however, have been shewn to be wrong; and, if narcotine possess any property, it is that of a tonic.

Meconic Acid appears to have no particular properties.

In addition to these substances, opium contains a *resinoid matter;* and to this a part of its effects must probably be attributed. Dr. Garrod had found it to produce some of the effects of opium, such as contraction of the pupils; but it did not procure sleep. He was inclined to attribute the action of opium, not accounted for by the morphia, to the resin; but further inquiries on this point are demanded before a conclusion can be arrived at.

Acetate of Morphia has been omitted from the Pharmacopœia; and, as has already been stated, the only salt of the alkaloid now admitted is the *Hydrochlorate.* Many practitioners consider that each salt of morphia has its own peculiar powers. Some, for instance, regard the acetate as determining powerfully to the cutaneous surface. There are, however, reasons for doubting the correctness of such suppositions. Dr. Garrod had endeavoured to examine the matter thoroughly; and had carefully selected subjects for testing the relative value of the morphia salts. He had failed to discover the slightest difference in their effects—provided quantities containing equal doses of the *alkaloid* were administered. This result, indeed, ought perhaps to be inferred from the small quantity of acetic, hydrochloric, or other acid, in combination with the morphia; a quantity so small that it could not be supposed to produce any marked effect. Why, then, should there be more than one salt of morphia in the Pharmacopœia? Hydrochlorate of morphia has been retained, having properties that peculiarly recommend it; being readily made and crystallised, possessing well defined chemical and physical properties, and being easily preserved.

Tincture of Opium is somewhat less in strength than before; viz., in the proportion of the avoirdupois to the apothecaries' ounce, or 437.5 to 480. There is a very prevalent error as to the strength of this preparation, arising from estimating it by the amount of residue left after evaporation; whereas the strength of the tincture must be dependent on the quantity of opium used in making it.

Among the substances omitted, are *Lactucarium* and *Extract of Lettuce.* The lettuce plant contains a milky juice, which, when dried, has a brownish colour, and somewhat resembles opium. This is the *lactucarium* of the Edinburgh and Dublin Pharmacopœias and the *extract of lettuce* of the London Pharmacopœia. It is a generally received idea that lettuce is soporific, and allays irritation; and hence lactucarium has been supposed to be a substitute for opium. Dr. Garrod had tested the remedial powers of lactucarium, giving it in doses of from five to ten grains; but had found it to fail, even up to doses of sixty grains, in producing sleep or allaying spasm or pain. Some have supposed that lactucarium may be given in cases where the stimulant property of opium is objectionable; but, from the preceding remarks, its efficacy may be questioned, even if it do no harm.

Dr. Garrod now proceeded to notice briefly that part of the British Pharmacopœia which describes the

Preparations and Compounds. Here, in contradistinction to the attempt at classification made in former Pharmacopœias, a strictly alphabetical arrangement has been followed. It will, however, still be found that the more important preparations are classed together. Processes are given for the preparation of almost every chemical substance mentioned in the materia medica list, and also of the Galenical compounds. In the last edition of the London Pharmacopœia, the chemical processes were expunged. Many are still of opinion that all such processes should be omitted from the Pharmacopœia, but that tests of the purity of the drugs should be introduced. The Pharmacopœia Committee, however, decided on retaining the directions for making the chemical preparations, unless there were good reasons to the contrary—as where the substance is extensively manufactured, and therefore easily procured. An advantage arising from this decision, is the dissemination of a certain amount of chemical knowledge among the profession. On the other hand, the bulk of the book has been increased by the insertions; and it cannot be expected that the directions given will always be absolutely followed. Objections are likely to be raised as to some of the processes directed for preparations which are manufactured on a large scale, such as the Citrate of Iron and Quinine; the object is, however, not to give formulæ which *must* absolutely be followed, but processes by which the substances *may* be made.

Waters (*Aquæ*). In the class of distilled waters, no great change has been made; except that the Camphor Mixture of the former Pharmacopœia is now *Camphor Water* (*Aqua Camphoræ*), and is directed to be made simply by suspending half an ounce of camphor broken into pieces, in a muslin bag, in a gallon of water.

The *Vinegars* and *Cerates* of the London Pharmacopœia have been abolished. A modified vinegar—that of Cantharides—now has a place among the Liniments.

Among the *Confections*, the Aromatic Confection, and the Confections of Orange, Cassia, Opium, and Rue, have been omitted; and three new ones, those of Scammony, Sulphur, and Turpentine, have been added. The Confection of Almonds is transferred to the Powder, where it appears as *Compound Powder of Almonds* (*Pulvis Amygdalæ Compositus*).

Decoctions. The Decoction of Starch (*Decoctum Amyli*) is now described as a mucilage. The Decoctions of Chimaphila, Pale Bark, Red Bark, Quince, Dulcamara, Galls, Senega, Elm, and Uva Ursi, have been omitted; and for those of Dulcamara and Senega, their infusions have been substituted.

In the *Plasters*, those of Assafœtida, Cumin, and Iodide of Potassium, have been omitted. A new one, Warm Plaster (*Emplastrum Calefaciens*) has been introduced.

An important alteration has been made in the introduction of *Liquid Extracts*—those of Bael (*Extractum Belæ Liquidum*), Yellow Cinchona (*Extractum Cinchonæ Flavæ Liquidum*), Ergot (*Extractum Ergotæ Liquidum*), Fern Root (*Extractum Filicis Liquidum*), Opium (*Extractum Opii Liquidum*), Pareira (*Extractum Pareiræ Liquidum*), and Sarsaparilla (*Extractum Sarsæ Liquidum*). In making the "green extracts" (as hyoscyamus), care has been taken in the processes to remove the albumen from the juice. Several extracts have been omitted, which appeared in the London Pharmacopœia; among them are those of the Barks, of Lettuce, Poppy, and Uva Ursi. The Extract of Elaterium is now simply and properly termed Elaterium. The Compound Extract of Colocynth, described in the London Pharmacopœia among the Pills, is now restored to its place among Extracts. The Extract of Jalap is somewhat modified; cold instead of boiling water being used in the maceration, so that the starch is left.

Liquid Extract of Yellow Cinchona is intended to be made so that four ounces shall be equal to sixteen ounces of bark. It has, however, been found that the residue after the operation is rich in quinine, which is very difficult of removal.

Liquid Extract of Ergot is made by first removing the oil (which was formerly thought to be the active principle of the drug) by means of ether; then digesting the residue in water, and adding rectified spirit. The result is, that one part by weight of ergot is equal to one fluid part of the extract. Many practitioners have made trial of this extract, and consider it a very convenient preparation.

Liquid Extract of Opium is supposed to be of the same strength as the tincture.

Liquid Extract of Pareira is a very convenient means of giving this medicine. One fluid part is equal to one part by weight of pareira. Dr. Garrod had been informed that it possesses all the properties of the root of the plant, and is an useful preparation.

The new extracts are those of Calumba (*Extractum Calumbæ*), Rhatany (*Extractum Krameriæ*), and Quassia (*Extractum Quassiæ*).

Of the *Infusions*, some are now directed to be made with cold water; viz., those of Calumba (the starch being thereby not taken up), Gentian (compound), and Quassia; and water at 120° Fahr. is directed to be used in making the infusions of Chiretta and Cusparia. The new infusions introduced are those of Chiretta, Dulcamara, Kousso, Ergot, Matico, and Senega. The Compound Infusion of Roses is now termed Acid Infusion of Roses (*Infusum Rosæ Acidum*).

Dr. Garrod here observed that the word *compound* has been omitted from the designation of many of the preparations; the Committee having determined not to use the term unless in preparations containing more than one active medicinal ingredient.

Infusion of Dulcamara has been substituted for the Decoction; for what reason, Dr. Garrod was not aware. Several years ago, he gave large doses of the decoction to a patient who had psoriasis, and recovery soon followed; but three years afterwards, on a return of the disease in the same individual, the remedy failed to produce any result. He had given large quantities of the dulcamara without producing any physiological effects; and he had known as much as five pounds of the ripe berries to be taken, in preserve, in the course of ten days, without any symptom resulting.

Five new *Liniments* have been introduced; namely, those of Aconite (*Linimentum Aconiti*), Belladonna (*Linimentum Belladonnæ*), Chloroform (*Linimentum Chloroformi*), Iodine (*Linimentum Iodi*), and the Liniment of Turpentine and Acetic Acid (*Linimentum Terebinthinæ Aceticum*). Two have been omitted—those of Ærugo and of Sesquicarbonate of Ammonia.

Liniment of Cantharides is intended as a blistering agent. It is made by macerating cantharides in acetic acid, and then causing ether to pass through in a percolator. Dr. Garrod had found a single application always successful.

Iodine Liniment contains 109 grains of iodine in each fluid-ounce, with some iodide of potassium. When undiluted, it readily causes blistering.

In the *Solutions* (*Liquores*) there are some changes worthy of being noted.

Solution of Hydrochlorate of Morphia (*Liquor Morphiæ Hydrochloratis*) has about half the strength of the preparation of the same name in the London Pharmacopœia, and resembles those in the Edinburgh and Dublin Pharmacopœias in containing four grains of the active principle in each ounce—this being the strength generally adopted in the British Pharmacopœia in making solutions.

The *Solutions of Potash* and *of Soda* (*Liquor Potassæ* and *Liquor Sodæ*) are somewhat diminished in strength. Dr. Garrod suggested that it would be useful to make some clinical observations as to the relative efficacy of potash and soda.

In *Saccharated Solution of Lime* (*Liquor Calcis Saccharatus*) the solubility of the lime is increased by the addition of sugar, so that each pint of the solution contains 140 grains of lime.

Solution of Chlorine (*Liquor Chlori*) is a solution of chlorine gas in water. It is useful when the administration of free chlorine is desired; but it may be questioned whether it is superior to the solutions of chlorinated lime or soda.

Having made a few general observations, Dr. Garrod here concluded his course.

Dangerous Lamp Oils. At a recent meeting of the Association of Medical Officers of Health, a paper was read on the recent petroleum accidents, and on the ready detection of dangerous lamp oils. It was shown that these accidents had invariably resulted from the employment of oils capable of being ignited at a very low temperature; one very severe accident being traced to the employment of an oil giving off inflammable vapour at a temperature below the freezing point of water. The author of the paper, Mr. Tegetmeier, exhibited a very easy and practical mode of detecting dangerous oils. Two teacupfuls of boiling water and one of cold water (at the ordinary temperature of a sitting-room) were mixed together in a small basin; a cupful of the water was then taken, and a teaspoonful of the oil to be tested poured on its surface; in a few seconds a light was applied to the oil. The dangerous oils, those capable of igniting below 128 degrees, immediately took fire, whereas it was shown to be impossible to ignite those which were of a safe and non-explosive character. In the conversation that ensued Drs. Letheby, Lankester, and R. D. Thomson took part, and the desirability of raising the standard of the Petroleum Act from 100 to 125 degrees was discussed, many accidents, some of a fatal character, having arisen from the employment of oils having a higher inflaming point than 100 degrees Fahrenheit.

FRENCH ACADEMY OF SCIENCES.

SPECTRUM ANALYSIS OF MINERAL WATERS.

Signor Vopicelli has submitted the residues of certain Italian waters to spectrum analysis. In the residue of the mineral water of Tivoli he found potash, soda, lime, lithia, and strontia. The lithia and strontia have escaped detection by several chemists in the ordinary way. Pozzulano showed potash, soda, and lithia. For examination with the spectroscope, he says, a residue should not be too dry, nor very long prepared, otherwise the state of molecular aggregation prevents the production of the lines. Arsenic and arsenious acid, he says, give a continuous spectrum, and their presence may be proved by this mode of analysis with a single prism. The spectrum of a hydrocarbon flame, he adds, gives five lines in the blue band, or one more than those found by Dr. Attfield. Lastly, he details experiments, which go to prove that the vapour of water has nothing to do with the production of the lines in the solar spectrum.

ABSORPTION OF IODIDE OF POTASSIUM.

A memoir presented by M. Deschamps goes to prove that friction with an ointment is a very good way of introducing iodide of potassium into the system. He found that more was absorbed by this means than when a bath, with a much larger quantity of the iodide, was employed.

ACTION OF INFUSORIA IN GERMINATION.

M. Lemaire has endeavoured to show that infusoria play an important part in germination. If beans, lentils, barley, or oats be placed upon powdered porcelain or a wet sponge, in the course of twenty-four hours, while the above seeds are still hard and horny, numerous *bacteria* make their appearance; after forty-eight hours, vibrios and monads appear. If to the distilled water used one or two *milligrammes* of phenic acid be added, which prevents the development of the infusoria, germination is prevented, but recommences when the phenic acid has evaporated.

SPONTANEOUS GENERATION.

Some time ago M. Pasteur, in reply to MM. Pouchet, Joly, and Musset, who had filled glass balloons with air from the glaciers of the Maladetta in the Pyrenees, and found these balloons peopled with microphytes, such as mould, and with microzoaria, such as *bacteria* and vibrios, had objected that of their eight balloons only four were fruitful. MM. Joly and Musset state that, M. Pasteur having written to them to learn whether only the four balloons mentioned by them were fruitful, or whether all eight were so, they replied immediately to inform him that the latter was the case; but that he, without waiting for their answer, at once founded an argument before the Academy on the contrary supposition, coming to the strange conclusion that his adversaries' experiments, far from weakening his theory, which is contrary to spontaneous generation, only tend to strengthen it. MM. Joly and Musset state that, while M. Pasteur found the air at the top of the Jura mountains free from germs, or nearly so, they had gone up 1,000 *mètres* higher, and found that, although, by M. Pasteur's own showing, that air *must* be pure, they yet found the balloons filled with it fruitful; whence they contend that the microphytes and microzoaria found therein were *generated spontaneously*. M. Pasteur having objected that they had opened their balloons with a file, while he had used a pair of tweezers, they ironically regret that they had not only used a file, but even one without a handle! and, lastly, they suggest to the Academy the propriety of appointing a commission, before which the principal experiments of the two contending parties might be repeated. After the reading of this paper, M. Flourens rose and declared that he considered spontaneous generation not to exist, because M. Pasteur had brought together air and putrescible liquids, the necessary elements for ascertaining it, and had obtained nothing.

PURIFICATION OF AIR BY THE VAPORISATION OF WATER.

A communication by M. Morin to the French Academy of Sciences suggests that in the evaporation of water caused by a current of air a certain amount of electricity is developed, and some active oxygen produced. He did, in fact, by making air artificially moistened pass through tubes containing strips of ozone paper and reddened litmus obtain evidences of the presence of ozone and some acid which he supposes to be a nitrogen compound. He does not, however, appear to have tested the air before he moistened it. The tubes containing the test-papers were well protected from the light, and could only receive moisture from the air. M. Morin was led to the consideration of the subject by seeing how much English writers on ventilation insist on the advantages of introducing a certain amount of moisture into the air, whether heated or not, supplied to inhabited places; and he describes the way in which this is effected at our Houses of Parliament.

POISONOUS PRINCIPLE OF CORIARIA MYRTIFOLIA.

The leaves of this plant are sometimes used to adulterate Alexandrian senna. They contain, according to M. Ribau, an extremely poisonous glucoside, *coriamyrtine*, two *decigrammes* of which produced horrible convulsions, and killed a strong dog in an hour and a quarter.

DECOMPOSITION OF CARBONIC ACID BY LEAVES.

M. Cloez has made some experiments with variously coloured leaves. All the results, however, led him to the conclusion already expressed, that leaves only decompose carbonic acid by virtue of the green matter they contain. The yellow and red parts have no share in the decomposition.

EFFECTS OF COMPRESSED AIR.

During the building of the new bridge at Kehl the labourers had to work in compressed air. Bucquoy made observations of the effects of that air upon himself and others. He found that in getting into the reservoir the respiration lost its regularity; restlessness was soon felt, and pain in the ears set in. It was as if a foreign body was driven with force into the external meatus. This pain was so intense that some people could not help crying. After a while it went off, then came back again, till it at last entirely ceased. The breathing grew also quiet; the inspiration was shorter than usual; the expiration longer; the pulse was more frequent than normal; hearing was impaired, and it felt as if an expanding body was lodged in the interior of the ear. The voice sounded as if it came through the nose, and it required an effort to speak out. At a pressure of two and a half atmospheres it was impossible to whistle, and there was much perspiration. On returning into the open air the breath formed a cloud; there was a sharp feeling of cold; the pain in the ears returned; there was palpitation of the heart; and the respiration got again irregular. On analysing the air it was found to contain 2·37 per cent. of carbonic acid; the remainder consisted of 19·23 per cent. of oxygen, and 80·77 per cent. of nitrogen. Those who had to work for a long time in the compressed air became emaciated. Many labourers lost their appetite, and looked as if they were just recovering from a severe illness. Muscular and rheumatic pains often occurred, and sometimes the effects of congestion of the lungs and of the brain were observed. The blood which was taken from veins presented in some instances a bright red colour; and this was especially the case when the person had remained long in the condensed atmosphere. The movements of the limbs appeared to be more easy than in the normal air.

ACTION OF OXYGEN ON ANIMALS.

MM. Demarquay and Leconte have observed that nearly two *litres* of oxygen might be injected into the veins of an animal without killing it. They found, too, a dog might inhale thirty or forty *litres* with no other effects than putting him in good spirits and creating a large appetite. They noticed, also, that the respiration of oxygen produced remarkable, and, up to a certain point, beneficial effects on large wounds which they made on animals.

AMMONIACAL FERMENTATION.

By ammoniacal fermentation, M. Van Tieghem means the conversion of urea into carbonate of ammonia under the influence of water, a ferment, and a proper temperature. The cause of the transformation of urea is the development of a special organised vegetable ferment. Under the influence of apparently the same ferment, hippuric acid splits up into benzoic acid and glycollamine. Beer-yeast, it is said, will not provoke the transformation of urea in the presence of sugar.

ACTION OF OXYGEN ON WINE.

An experiment has been lately made by M. Berthelot. It was he who first discovered that there is a particular oxydisable principle in Bordeaux and Burgundy wines, to which he attributes their flavour. In pursuing his studies, he was induced to examine the influence which oxygen exercises over wine. The result convinced him that this action is most unfavourable, and that it entirely destroys the bouquet, which is replaced by a most disagreeable flavour. M. Berthelot found it sufficient to pass a current of oxygen into the choice wines of St. Jean and Thorin to produce this result, and demonstrate experimentally that a very small quantity is sufficient to destroy the bouquet of a quart of Thorin, and that the absorption of oxygen by wine, accelerated by the elevation of the temperature, is rendered almost immediate by the addition of an alkali. The observations of this distinguished chemist prove how necessary it is to preserve wine in a perfect state from the action of the oxygen contained in the air, since the prolonged contact of 10 cubic *centimètres* of oxygen—that is, fifty cubic *centimètres* of air, is sufficient to destroy the bouquet of a quart of wine. It is to the slow penetration of oxygen into bottles that M. Berthelot attributes the destruction of flavour which every wine experiences at last. The reason that the racking off of new wine from the vat to the cask does not produce a similar result is that new wine, being saturated with carbonic acid, disengages a portion of it when exposed to the air, so that it is in a great measure preserved, a very small volume of air disengaging a considerably greater volume of carbonic acid. The decomposition of wine in bottles half full, and the diminution of the flavour, well known to all connoisseurs, are caused by the action of oxygen. The complete destruction of the flavour of wine by the addition of an alkaline mineral water, such as that of Vichy, is explained by the preceding facts.

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet at the Queen's Hotel, Birmingham, on THURSDAY, the 10th of March, at a quarter before Three o'clock P.M., *for Three precisely.*

Business.—To receive the Treasurer's Financial Report.

To appoint Adjudicators of the Annual Prize Essays.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, 23rd February, 1864.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fourth ordinary meeting of the session was held in the Victoria Rooms, Clifton, on Thursday, February 18th, 1864, at 8.30 P.M.; FRANCIS K. FOX, M.D., President, in the Chair. There were present about seventy members and visitors.

The minutes of the last ordinary meeting were read and confirmed.

New Members. Thomas Crocker, M.D., Bristol, and R. Carter, Esq., Bath, were elected members of the Association and of this Branch of it.

Papers. The following papers were read and discussed.

1. A Case of Ovariotomy. By W. Michell Clarke, Esq.
2. Criminal Responsibility in Relation to Insanity. By J. Addington Symonds, M.D.
3. The Plea of Insanity. By J. G. Davey, M.D.

Other papers had to be postponed on account of the lateness of the hour; and the meeting broke up at about 12.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 9TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

SOME ACCOUNT OF THE AMPUTATIONS PERFORMED AT ST. BARTHOLOMEW'S HOSPITAL FROM JANUARY 1ST, 1853, TO OCTOBER 1ST, 1863. BY GEORGE W. CALLENDER, ESQ.

THESE amputations were so arranged in a series of tables as to show for a number of consecutive years the totals of deaths and of recoveries in male and female patients. The operations comprised all the principal amputations, arranged as primary and secondary, and as amputations for disease. After some general remarks, certain deductions from the several tables were detailed.

Of 93 primary amputations, 78 recovered, and 15 died. Thus 16·1 per cent. of all these amputations proved fatal, or 1 in 6·2; and if the age of the fatal cases, which averages 47 years, be taken into consideration, it appeared for children and for adults under 40, that an unfavourable result after these amputations was an exceptional occurrence.

The secondary amputations numbered 37, and of these 24 recovered, and 13 died; so that 35·1 per cent., or 1 in 2·8 of all these operations proved fatal.

Taking primary and secondary amputations together, 7·1 per cent. of those of the upper extremity, and 32·4 of those of the lower extremity, proved fatal; and 21·5 per cent., 1 in 46, of the total of traumatic amputations.

There were 228 amputations for disease or for malformations; 182 recovered, and 46 died, or 20·1 per cent. Of those performed at the upper extremity, 18·5 per cent. died; whilst of those which involved the lower, 20·3 per cent. ended fatally.

It followed that of the total 358 amputations the ratio of mortality was, after all primary amputations, 16·1 per cent.; after all secondary, 35·1; after all amputations for disease, 20·1; after all amputations at the upper extremity, 10·8; after all those at the lower, 23·6; and after amputations, 20·6 per cent.

Causes of Death. Old people were little able to resist the shock of the more severe amputations, the influence of age being most marked with primary operations. Females did not rally so easily as males after the severe shocks which precede and accompany primary amputations, nor after the depression consequent upon amputation at the thigh. The rate of mortality on the totals of cases was 18·9 per cent. for males, and 21·6 per cent. for females. The totals of deaths and of recoveries, as influenced by the age and sex of the patients, were shown in a separate table.

After primary amputations, traumatic complications proved fatal at the rate of 40 per cent., and exhaustion at the rate of 20 per cent. of the total number of deaths.

After secondary amputations exhaustion was the chief cause of death, 38·4 per cent. sinking in this way; 23 per cent. died from secondary hæmorrhage.

Of the total of traumatic amputations ending fatally, 28·5 per cent. sank from exhaustion, 25 per cent. from traumatic complications, 21·4 per cent. from hæmorrhage, and 7·1 per cent. from pyæmia.

After amputations for disease ending fatally, exhaustion was the cause of death in 28·2 per cent.; pyæmia in 31·9 per cent.; and visceral complications in 15·2 per cent.

Taking the four chief causes of death after all amputations, the following rates of mortality per cent. in the totals of fatal cases were obtained.

Amputations.	Hæmorrhage.	Pyæmia.	Exhaustion.	Visceral Complication.
Primary	20·0	—	20·0	6.6
Secondary	23·0	15·3	38·4	15·3
All traumatic.	21·4	7·1	28·5	10·7
For disease	4·3	39·1	28·2	15·2

Of the total 74 fatal cases, 24·3 per cent. died from exhaustion, 27 per cent. from pyæmia, 12·1 per cent. from hæmorrhage, 16·1 per cent. from visceral complications.

After giving the particulars of the cause of death in each fatal case, and the injury or the disease for which the operation was performed, the days in which 74 cases terminated fatally are shown in a tabular form. From this it appeared that deaths from shock, or from other injuries, or from both combined, took place within the first twenty-four hours, and within forty-eight hours the deaths from recurrent hæmorrhage occurred. Exhaustion was most fatal about the fourth day; secondary hæmorrhage was a cause of death from the fifth to the twelfth day; pyæmia from the seventh to the twenty-fourth.

Three cases of amputation were referred to, in which death was not accelerated by the operation, the patients dying on the 109th, the 102nd, and the 93rd day respectively; and the paper concluded with an account of certain cases, and of certain sequences of fatal cases and recoveries, showing how necessary it is to mass together a considerable number of consecutive operations before we have a chance of arriving at tolerably just conclusions.

Mr. Spencer Wells said that, the Surgeons of St. Bartholomew's and Guy's Hospitals might very justly cite the facts brought before the Society by Mr. Callender and Mr. Bryant, to prove that the mortality after amputations was very much less in these London hospitals than in the large hospitals of Paris and other continental cities. There the mortality ranged from 40 to 50 per cent., while here it was 20 to 25 per cent. The surgeons of our hospitals might regard this comparison with great satisfaction, but still the mortality here might be excessive. Mr. Wells believed that it was excessive. A mortality of one in four or five after amputations, including those of the fore-arm and leg, must be much larger than it would be if hospital patients were placed more nearly in the condition of those operated on in private houses. It might be difficult to prove this by statistics, because any conclusions drawn from the few cases of amputation which any one surgeon could bring forward from his experience in naval, or military, or private practice, would be met by some such facts as those adduced by Mr. Callender. If he (Mr. Wells), or any one else, were to say, that of ten, or twenty, or thirty amputations, not one had died within six months after operation, the answer would be, that such a result was as purely accidental as the fact, that all the women who underwent amputation in St. Bartholomew's in one year died, and all in the next year recovered; and it would not be easy to reply to this argument, however firmly a surgeon might be convinced that his success was due to the care which he bestowed upon his patients, and that many of the causes of the excessive mortality in hospital practice might be avoided. A private patient clearly escaped any contagious influence from other patients in the same ward, and arrangements might perhaps be made to give greater protection against contagion to hospital patients. First year's students acting as dressers and dissecting on the same day, might explain a portion of the avoidable mortality in hospitals from erysipelas and pyæmia. By attention to such matters as these, and by careful study of all minor details which, though apparently trivial, assist in turning the scale one way or the other, it was well known that some important operations had been performed much more successfully in small than in large hospitals. A great deal had been gained already, but a great deal more might be done; and when it is done, he (Mr. Wells) felt certain that the mortality after amputations would fall very far indeed below the present proportion of 20 per cent.

MEMORANDUM OF A CASE OF STRANGULATED FEMORAL HERNIA WHERE, ON A FORMER OCCASION, THE NECK HAD BEEN TORN FROM THE BODY OF THE SAC IN THE TAXIS, AND THE EXTRUDING BOWEL HAD FORMED A LARGE POUCH OUTSIDE THE PERITONEUM. BY J. W. HULKE, ESQ.

A woman, aged 70, was admitted into the Middlesex Hospital on October 12th, 1863, with a strangulated femoral hernia of moderate size. The strangulation was relieved by herniotomy, but the bowel could not be fairly put back into the belly. Death occurred about seventeen hours after the operation. At the *post mortem* examination, the body of the sac was found *in situ*. The femoral ring opened into a large subperitoneal pouch, which contained eight feet of gut, and communicated by a round aperture, the original neck of the sac, with the peritoneal cavity.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

Wednesday, December 9th, 1863.

E. Lund, Esq., President, in the Chair.

Three new members were elected, and two proposed.

Adulteration of Copaiba, as met with in Capsules. Mr. Lund made some observations on the adulteration and consequent inertness of copaiba, as found in capsules; and produced specimens procured from British and foreign sources, in which the volatile oil of copaiba had been found, by analysis, to be absent.

Fibrinous Bronchial Casts. Dr. Thorburn exhibited a specimen of fibrinous casts from the bronchi of a child, aged 11 years, who had suffered for some time from paroxysmal cough.

Blepharoplastic Operation. Dr. Samelson introduced a female patient, aged 60, on whom he had performed Dieffenbach's blepharoplastic operation for epithelial cancer of the right upper lid. The triangular gap resulting from the operation had been greatly reduced in size, by the use of sutures after dissection of the parts had been made. The right interpalpebral fissure differed little from that of the left eye (nearly three months after the operation); and in other respects the operation had resulted in complete success.

Three Cases of Laminar Cataract. Dr. Samelson brought three cases of laminar cataract for the members to examine. The first was a boy, aged 16, in whom the cataracts, apparently quite stationary, were so transparent as to allow him to read No. 1 (Jäger), and to admit of an ophthalmoscopic examination. Iridodesis might be indicated. The second case was in a girl, aged 16. The opacity here was much more dense, light being perfectly borne, and atropine of decided advantage. The peripheral portions were slightly striated. The operation for solution will be resorted to. In the third case, a scrofulous girl of 13, the right eye only was affected. The anterior surface of the cataract presented a greyish hollow disc, regularly intersected by a number of whitish ribs. Dilatation of the pupil produced no marked improvement.

Case of Embolism. Dr. J. S. Fletcher read an account, the notes of which had been drawn up by Dr. A. Ransome, of a case of embolism occurring in the course of convalescence after confinement attended with a good deal of *post partum* hæmorrhage. The embol was supposed to have emanated from the left side of the heart, and to have divided into two portions, one of which had coursed along the left carotid artery, and the other along the left brachial artery. The principal symptoms were, collapse without loss of consciousness, dropping of the lower jaw, etc., and stoppage of the radial pulse of the left side. The adoption of Dr. Richardson's method of treatment, by ammonia and stimulants, had been found the best, and the patient recovered. The case will be published *in extenso*.

Annual Meeting, January 13th, 1864.

E. Lund, Esq., in the Chair.

Annual Report. The annual report was read and approved of. It stated that the Society continued to be in a very prosperous state, notwithstanding the increased annual subscription. A considerable diminution in the number of members had been anticipated, but the actual decrease was only four. Through the voluntary subscriptions of many of the members, the Society, since the last report, had been entirely cleared of debt. It was with great regret that the Committee had to announce the resignations of Dr.

W. Roberts, Honorary Secretary, and Mr. T. Windsor, Honorary Librarian, to whom the Society was much indebted for its present flourishing condition. The Treasurer, Dr. Borchardt, submitted his report, which showed a small balance in favour of the Society. The report of the Honorary Librarian stated that an addition of 772 volumes, besides pamphlets, etc., had been made during the past year; and that, in August 1863, there were 6,594 volumes, and nearly 6,000 pamphlets, etc., belonging to the library. It was the opinion of the Librarian, that the library ranks in advance of any other provincial medical library.

Office-Bearers and Committee for 1864. The following gentlemen were then elected office-bearers :—*President:* Dr. Noble. *Vice-Presidents:* Sir James Bardsley; J. Jordan, Esq.; T. Turner, Esq.; and J. Windsor, Esq. *Treasurer:* Dr. Borchardt. *Secretary:* Dr. Thorburn. *Librarian:* Dr. J. Roberts. *Editor:* Dr. Lorimer. *Committee:* A. Aspland, Esq.; Dr. J. O. Fletcher; Dr. Ledward; Dr. Lorimer; E. Lund, Esq.; Dr. Medd; T. Mellor, Esq.; Dr. W. Roberts; Dr. Samelson; Dr. Stone; Dr. Wilkinson; and T. Windsor, Esq.

Wednesday, February 3rd, 1864.

D. Noble, M.D., President, in the Chair.

Two new members were elected, and several proposed.

Syphilis in Monkeys. Mr. Lund exhibited the skull of a male monkey said to have died of syphilis. The bones of the cranium and face and the lower jaw were worm-eaten, as if from recent caries, there being no true scaly exfoliation. During life, the penis was extensively ulcerated, and the hair had fallen off in patches from the skin. Condylomatous disease existed about the vulva and anus in the female confined in company with the animal whose skull was exhibited. This fact, along with the decided opinion of the keeper that a disease of the nature of syphilis is communicated by sexual intercourse, was considered by Mr. Lund of great importance and interest, seeing how frequently monkeys die of tubercular disease of the lungs, and tending to confirm the idea that struma is syphilis diluted through many generations.

Rupture of Aorta into Œsophagus. Dr. Howard sent a preparation showing a communication between the last portion of the arch of the aorta and the front of the œsophagus, produced by ulceration of these parts, and subsequent rupture of the attenuated inner coat of the artery, causing death by hæmorrhage. It was supposed that the patient had swallowed a piece of bone, which had become impacted opposite the seat of disease, by having had a probang passed to relieve the symptoms. A week before his death, he suffered dysphagia and a pain under the right nipple. Hæmatemesis commenced two days before death. He had suffered from chronic bronchitis for years.

Cystic Tumour of Thyroid Gland. Dr. Lorimer exhibited a specimen of a cystic tumour of the thyroid gland, taken from a man aged 50, who had died from double bronchopneumonia. The patient had had syphilis, and had been treated with large doses of mercury. He had also been very subject to quinsy for four or five years. The growth of the tumour had been observed, taking the difficulty of breathing as the main evidence, for three years. The prominent symptoms during life were loud, laborious, and hissing or whistling inspiration, with dyspnœa. The signs were, gradual deviation of the trachea and larynx from the middle line towards the right side, without observable bulging about of the neck, without thrill or cardiac *bruit*, but with circumscribed post-sternal dulness. The tumour was as large as an average adult male fist; it was unilocular, with thin parietes, and contained limpid serum. It was attached to the lower two-thirds of the trachea down to the point of bifurcation, and was connected superiorly with the left base of the thyroid gland. The tumour, being bound down by the sternum and clavicle, as well as by the fasciæ, disturbed the calibre and position of the trachea, and thus eventually occasioned death.

Rheumatic Fever: its Dangers, and its Treatment. Dr. Roberton commenced his paper by stating it as his impression, that the disease was more successfully managed in Manchester than elsewhere. He then referred to Dr. Fleming's *Medical Statistics of Life Assurance*, to illustrate the frequency of heart-complications of a fatal tendency, and its frequent occurrence in early life. Dr. Roberton stated his treatment to be, and to have been for thirty years, calomel and opium in the first stage of the disease, followed by a saline aperient, with colchicum; then the administration of Peruvian bark or quinine, after pain and fever have subsided. His local application is uniformly warm cotton wool. Dr. Roberton never bleeds under any circumstances. He avoids diaphoretics; he forbids all liquid applications to the joints or to the surface of the body; and stated that he had never known heart-affection follow rheumatic fever, when his patient had been seen early, and treated as above.

A discussion ensued, in which many of the members, senior and junior, took part, which seemed to decide in favour of the alkali treatment.

LIVERPOOL MEDICAL INSTITUTION.

February 4th, 1864.

A. Stookes, M.D., Vice-President, in the Chair.

Disease of the Knee. Dr. Nottingham shewed a specimen taken from a patient who had died at the Southern Hospital. Some months ago, the patient, a man, aged 27, received an injury of the upper part of the fibula, and disease of this bone ensued. Excision of the upper part of this bone, or of the knee-joint, if found necessary, was contemplated. The joint admitted of considerable movement without pain or grating. However, an attack of inflammation came on; the knee-joint became diseased and rapidly destroyed; and abscesses formed up the thigh. There was most severe pain, which opium did not much relieve; the was also some chest-affection, with hæmoptysis. The patient sank and died. There was now shewn to be a communication between the tibio-fibular articulation and the knee-joint. The cartilages of the knee-joint were destroyed; and the ends of the bones were extensively carious. In this case, Dr. Nottingham would have had to remove very large portions of bone if he had performed resection, and so the chances of firm anchylosis would have been lessened. Three other cases of diseased knee, in which he had recently performed resection of the joint, were going on favourably.

Mr. Higginson observed, in reference to this case, that he was satisfied from numerous dissections which he had made, that the tibio-fibular articulation is generally found to communicate with the knee-joint.

Calculi Removed from the Bladder. Mr. Hamilton shewed three small concretions that had formed around separate portions of the quill of a feather that had slipped into a man's bladder. The patient, a man aged 46, applied at the Southern Hospital last June. He had a stricture; and, as the urine came with difficulty, he had been trying to improve matters by passing a feather down the urethra; it slipped from his hand, and the house-surgeon did not succeed in extracting it. He came again six weeks ago, when a small sound was passed, and the stone was felt. He came again, and was admitted into the hospital; and as the stricture would not admit of a lithotrite being passed, Mr. Hamilton performed the lateral operation, a week ago. The patient has since done well; and all the urine comes now by the urethra.

Mr. HIGGINSON observed that, some of the feathers remained on the portions of the quill that formed the nuclei, and thought the direction of these feathers might account for the quill passing up the urethra, and also for it being so difficult to remove from the urethra.

Dr. NOTTINGHAM said the patient had stated that the feathery end was introduced first, so that this explanation would not suffice; he thought the stricture would sufficiently account for the difficulty of extraction from the urethra.

Clot in the Cerebellum. Dr. WATERS shewed a portion of the brain of a man, aged about 30, who had died at the Northern Hospital the preceding evening. He was admitted about 7 P.M. perfectly comatose, with a slow irregular pulse, and his breathing slow and laboured. He died in the course of a few minutes. In the morning, he had been seen sitting on a large stone close to some school, and was supposed to be drunk. He was seen to fall off the stone, and was taken into the school and kept there all day under the impression that he was drunk. There was found to be a great effusion of blood into the cerebellum, and a portion of the blood had made its way to the base of the brain. The kidneys were healthy; the stomach was distended with flatus, and its coats were congested, and in parts a little inflamed. There was a slight bruise on the head.

Dr. SHEARER regretted so little was known of the state the man was in before he was taken to the hospital; as he would have expected some of the phenomena that accompany lesion of the cerebellum.

Dr. WATERS explained that this was not like a case in which the cerebellum alone was affected; here there had been considerable extravasation at the base of the brain.

The New Pharmacopœia. Dr. NEVINS read an interesting paper on the New *Pharmacopœia*, entering pretty fully into the various changes that have been made in nomenclature, in the construction of the book, and in the composition of the preparations.

Some discussion followed, in which Dr. Waters, Dr. Nottingham, Dr. Bailey, Dr. Gee, and Dr. Nevins took part.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, FEBRUARY 4TH, 1864.

W. ADAMS, Esq., F.R.C.S., President, in the Chair.

Ophthalmic Instruments. Mr. ZACHARIAH LAURENCE exhibited a *Strabismometer* of his own designing. This instrument was designed to measure the exact linear deviation of the eyes in cases of squint. It consisted of an ivory plate, corresponding in shape to the curve of the lower eyelid. The middle line of this plate was marked zero. The centre of the lower border of the cornea of a normally placed eye, regarding a distant object in the horizontal median plane, corresponded to zero; but in the case of a squinting eye, to some graduation to the inner or outer side of zero. He also exhibited a *Pupillometer* or *Coreometer*, for measuring the size of the pupil. It consisted of a metallic plate, graduated into lines, half, and quarter lines, at one end of which was a fixed vertical knife-edged bar, and a second similar moveable bar, which could be separated or approximated to the former by a horizontal screw. With this instrument, the author remarked, the diameter of the pupil could be easily ascertained to the quarter of a line.

TRANSVERSE FRACTURE OF THE PATELLA. BY WILLIAM ADAMS, ESQ.

Mr. ADAMS read a paper upon Transverse Fracture of the Patella in its ordinary form, as generally produced by muscular action. The author's attention had been first directed to the present subject in 1850, when he was engaged in describing the preparations in St. Thomas's Hospital for a new catalogue, and the series of specimens collected by Sir A. Cooper came especially under his examination. Amongst these specimens was one described by Sir A. Cooper as an example of ligamentous union, in which the fragments were separated to the distance of five inches (No. 123 Museum Catalogue), and figured by Sir A. Cooper in his *Treatise on Dislocations and Fractures of the Joints* (plate 15, fig. 1); but the conclusion to which Mr. Adams came after examining this specimen was, that no attempt at reparation had ever been made, and that it afforded a good illustration of non-union of transverse fracture of the patella. In this specimen, the fragments were connected only by a thin, expanded layer of fibrous tissue, passing from the periosteal surface of the upper fragment to its connection with the lower fragment. The fractured surface of the upper fragment projected as a square or rectangular surface into the joint, and the connecting layer of fibrous tissue had no relation whatever with this fractured surface. This fact, the author considered, was fatal to the idea of the connecting tissue being an elongated condition of any fibrous connecting structure formed between the fractured surfaces for the purpose of union; and Mr. Adams considered that it consisted only of the fascia and aponeurotic structures naturally passing over the surface of the patella, in a thickened condition.

Mr. Adams exhibited this specimen, together with one of true ligamentous union of a transverse fracture of the patella, which he happened to meet with in a subject in the dissecting room of St. Thomas's Hospital, now preserved in the museum (Nos. 121 and 122 Museum Catalogue), to the Pathological Society in May 1850; and in the second volume of the *Transactions* of this society these specimens are described, together with the conditions presented by thirty-one other specimens of transverse fracture of the patella, preserved in the museums of London.

The author considered that we must recognise three conditions as possibly resulting after transverse fracture of the patella, viz.: 1. True bony union; 2. True ligamentous union; 3. Non-union, or ununited fracture,

In proof of the possibility of obtaining true bony union, specimens in the museums of Guy's and St. Bartholomew's Hospitals were referred to, together with others described by various authors.

With regard to the second method of repair—true ligamentous union—the author observed that he included in this series the specimens only in which a mass of fibrous or ligamentous tissue passed directly between, and connected the fractured surfaces of, the upper and lower fragments. In such cases, the separation of the fragments is generally from half an inch to an inch, the fragments being somewhat everted, especially the lower one, so that the fractured surfaces are directed, more or less, towards the skin; the gap between the fragments is, therefore, of a triangular form, the base being towards the skin, and the apex towards the joint. By a gradual elongation of the ligament, after the limb has been brought into use, the separation of the fragments may extend to an inch and a half; and in one specimen, shown to the Pathological Society by Mr. Holthouse, this had extended to two inches and a half.

With regard to the third condition, above mentioned, as the result of transverse fracture of the patella—complete non-union, or ununited fracture—the specimens included in this series are those in which there is an absence of fibrous or ligamentous tissue passing directly between and connecting the fractured surfaces; and in which the fragments of the patella are connected only by a thin, expanded, fibrous, and aponeurotic structure, passing from the periosteal surface of one fragment to the periosteal surface of the other, and consisting essentially of the fascia and aponeurosis naturally passing over the joint in a thickened condition. The relation of this aponeurotic structure to the separated fragments may be modified by its being folded in between, and becoming adherent to its fractured surfaces, so that it may appear to pass from the centre of one fragment to the centre of the other, or even between their articular edges; and this is generally produced by the folding in of the skin and fascia between the fragments; or, by the eversion of the lower fragment, the aponeurosis may become adherent to its fractured surface, so that it then appears to pass from the periosteal surface of the upper to the articular edge of the lower fragment. In this condition, described as ununited fracture, the separation of the fragments is not necessarily more considerable than in cases of true ligamentous union, and it may be even less, so that the separation is not to be depended upon as indicating the mode of union, which must be judged of by the immobility of the fragments and general feeling of firmness, together with the absence of any depression between the fragments.

With respect to the relative frequency of true ligamentous union, and the condition described as ununited fracture, no reliable data exist; but Mr. Adams found that in thirty-one specimens which he examined in the six principal museums in London, fifteen were cases of ununited fracture; twelve were true ligamentous union; and four were obscure from being dried, etc.

In reference to the object and methods of treatment, with the view of obtaining either a true bony, or a short ligamentous union, the indications are—1. To subdue any inflammation which may follow the injury, by cold lotions, etc.; 2. To approximate the fragments as soon after the injury as possible; And 3. To retain the fragments in close apposition for a period sufficiently long to obtain either a true bony, or a short ligamentous union.

After pointing out the causes of the inefficiency of the various appliances in general use, Mr. Adams stated his belief that the only apparatus capable of fulfilling all the indications in the treatment of transverse fracture of the patella, was the instrument devised for this purpose by Malgaigne, and described by him, in his *Treatise on Fractures and Dislocations*, in the year 1847. It consists essentially of four hooks, two of which are implanted in the superior border of the upper fragment of the patella, penetrating a little way into the tendon of the rectus muscle, and the other two hooks are implanted into the inferior border of the lower fragment, at the insertion of the ligamentous patellæ. The fragments are then drawn into apposition, and the hooks are fastened to each other by means of a screw working in a slide. This instrument has been extensively used in France with the greatest success; serious inflammation does not appear to have been excited by it in any case, and there is ample testimony to prove that, as a general rule, the hooks can be borne without inconvenience or pain. In May 1853, M. Malgaigne informed Mr. Adams that he had employed the hooks in eleven cases of transverse fracture of the patella with complete success.

The author stated that his own experience of the hooks had been limited to a single case, in which he applied them at the Great Northern Hospital two years ago. The case was one of ununited fracture of the patella of long standing, and with wide separation of the fragments. Mr. Adams detached the connecting aponeurotic structure by subcutaneous section, and approximated the fragments by means of the hooks, which were borne for a fortnight without inconvenience, and the case was greatly improved.

In the *Medical Times and Gazette* of January 23rd, 1864, Mr. G. E. Pyle, House-Surgeon of the Middlesex Hospital, has published the details of eight cases of transverse fracture of the patella treated by Malgaigne's hooks in that institution, and the results, as compared with eight other cases treated in the ordinary way, and also published, were most satisfactory.

In no case did the hooks give rise to local inflammation, or injury to the joint.

Dr. Cleveland related the case of a healthy-looking lady, age fifty, who ruptured both of her patellæ transversely. The distance between the fragments was found to be from one to two inches. She was laid on a mattress, and the shoulders and legs elevated. For ten days no bandage was applied, in order to allow the parts to rest. After this a contrivance, sold by Weiss, called *Cooper's Patella Band*, consisting of leather bands well padded above and below, was applied. At the end of six weeks the lady could get up; and now, at the end of three months, she walks well, and the lines of junction of the fragments are scarcely perceptible. He did not feel inclined to have recourse to Malgaigne's apparatus after so good a result.

Mr. Curgenven mentioned a successfully treated case of double fractured patella occurring in a stout gentleman. Bandages were employed.

Dr. Griffith and Mr. Sedgwick also mentioned cases which had done well under the ordinary treatment.

Mr. Allingham, in a letter to the President, mentioned a case which he had seen at the Great Northern Hospital of double fractured patella in a woman. She had been for this thirty years ago an inmate of St. Bartholomew's Hospital, where she remained three months. When she left, she wore an apparatus which anchylosed the knee, and when she wished to sit down, a trigger was drawn. Lately she had gone about with bandages.

Mr. Adams stated that he had, in 1856, in Dr. Druitt's surgery, mentioned the instrument devised by Malgaigne, and he believed it to be the best method for obtaining bony union, and to be exempt from danger.

Purification of Air. The following is the arrangement for purifying the atmosphere at the Palace at Westminster, and is given here as being a subject which would interest our readers. The outer air penetrates into a large chamber situated immediately beneath the House of Commons, through some very large bay windows, before which are hung a kind of canvass curtain intended to arrest the fuligneous particles always contained in London air. Before this curtain, by means of a pipe pierced with a few capillary holes, the turning of a cock determines the fall of the finest possible shower of water, which, mingling with the entering air, is dissolved so completely, that the ground is scarcely moistened with the downfall. Besides adding to the hygrometricity of the air, it is also a process of air filtration of the most perfect kind. (*Dublin Medical Press.*)

Correspondence.

MEDICAL EDUCATION.

Letter from Samuel Martyn, M.D.

> .... "Have a very great care, then, of your medical student, and how you guard him at starting. Now especially is the time for good advice. Take him into the wards of the hospital at once." (Dr. Latham's *Word or Two on Medical Education.*)

Sir,—While I agree with your leading article on Education, in thinking that the student requires relief from "intolerable courses of lectures", I do sincerely hope that, if these be diminished, some *other system of education* will be devised in their stead. For it seems to me, after twelve years' experience as lecturer, that our difficulty lies in this, that a large majority of medical students study no more than is required by law; so that, for them, listening more or less to lectures is all the medical education which they obtain before "passing", except, perhaps, a previous "cramming".

Since the number of lectures has, during the last few years, been so very much lessened, chiefly by desire of the College of Surgeons, have the students employed the time so gained in practical study and research? As a rule, certainly not. The fact is, there has been an obvious falling off in the attention given to the practical means of study. One hears every where the same story. Few hospitals can now obtain resident pupils. Dissecting is no longer (as when subjects were so difficult to get) pursued eagerly, as a matter of course. Mr. Syme says he is told the "preliminary" studies produce this result in Edinburgh; but I am sure this is not the cause of a similar neglect in Bristol, nor in other schools I could name. Men used to be surgical dressers for years; now such a thing is never heard of. Clinical clerks are hardly to be had; the few who do take clerkships are really the only students who thoroughly attend the medical practice. Proportionately, these points hold good of large as well as of the smaller or provincial schools. Then the art of compounding physic is quite neglected. One sees the most absurd prescriptions by men who have perhaps graduated with honours. A short time since, in a neighbouring city, the medical officers of a dispensary determined to examine the candidates for the house-surgeoncy; when those who presented themselves were obliged to be rejected on the ground of ignorance as to the contents—*e.g.*, of the commonest powders! They possessed the best diplomas.

I might multiply examples; but the best illustration is perhaps afforded by the very small percentage of students who regularly attend the physician's hospital practice; because those common *medical* ailments are such as the practitioner will have to treat, in immense preponderance over the rare instances exhibited in the dead-house or operating-theatre.

And now, sir, I come to the point; and would direct particular attention to the above quotation from Dr. Latham's excellent paper. That the student is to have "good advice" and be "taken" to practical study, there can be no doubt; but what I ask, is: *Who is to take him, or advise him?* The old apprenticeship system, stupid as it was, provided for this. The art was taught, like all other arts, by a master, who told his pupil what to do, and at what to look, firstly and subsequently. Universities and colleges may have tutors; but hospitals, in which the chief learning of the art is to be done, have no hold on the student in that sense. If the apprentice refused to work, the master refused to give the indenture, and the student could not "go up". So he worked; and, *con rispetto*, most of the great lights of our profession have been under this or a similar training. Now, the student enters the hospital, fee in hand; he walks about; may or may not become a dresser; may or may not be clinical clerk; may look in mostly at the operations; now and then at autopsies; or may even condescend to go into the dispensary: but for one or two who do these things thoroughly, there are the most who do not. And why should they? With a few noble exceptions, the examinations are in the book-science; and of hospital practice, all that is asked is some general statement of having "attended", which is quite formal.

I can conceive no other remedy than that the student should have *a responsible master or masters*; for instance, should be absolutely required to become dresser (for surgery), and clinical clerk (for medicine). Then a precise certificate from those holding somewhat the position of actual teachers and personal advisers could be required, as to his practical studies in hospital, before admission to any professional examination. I am, etc.,

S. Martyn, M.D.

Clifton, February 10th, 1864.

Sir,—It may not be altogether unprofitable if, in addition to the remarks of leaders like Professor Syme and Dr. Latham, the experience of two sufferers from the present system of medical education be at this period offered to the consideration of those who desire to remedy existing evils. We imagine that we fairly represent the average of the better class medical students; yet we are both now in our fourth year of by no means idle attention to the prescribed subjects of study under the existing system. At the end of the third year one of us, without any difficulty, became legally qualified in medicine and surgery, the other being prevented from qualifying by a severe temporary illness. The majority of our contemporary students are now in practice. From a painful consciousness, however, of the insufficiency of the knowledge gained in the time allotted by the Examining Board, we have felt compelled voluntarily to continue our practical work.

We need hardly specify how our first years were passed. It will be enough to say that, we diligently attended, and to a great extent mastered, the rudiments of those sciences which were pointed out to us in introductory lectures as of paramount importance, if not essential, to the well educated practitioner. At the same time we never omitted to visit the wards, but owing to the great variety of subjects that necessarily occupied the attention, we had no time for reflection on the cases; we ate, but assimilated not. It was towards the close of the third year that we began to appreciate the value of that armoury of outlying science with which we were to attack disease. We then could not help feeling grateful to our lecturer upon chemistry for having taught us in a short way to prescribe a mixture of sulphuric acid and carbonate of magnesia; yet, somehow, we are at a loss to conceive the relation between the happy change which in our time has come over the profession with regard to the exhibition of calomel, and the progressive struggle and ultimate triumph of chemists in proving to students by elaborate formulæ the necessity of the change from the names of chloride to that or subchloride.

To be brief; the main defects which from our experience we conceive characterise medical teaching, are the following:—

1. It obscures by a cloud of details the clear apprehension of principles, thereby unduly taxing the memory and exercising but little the reflective faculties.

And that, further, the details are taught as subjects in themselves important, not, as they should be, in subservient relation to the grand object—the successful treatment of disease.

The means (lectures) of teaching these details are in themselves bad.

3. The time left for the actual study of disease by means of cases, clinical instruction, and books, is meagre and insufficient.

Much that is valuable has been already suggested by yourself and others as to the remedies for the evils deplored. We do not presume to offer a detailed plan of study, but we conceive that our position gives us a right to expound broadly the system which we have found necessary to adopt for our individual advantage, and as the wants are undoubtedly real, the utterance of our opinions as students may be of some value as an indication, even though the system adopted to supply those wants shall be defective.

Our method has been for some time as follows. Feeling the want of classes and supervising tutors more than of systematic teachers, we have worked together thus. We visit the wards, in the time allotted, by ourselves, make our independent notes of new cases, compare with each other the actual symptoms, the meaning of those symptoms, and the indication for their treatment. We then resort to the pathological museum, and examine specimens which we conceive are examples of, or are allied to the cases under consideration, and finally refer to our books. The next day we go round with the physician, and note the discrepancies between his opinions and ours. Eventually, when possible, we follow the case to the *post mortem* room. We have made, and are making comparatively rapid progress since the adoption of this method, which we were driven to devise by feeling the difficulty of concentrating our ideas when our systematic teacher was discussing perhaps on pneumonia, while the ward teachers were instructing in nervous diseases.

We venture, then, humbly to suggest, that each physician and surgeon should have a special class allotted to him; that as early as convenient after the examination of the cases in the ordinary way, and with the ordinary tedious remarks, the teacher should regularly in the class-room, comment upon the special features of individual cases in relation to the systematic views of the same disease, exhibiting, of course, specimens and drawings,* and that he should then test the actual knowledge of each member of the class, or of certain members in rotation should it be large. And one of the customs found so beneficial by Dr. William Hamilton may, we think, with great advantage be adopted, viz., encouraging the students at stated times to reverse positions, to question the reasoning of the lecturer, or to ask explanations of, to them, inconsistent statements.

By carrying out the above principles to other and more subsidiary branches of study which it may ultimately be decided to retain, in fact, by substituting apparently the *tutor* in all cases for the *lecturer*, or in other words the *trainer* for the *crammer*, a quicker, easier, and surer means of ariving at a most important end will be obtained.

For the sake of brevity, we have omitted to record any opinion save that founded on a small portion of our experience; but we are the more assured of its soundness, from constantly seeing with pain studious young men dragged into errors from which we have with difficulty, and of our own endeavours, released ourselves. We are, etc., TWO STUDENTS.

Sir,—I go further in Utopia than you do. I look forward, not to the amalgamation of our present medical schools, but to their total abolition. Of all systems that could have been invented amongst a free people to keep down free inquiry and the advancement of medical science, I believe our London system is the best. How does it act? A medical student is obliged to select some one of some ten or eleven schools at which to study. At that school he must attend all the lectures required by the examining bodies. To attend these lectures alone is the life of his life. He has no time to think, no opportunity of hearing opposite opinions. He drones on upon the mill-wheel that the examining boards place him, in order to get his certificate signed. Does this fit him for examination, or qualify him for his diploma? Not a bit. Behind the scenes sits the grinder, mocking all the display of lectures and hospital attendance, and giving the assurance to the pupil that between his lectures and his examination there is a great gulf, which only grinders can bridge.

Now, sir, how and why is this? Because the examining boards require an attendance upon lectures which is altogether unnecessary, and the only object of which is to keep before the public a number of individuals, who think that, because they are "recognised teachers", they are better than the rest of their profession. This system is a sham from the beginning to the end; and the sooner it falls, the better. But how are we to get rid of it? *The only way is by abolishing at once and for ever all certificates of attendance upon lectures.* This has been the source of all our grievances and the melancholy condition of our medical education in London. I dwell not on the proofs of this. They are obvious to all observers. What, then, should be done, if attendance on lectures is not required? *Let examinations be the real test of qualification and of merit.* Ask no man where or how he got his knowledge; see that he possesses it. Put him to the proof; and let the examination be conducted in the laboratory, the dissecting-room, and at the bedside; and our professional knowledge will then take a stride such as it has never known before.

As to preliminary examinations, I say, abolish them. What has surgery or medicine or modern science to do with Latin and Greek? The best men we ever had in our profession knew nothing of Latin and Greek, and would have been rejected by every modern board. Away, then, with this old-fashioned conceit about dead and utterly useless languages as necessary to the study of inductive science. I wish, sir, this thought of mine might produce some impression where most needed; but I despair. We shall have to dawdle over another century yet, and the precious arts of surgery and medicine must still submit to the fetters of Latin and Greek and lectures.

I am, etc., F.R.S.

London, February 8th, 1864.

Sir,—The subject of education is being much and earnestly discussed; and, to judge from the conflicting opinions delivered, it might be supposed that the past—the experience of centuries—had evolved little to guide us in the exigencies of our own times. It is certainly of paramount importance, and to be hoped that any action taken by the Medical Council to reform existing regulations will receive that serious deliberation which the vital interests involved in the question demand.

I do not think that we can dispense with any of the professorial chairs at present established. Our neighbours, the French, who are generally considered leaders of intellectual progress, have lately increased their number. I am at issue with the opinion expressed in a recent leader of the JOURNAL, that attendance on many and various lectures encourages the student not to read on the subject discussed before the classes. Such cannot be the case, if weekly examinations, as ought to be, are held.

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* By specimens, we include microscopic demonstrations, so far as they can be made, of urinary deposits, sputa, morbid tissue, etc.; museum preparations, models, diagrams, and book-illustrations.

The system of medical education pursued by a northern university, of which I had experience, is, I conceive, so far as teaching is concerned, all that could be desired. The roll of each class was called daily at the commencement of lecture; and the *bonâ fide* attendance only certified at the termination of the session. There was a weekly examination in every class; and, at the end of each session, competitive examinations for prizes or certificates of merit. Regular clinical attendance was secured by the medical superintendent being most strict in not allowing students who were irregular to sign the album whence their future hospital certificates were derived. In the examinations for degrees, there was first a preliminary for those students who did not possess a degree in arts (the majority at the school referred to did), which was a fair test that the candidates possessed the proper mental cultivation to become students of medicine. There were three divisions in the professional examinations, which precluded in a great measure the cramming so much deprecated. The first, which was at the end of the second year's study, comprised the subjects of botany, chemistry, and institutes of medicine. The second, at the end of the third year, comprised anatomy, surgery, and materia medica. The third, at the end of the fourth year, was in practice of medicine, midwifery, and medical jurisprudence. To pass such examinations, written and oral, by nine professors, was no doubt trying and difficult. But ought it to be otherwise?

I have still to notice the subject of medical probation. A student may have been educated in the manner indicated, passed all his examinations with honour, obtained his degree or license, yet be found defective when called upon to apply his previously acquired knowledge to the treatment of an accident or case of disease. What I venture to propose, as a remedy for this deficiency, is to institute a period of probation between the time of graduation and registration—say twelve months as the minimum: this time to be occupied in the position of assistant to a general practitioner, house-surgeon to a hospital, dispensary, or similar office. I believe the majority of licentiates already adopt such a course; but I would make it imperative on all. It would afford opportunities of acquiring self-confidence, and practically qualify for acting on individual responsibility. This regulation would entail no pecuniary loss; for the remuneration afforded an assistant is generally more than he can reasonably expect to derive by his own efforts in first or second year's practice. After this period of probation, not before, the candidate should be allowed to register, and admitted to all the rights and privileges of a fully qualified practitioner of medicine. I am, etc., V. V.

February 1864.

EFFERVESCING BISMUTH WATER.

Letter from John W. Ogle, M.D.

Sir,—In your number for February 6th (p. 163), I notice a small paragraph inserted with a view of drawing attention to a soluble preparation of bismuth manufactured by Mr. Schacht of Clifton. I shall be glad if you can find room for the following remarks, intended to assist in carrying out your intention of bringing more prominently before the profession this (I believe) very valuable preparation, and to describe a form of it which will be found, I think, of great service. I can bear some degree of testimony to the utility of this preparation, having, in common with so many others, frequently felt the want of a "*soluble*" preparation of the metal, and having found in that of Mr. Schacht one which, as compared with the old insoluble powder (the trisnitrate) commonly in use, combines the advantage of being pleasing to the taste, especially convenient as being in a soluble form, and possibly as being (in consequence) more certain and reliable in its action. I was induced to give it a trial in several cases of dyspepsia and so-called irritable mucous membrane of stomach and bowels, in the course of last year. partly owing to the recommendation of Dr. Martyn of Bristol, and with very satisfactory results. In reply to certain questions which I put to that gentleman at the time, who, along with other medical men in the neighbourhood, had used it, as I was told, Dr. Martyn informed me that "the small dose of one grain (in solution) seems to do as much as a much larger quantity of the powder."* Dr. Martyn proceeded to observe, that Mr. Schacht was making the bismuth free from arsenic—an ingredient which Dr. Herapath has recently found to exist in the bismuth commonly prescribed.

During the time that I was trying the "liquor bismuthi", Mr. Schacht was so kind as to forward me some particulars regarding this new preparation; and these, for the instruction of others, I now beg to communicate, as they will doubtless help to a better understanding of the remedy.

After expressing a wish that the profession should give a trial to the preparation, Mr. Schacht observes, that "the difficulty hitherto attending the employment of any fluid preparation of bismuth has been the well known tendency of these solutions, unless *strongly acid*, to throw down subsalts when diluted. In my 'liquor', this difficulty is entirely overcome. I hold the bismuth oxide in *permanent* solution by means of a vegetable acid, itself medicinally inert, and yet obtain a preparation *slightly alkaline*. It can be diluted to any extent without change. It is compatible with the carbonated alkalies, and with ammonia; but caustic potass and soda in excess, and mineral acids, produce a deposit. Combination with other medicines is, however, not always necessary; for I have myself seen it prescribed many times, with the happiest results, entirely alone—simply diluted with water. Each fluid drachm contains one grain of bismuth oxide; and that dose is found, in the form of permanent solution, to be equivalent to a full dose of fifteen or sixteen grains of the trisnitrate."

Having in many cases prescribed this soluble form in a diluted condition, it occurred to me that the dyspeptic patient might find it an useful and agreeable preparation, if administered along with the meals, or at other times, in an effervescing draught; and most comfortably, perhaps, if given along with the ordinary aerated water, in the same way as lithia is now administered. Accordingly, Messrs. Bullock and Reynolds prepared for me, about the middle of last year, a quantity of the "effervescing bismuth water", each bottle holding in solution one drachm of Schacht's "liquor"; and this form has proved in all respects satisfactory. The taste of the bismuth is almost perfectly neutralised by the solution in effervescing water, the only flavour left on the palate being an indefinable one, of the nature of sweetness, anything but disagreeable. After the draught, a pleasant sensation of warmth is felt at the stomach. The solution is not in the least decomposed by the fixed air, remaining perfectly limpid and bright after having been made for several months

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* The dose of Schacht's "liquor bismuthi" is one drachm, which contains one grain of bismuth.

(as I have found). This, the effervescing form, in bottle, has answered so well, that Messrs. Mayo and Watson, mineral-water manufacturers, of Berners Street, have undertaken to manufacture it, and to keep it in readiness, as they do soda, potash, and other waters. I know of no reason why it should not be given also in combination with magnesia, potash, soda, etc. In reply to my inquiry on the subject, Mr. Schacht states that the "granular effervescing" form of his preparation of bismuth would not be applicable, inasmuch as, if once brought to the dry condition, it refuses to redissolve.

I must not omit to mention that the "liquor", as sold by Mr. Schacht at present, costs about one farthing per dose (of one drachm). Of course, should the profession find it generally useful, its increased use would lead to a considerable reduction in its price.

I am, etc., JOHN W. OGLE.

Upper Brook Street, Grosvenor Square, February 11th, 1864.

POOR-LAW MEDICAL REFORM.

LETTER FROM RICHARD GRIFFIN, ESQ.

SIR,—I shall feel obliged for space for the annexed letter, which will inform the Poor-law medical officers that the Select Committee on Poor Relief have been reappointed; and now, I trust, we shall have such resolutions passed as will induce Parliament to amend the laws relating to the medical relief of the poor. Since last July, I have only received the following subscriptions: W. Smith, Bromsgrove, 5*s.*; C. C. Claremont, St. Pancras, 10*s.* 6*d.*; W. H. Pilkington, Blackburn, £1; medical officers, Rotherham, £1. I need scarcely say that, having already expended over £20 more than I have received, it cannot be expected of me to take any very active measures, unless the Poor-law medical officers will come forward in the same liberal manner as they did three or four years since.

The Select Committee must, I feel sure, recommend something; but a mere recommendation will do nothing, unless we place ourselves in a position to compel its being carried out. You are probably aware that a Superannuation Bill has been put in circulation amongst the guardians by the Poor-law Board; and, although it is only a permissive, and not a compulsory measure, the guardians have in many unions objected to it; and so they will to any Bill that may be sent them. If the Poor-law Board desire to shelve a measure, they have only to send it to the guardians for their opinion, and the affair is at once settled. The registrars throughout the kingdom have lately been in correspondence, and are endeavouring to obtain one shilling for each vaccination registration, instead of the threepence now paid. I wish them success; but I think that, when their measure comes forward, we ought to get a clause inserted that our 1*s.* 6*d.* for vaccination should be increased; but, unless we have a fund in hand of at least £100, we can do nothing. I am etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, February 23rd, 1864.

Mr. Griffin to the Right Hon. C. P. Villiers, M.P.

12, Royal Terrace, Weymouth, February 22nd, 1864.

SIR,—I have the honour to forward to you, by railway, evidence on the medical relief of the poor, supported by an extensive series of tables, which I respectfully beg you will lay before the Select Committee on Poor Relief, which, I perceive by the newspapers, has been reappointed. The evidence which I now submit to the notice of the Committee will, I feel confident, convince them that the evidence laid by me before them in 1861 is substantially correct; and that the evidence of Mr. Cane in April 1862, in respect thereof, is most incorrect, and tends to conclusions which, if uncontradicted, must mislead the Committee, and prevent them coming to a right decision on the question. I will give you an instance of the errors committed by Mr. Cane. He says: "In 1858, there were 3,307 medical officers; and in 1861, 3,479;" whereas at this moment there are not more than 3,102, or thereabouts; Mr. Cane having confounded the medical districts and appointments with officers.

Mr. Cane says (3,887): "In 1840, the medical relief was £151,781; and in 1861, £238,222." (3,839) "It has been constantly and largely increasing up to last year." But he omits to inform the Committee that, since 1840, the area and population of the places brought into account have largely increased; and that, in reality, the main increase in the payment arises from the formation of new unions and the addition of extra-parochial places to the old unions, parishes, and incorporations. Mr. Cane has thought fit to impugn my figures; but I can assure the Committee they are in the main correct. A few places, no doubt, are erroneously spelt—Retford, for instance, which Mr. Cane has most unfairly commented on, although he must have known the place referred to was Thetford; for, had I meant Retford, I should have called it by its right name, East Retford, and not have dropped part of the name, as Mr. Cane has done.

These quotations will prove how little his evidence is to be relied on. I therefore respectfully trust the Select Committee will admit my evidence in refutation of that of Mr. Cane; not only in justice to myself, but to the large body of medical officers I have the honour to represent, and, I may add, in justice to the poor; for I feel confident that, if the views advocated by me be fairly carried out, much good will accrue to the poor, and ultimate benefit to the ratepayers.

There is one point I wish should be brought before the Committee, which is, the establishment of dispensaries in all populous places, and that the drugs should be found by the Poor-law Board; and in thinly populated places, where dispensaries could not be established, an allowance, say two shillings per case, should be paid to the medical officers for drugs. In payment, I would advise that the money now voted by Parliament for half the salaries should be applied to this purpose; the guardians being compelled to pay a sum not less than two shillings per case in towns as salary, with mileage in addition in country places. I have the honour to be, sir,

Your most obedient servant,

RICHARD GRIFFIN.

The Right Hon. C. P. Villiers, M.P.,
Chairman Select Committee Poor Relief.

THE IRISH CENSUS. The part of the Irish census just issued on the religious professions, etc., contains interesting information on the education and employments of the different denominations. In the medical profession in Ireland there are 2,358 physicians and surgeons; and of this number 1,219 are Churchmen, 761 Roman Catholics, and 293 Presbyterians.

A BIG PUFF. A model certificate is the following: —"Dear Doctor—I will be one hundred and seventy-five years old next October. For over eighty-four years I have been an invalid, unable to step except when moved with a lever. But a year ago I heard of the Granicular Syrup. I bought a bottle, smelt the cork, and found myself a man. I can now run twelve miles and a half an hour, and throw nineteen somersaults without stopping."

Medical News.

Apothecaries' Hall. On February 18th, the following Licentiate was admitted:—

Carpenter, Edward, St. Thomas's Hospital

At the same Court, the following passed the first examination:—

Bell, William, King's College Hospital
Boult, Edward Farrington, King's College Hospital
Griffith, Griffith, University College
Rayner, Alexander Clement, Charing Cross Hospital
Rigden, George William, University College
Taylor, Francis Henry Wickham, St. Thomas's Hospital
Wilson, M. S. W., King's College Hospital

APPOINTMENTS.

*Bull, Henry G., M.D., appointed Physician to the Hereford General Infirmary, in the place of the late J. Bleeck Lye, M.D.

Royal Navy.

Bishop, John, Esq., Assistant-Surgeon (additional), to the *Victory*, for the Marines at Fort Elson.

Campbell, John, M.D., Assistant-Surgeon, to the Woolwich Division of Marines.

M'Swiney, John, Esq., Surgeon (additional), to the *Duncan*, for Bermuda Hospital.

Moore, F. H., Esq., Assistant-Surgeon, to the Plymouth Division of Marines.

Stables, William, Esq., Acting Assistant-Surgeon (additional), to the *Princess Royal*, for the *Penguin*.

Militia.

Oldman, J., Esq., to be Surgeon Huntingdonshire Militia.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Adams, D., Esq., to be Honorary Assistant-Surgeon 1st Huntingdonshire Light Horse Volunteer Cavalry.

Moore, E., Esq., to be Assistant-Surgeon 4th West Riding R.V.

Porter, H., M.D., to be Honorary Assistant-Surgeon 1st Huntingdonshire Light Horse Volunteers.

Thompson, J. B., Esq., to be Honorary Assistant-Surgeon 1st Cinque Ports A.V.

BIRTH.

Brown. On February 8th, at Ealing, the wife of *G. Dransfield Brown, Esq., of a daughter.

DEATHS.

Davis, Henry R., M.D., at 12, Addison Road North, on Feb. 16.

Hall. On February 15th, at Clifton, Bristol, aged 68, Ann, wife of Stephen Hall, M.D.

Headlam, T. E., M.D., at Newcastle-on-Tyne, aged 86, on Feb. 18.

Taylor. On February 17th, at Sandgate, aged 20, Margaret J. L., wife of J. M. Taylor, Esq., Assistant-Surgeon Royal Artillery.

New Medico-Ethical Society. The medical men f North Lonsdale have established a Medico-Ethical ociety.

The Hunterian Oration is now delivered every econd year; consequently there has been none this year.

Cambridge University Wranglers. The President of the Royal College of Physicians, and the President of the Medical Council, both held places in the list of wranglers of their year at Cambridge.

Lunatics in Private Houses. It is believed that there are about 12,000 lunatics in England and Wales who are living in private houses, and not under the supervision of commissioners.

Collodion in Combination with Perchloride of Iron. The perchloride of iron combined with ollodion is a good hæmostatic in cases of cuts, leech-bites, etc. The proportion in which they should be mixed is one part of the crystallised perchloride of ron to six parts of collodion. Some care is requisite in dissolving the iron-salt, as the heat which is developed during the process will produce ebullition of the collodion, if it be pushed too far.

Bath and Bristol Branch. The attendance at the meetings of the Bath and Bristol Branch of the Association is now very large. Not fewer than seventy members and visitors were present at the last meeting of the Branch.

The Air of Manchester. Dr. Angus Smith says that in the air of Manchester there is contained an average of one part of sulphuric acid in every 100,000 parts; but that in the central parts of the town the quantity rises to 25 parts in 100,000.

Death from Dissection-Wound. We regret to have to announce the death of Dr. Campion of Liverpool, who died from a dissection-wound, received in making a *post mortem* examination under the order of the coroner.

Captain Phelps, of the 14th Regiment, who was lately mortally wounded in New Zealand, was originally a medical officer in the army, and served as such in the Crimea. He was a native of New South Wales. "We write of him," says a friend, not only as an officer, a gentleman, and an artist of conspicuous merit, but as an estimable acquaintance whom it was our privilege to call friend." Captain Phelps was shot through the abdomen. He at once pronounced his wound to be fatal.

Health Affairs of New York. The recent grand exposé of the fraud, corruption, ignorance, and inefficiency which reign in the New York City Inspector's office, created no surprise among our citizens. The humblest citizen has long regarded it as the very sink of official malfeasance. It is a frank, full, and candid confession of "guilty" to the charges so frequently brought forward by the friends of reform. (*American Medical Times.*)

Towle's Preparations of Chloroform. Mr. Towle of Manchester has for some time sold, under the name of chlorodyne, a compound of which, he asserts, the composition is not a secret. Lately, he has brought forward a modification of this preparation—one simple ingredient being omitted—under the more comprehensible name of *Liq. Chloroformi Co.* It is only fair to Mr. Towle, that we should note this fact of his abjuration of secrecy. As to the name "chlorodyne," it is a very absurd word. Cannot Mr. Towle manage to abandon it altogether?

Death of Dr. Headlam. Dr. Headlam, uncle of the Right Hon. T. E. Headlam, M.P., Judge Advocate-General, has died at Newcastle-upon-Tyne, in the 86th year of his age. His death is attributed entirely to his advanced years, as he expired without any disease, and in full possession of his faculties. He was a native of Gateshead, practised with great success in early life in the north of England as a physician, and took an active part in the social and political reforms of the country up to within a few years of his death. He was early appointed a justice of the peace for the borough of Newcastle, and was twice elected mayor for that town, once in 1838, and again in 1846.

New Truss. At a Branch meeting recently held in Birmingham, Mr. T. P. Salt (surgical mechanist in that town), exhibited a truss that he had lately invented. The chief improvements, and at the same time novelties, appeared to consist in: 1. The mode of articulation of the pad, with that portion of the spring round the body in front of the pubes, giving to it a new force: viz., a *lifting* pressure, similar to that exerted by a patient himself when endeavouring to keep his rupture within the abdomen. 2. The springs by which this force is applied freely permit all *intended* changes of the position of the pads, whether for the greater comfort of the patient, or for their position over a more apposite site on the abdominal walls, at the same time that they admirably prevent any accidental or chance displacement. 3. The "fixedness" of the truss around the body is still further increased by a support consisting of two pads placed one above and one below the body-spring at the back. 4. The pads themselves are almost perfectly flat, tending to render the *constant* wearing of the truss both as comfortable, and as ultimately curative, as possible.

UNIVERSITY OF CAMBRIDGE. An examination for four minor scholarships will be held in Downing College on Monday the 30th of May next, and the two following days, and will begin at 9 A.M. on Monday. The examination will be chiefly in Classics and Elementary Mathematics, but some weight will be given to proficiency in French and German. Two additional papers will be set, one on Moral Philosophy in connection with the Principles of Jurisprudence, the other on the Elements of the Natural Sciences in connection with Medicine; and in awarding two of these scholarships considerable importance will be attached to any special proficiency in the legal or in the medical subject. Foundation scholars will, by the same examination, be elected from among the undergraduates of the college. Persons who have not been entered at any college in the University, or who have not resided one entire term in any such college, are eligible to these minor scholarships, which will be of the value of £40 *per annum*, and tenable for two years, or until their holders are elected to foundation scholarships. No one elected minor scholar will receive any emoluments until he has commenced residence as a student of the college. Satisfactory testimonials as to their moral character must be sent to the master by all candidates for these minor scholarships, on or before Wednesday, May 25th.

Varieties.

THE FINAL STRUGGLE. With the approach of spring the tocsin of war again rings through the land, and the people are called to fill up the ranks of our wasted armies. There are many indications that the end of this terrible civil strife is approaching. The government is evidently about to put forth strength adequate to overcome all opposition, and terminate in a single campaign a war that has already lingered too long. An army of a million of men, the fabulous tale of Xerxes, is about to be realised on this continent. In this final onset upon rebellion, nearly every household in the land is to be represented. The loyal people have already given their Josephs to their country, and now they are called upon to give their Benjamins. And we do not doubt the kind of response which the people will make to this final summons of the President. A million of men will gather at his bidding within the appointed time. (*American Medical Times.*)

FEES. The payment of professional men is often regulated by custom rather than competition. The doctor's guinea was well known long before modern gold discoveries, and it is difficult to believe that it will ever be much altered. There are, however, ways and means, as all professional men know, of evading this. The lawyer's fee is supposed (at least in many cases) to be as unelastic as the doctor's; but this is not really the case. Briefs are "marked," as the phrase is, on a very different scale in different cases. It may not be quite so easy for a doctor to add to his guineas; but with a little management the thing may be done. A physician must be very dull if he does not find ways and means of informing you when you have had your guinea's worth of advice and when another dose at the same price would be advisable. Many physicians, especially in the country, refuse their fee every alternate visit. Should gold fall much in price, they would be less modest; and for the credit of the profession, to which we all owe so much, it ought to be said that most physicians have a considerable margin of voluntary services for which many of their patients would be too happy to pay if the guinea sank to fifteen shillings. The truth about all payments by fees is that they differ from other wages of labour only in form. They are contrivances by which men of such a position in life as to be averse to the details of a bargain are enabled to avoid the unpleasantness of abating the price of their services, whenever they are rendered; but in fact they are regulated, like other services, by supply and demand, though in rather a roundabout way. It is the rich patient who sends for the doctor, and though prosperity is usually healthy, it is more watchful over its health, and much better able to pay for fortifications of it, than poverty. Dives has not so many sores as Lazarus, but he is an infinitely better customer to the physician. (*Cornhill Magazine.*)

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseasea of the Rectum, 1.15 P.M.--Samaritan, 2.30 P.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.
FRIDAY.	Weatminster Ophthalmic, 1·30 P.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1·30 P.M.—King'a College, 1·30 P.M.—Charing Croaa, 2 P.M.—Lock, Clinical Demoustration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Edward Smith Lettsomian Lectures on Physiology. Lecture II, "The Evolution of Carbonic Acid by the Lungs and Skin, and other Phenomena of Expiration and Excretion, under the influence of various agencies."

TUESDAY. Royal College of Surgeons of England, 4 P.M. Professo Huxley, "On the Structure and Classification of the Mam malia."—Pathological.

WEDNESDAY. Royal College of Physicians, 5 P.M. Dr. Basham Croonian Lectures. "On Dropsy: its Significance as a Sym tom in Renal, Cardiac, and Hepatic Diseases."—Obstetric Society of London, 8 P.M. Dr. Tyler Smith, "Cases of Ova otomy"; Papers by Mr. Squire and others.

THURSDAY. Royal College of Surgeons of England, 4 P.M. Profess Huxley, "On the Structure and Classification of the Mar malia."—Harveian Society of London, 8 P.M. Mr. Weede Cooke, "On the Tumours affecting the Female Breast."—Royal Society.—Linnæan.—Chemical.

FRIDAY. Royal College of Physicians, 5 P.M. Dr. Barclay. Lun leian Lectures. "Fallacies in the Application of the Indu tive Method of Reasoning to the Science of Medicine."—Western Medical and Surgical Society of London, 8 P.M. Pra tical Evening for the Narration of Cases and the Exhibiton o Specimens.—Royal Institution.

SATURDAY. Royal College of Surgeons of England, 4 P.M. Professo Huxley, "On the Structure and Classification of the Mam malia."

COMMUNICATIONS have been received from:—Dr. HENR MARSHALL; Dr. J. G. DAVEY; Mr. W. C. BURDER; Mr. J. C. BYWATER; Mr. A. P. TOWLE; Mr. BRODHURST; Dr. J. ADDINGTO SYMONDS; Dr. G. BODINGTON; THE HONORARY SECRETARIES THE WESTERN MEDICAL AND SURGICAL SOCIETY; THE HONORA SECRETARY OF THE HARVEIAN SOCIETY; Dr. P. W. LATHAM; T. P. PICK; Mr. G. GASKOIN; Dr. J. WOLFE; THE HONORA SECRETARIES OF THE OBSTETRICAL SOCIETY; Dr. PARKES; MORGAN; Mr. REDFERN DAVIES; Dr. J. W. OGLE; THE REGIST OF THE MEDICAL SOCIETY OF LONDON; and Dr. FALCONER.

Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL
ORTHOPÆDIC HOSPITAL, ETC.

LECTURE IX.

ON CURVATURES OF THE SPINE.
(*Continued.*)

Treatment.

Constitutional Treatment. Those in whom lateral curvature is observed are, for the most part, feeble from birth; or general debility has been developed; or there is an hereditary tendency to spinal curvature. In all who enter into this class, and it is a very large class, there is either inherited or acquired weakness. It is required to give strength of body, together with a straight spine.

Doubtless, much may be done with this view; the digestive powers may be strengthened, the circulating fluids may be enriched, the respiratory organs may be placed under more healthy influences, than, for the most part, obtain in cases of this description.

Instead of hot and ill-ventilated rooms, the admission of pure air is to be encouraged. Exercise in the open air, sufficient for health and without fatigue, is essential to the re-establishment of health; and if exercise on foot is too exhausting, then it must be taken on horseback or in a carriage. To breathe the free air is not simply a luxury in these cases; but it is absolutely necessary for the prolongation of life and for the restoration of health.

It is of small advantage to remove disease if you kill your patient in the process. And yet there are those who, recommending the recumbent position, together with the use of instruments, to be observed unremittingly for years perhaps, do all in their power to impair digestion and every other function of the body to the utmost. In some affections, it is necessary that a recumbent posture shall be observed; but as it is a necessity, and the least of two evils, we must accept it. It is not so in lateral curvature of the spine.

It is of the utmost importance to consider the condition of the thoracic viscera in scoliosis, since muscular weakness and the form of the thorax prevent that free exercise of the lungs which is essential to health; for whenever a portion of the body ceases to perform its healthy functions, the approach of disease is to be feared. And, although phthisis is not common among those who are affected with lateral curvature of the spine, yet the recumbent position cannot be long maintained without imminent danger being incurred of becoming phthisical.

Sea-air and bathing are, in almost all cases of this description, highly to be recommended. The general health is thus improved; and with this improvement, the power to bear mechanical treatment increases. And, for the same reason, an animal diet, as much as possible, is to be encouraged. Cod-liver oil, also, may be given, together with preparations of iron, if a sufficiency of meat cannot be taken. Stimulants are only necessary to enable animal food to be digested more easily.

The *Mechanical Treatment* is that on which we chiefly rely for the removal of lateral curvature of the spine.

After what has been already said, it will not be doubted that the treatment of spinal curvature must vary as the cause which induced it varies. Unfortunately for orthopædic surgery, it has been too much the habit to treat every form of spinal curvature, whether induced by immoderate use of an upper extremity, or by deficient length of a lower extremity, or by thoracic disease, or other cause, after the same fashion; to ignore the cause, in fact; and to treat the affection entirely irrespective of cause and position; so that—whether the curve be primary or consecutive—whether it depend on affection of a lower extremity, or on the use of an upper extremity—the dorsal curve is treated without reference to cause or consequences—without knowledge—and, I might say, without honesty—until it has become matter of doubt, among members of the profession even, whether spinal curvature is curable.

Spinal curvature is curable; but only when all the circumstances which gave rise to it are taken into consideration.

In Lecture IV, an instance of spinal curvature is represented in Figure 6, which is a sigmoid curve, consisting of a primary lumbar curve and a consecutive dorsal curve; and the cause of the lumbar curve is obliquity of the pelvis, occasioned by genu valgum. The ordinary treatment of such a case would consist of a spinal instrument to act on the convexity of the dorsal curve, with, perhaps, a second plate to act on the lumbar curve. Let no one suppose, however, that such treatment would be effectual to remove the spinal distortion. Not only would it not be removed; but distortion would increase, notwithstanding that the spinal instrument might be worn, so long as the cause remained. The treatment should first be directed to the cause of curvature; namely, to the knee. For, until the inversion of the knee is removed, the spinal distortion must remain. In this instance, the treatment was as follows. An apparatus was applied to the leg to restore the straight line of the limb; the recumbent position was much observed; and slight pressure was made on the lower part of the lumbar curve, while the dorsal curve was supported.

Again, Figure 7 illustrates a case in which the pelvis was rendered oblique through standing much on one foot, and where, consequently, was developed a strongly marked lumbar curve, which was compensated by a dorsal curve. In this instance, as in the last, it was necessary first to remove the cause by obliging the patient to recline in a spinal chair during several hours in the day. When this first point had been accomplished, the removal of the lumbar curve was easy; and, as would be expected, the dorsal, or compensating curve, was removed even before the primary curve. Thus, the recumbent posture must be considered a very important adjunct to other and more direct treatment, in all those cases which depend primarily on affections of the lower extremities.

Again, Figure 10 represents a case in which the dorsal curve had been induced by using inordinately the left arm in carrying a burden. The treatment was commenced by removing that burden; and a spinal instrument was then applied, so as to act on the lower portion of the convexity of the dorsal curve, as well as on the upper portion of the convexity of the lumbar curve. Subsequently, attention was given to the right shoulder, that the muscles, by suitable exercise, might be developed.

The cause of lateral curvature is rarely to be found in the spine itself. Generally, it must be sought for remotely; or the cause may be, and it often is, general debility, when the spine partakes with the rest of the organism.

Nothing has been more abused than the mechanical treatment of spinal curvature. Let the case be curable or incurable, and let distortion arise from whatever cause, the treatment in each instance has been the same. "Dans l'art de guérir, tout est bon, tout est mauvais; c'est un arme à deux tranchants—sublime si l'on s'en sert avec science, méthode, ordre, et sens commun; absurde et dangereuse autrement."

Common sense alone would indicate that, in the treatment of spinal curvature, the primary curve should first be acted on; and, further, that it is of little use to act on this primary curve without first attending to the cause which gave rise to curvature. Having, then, treated the cause, the question is, how best to act on the primary curve.

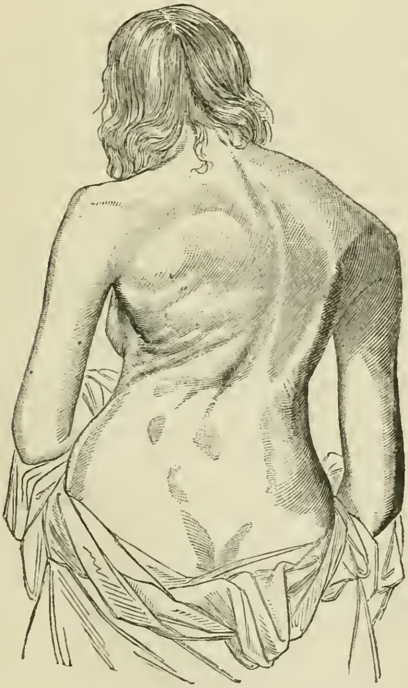

Fig. 26.

It has been shown how the curves are formed, and that compensating curves are necessary for equilibrium. If the cause of curvature is removed, as genu valgum, for instance, the pelvis will regain its natural position; and the spinal curves, when distortion has been of short standing, may then be removed even without mechanical support of any kind.

But, the cause being removable, it will not require argument to prove that, to act with effect on a series of curves, the curve which was first formed must first be acted on. The other curves are merely compensatory of the first; so that to treat one of these, in lieu of the primary curve, is much the same as with disease to treat a symptom only.

In Figure 15, the lumbar is the primary curve. To act on such a series of curves so as to restore the spinal column to a straight line, a slight knowledge of mechanics alone is necessary to make it quite certain that pressure should not be made on the greatest convexities of the curves. Pressure in this position is quite unequal to remove a curve: it will flatten the ribs, but it will never lessen the spinal curve. Figures 26 and 27 were taken from two unfortunate patients from whom I had occasion to remove spinal instruments, which had been used after the manner above indicated; namely, on the greatest convexities of the spinal curves. By dint of excessive pressure, through daily screwing the instrument for a space of three years, the ribs were flattened, and the plates of the spinal instruments were entirely imbedded in the ribs. Any treatment more barbarous, and termed surgical, I never before witnessed.

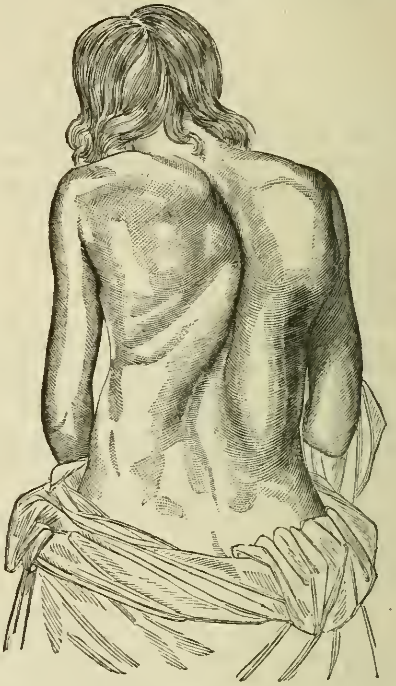

Fig. 27.

It is evident that such pressure as is necessary to be made should be so applied that it may produce the greatest effect in straightening the spine, with the least injury to the parts which are immediately acted on. This may best be done by acting on the lower portion of the convexity of the primary curve obliquely upwards, and on the upper portion of the secondary curve obliquely downwards. This rule must be observed when the curves are formed from above downwards. But when they are formed from below upwards—for instance, lumbar and dorsal, or lower dorsal and upper dorsal, etc.—it is necessary to act on the lower portion of each curve.

This pressure should, as much as possible, be made to follow the course of deviation of the parts themselves; and, consequently, it should never be directly lateral. By using extension in the manner indicated, curves, which cannot otherwise be treated, may be unfolded. This unfolding process is slow; and this will not excite surprise, when it is remembered how short are the ligaments, and how closely fitting are the bones which are to be acted on. Rapid changes are impossible, and should not be expected.

When the instrument fits well, frequent changes are unnecessary; great pressure is never required, and it may even be hurtful. Modifications are necessary from time to time, to keep up the action of the instrument, and to vary the pressure, as the curves unfold.

Spinal instruments may be portable, when, if well fitting, they will be worn with great comfort and advantage; or they may be fixed to a couch. In the latter form, being used in the recumbent posture, when the weight of the body is removed from the spine, they are necessarily much more efficient to remove distortion than portable instruments. Not only is the recumbent position most favourable for the action of the instrument, but the instrument itself is infinitely more powerful to remove spinal curvature than any portable instrument can possibly be. The principle on which both of these instruments are constructed is similar; but the couch, acting with powerful machinery, instead of a slight cog and pinion motion only, is so powerful to effect the purpose in view, that it will remove distortion in cases where the portable instrument is utterly useless. In cases of severe distortion, I always recommend the combined use of the couch and the portable instrument, the employment of one alternating with that of the other.

After curvature has been removed, attention should be directed to the development of power by means of exercises which shall bring into action the muscles of the trunk and extremities; such as swinging, dancing, riding, swimming, and the like. These exercises, alternating with rest, will, if judiciously employed, rapidly produce a marked increase of muscular power, as well as improvement in the general health. Friction also, as in shampooing, is very useful, not only in gaining a better condition of the skin, but in conducing to that suppleness of body which, after the removal of spinal curvatures, is most difficult to acquire.

The *palliative treatment* of spinal curvature is applicable to such cases as are not curable. In Lecture v, Figure 16, is an instance of severe curvature, and well portrayed, arising from inflammation within the thorax and its consequences. To attempt to cure such a case would be fatal to the patient; but a support to the enlarged side and to the sunken shoulder will give immense comfort to the wearer.

Again, caries of the bodies of the vertebræ, destruction being irregular, is not unfrequently followed by lateral curvature above and below the seat of disease, after anchylosis is complete. These curves are formed for the sake of equilibrium; and it will probably not often occur that the surgeon shall desire to disturb this effort of nature. I have seen, however, pressure with a spinal instrument made on such curves; the disease re-established; lumbar abscess form; etc. It need not be said here, that efficient support is all the instrumental treatment that ought to be permitted in such a case.

Cases, also, very frequently occur in which, through excessive distortion, rotation being very great, or anchylosis having taken place, the cure is impossible; yet, where well adapted support gives to the patient not comfort only, but power. Without such support, there may be extreme weakness; but with it, strength to follow the ordinary courses of life.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

C. H. F. ROUTH, M.D.,

PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE I. (*Continued.*)

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

Changes undergone by Uterine Tumours.

THE *intrinsic changes* which these tumours undergo in the process of growth are most important; not only because they are of moment in enabling us to judge of the character of the growths, but also because they are useful as indications to guide us in the treatment. These changes, of course, have no relation to the extrinsic changes in the symptoms produced by the growth of the tumours, and by their connexion with surrounding parts.

The intrinsic changes may be classified into three varieties.

I. A process of *softening*, which includes five kinds: *a.* Conversion of the body into a more fleshy mass—a sort of sarcomatous transformation; *b.* Interstitial deposition of watery matter—œdema; *c.* Conversion into a cyst containing liquid matter; *d.* Suppuration; *e.* Fatty degeneration.

II. A process of *hardening*, which depends on the chemical composition of the tumour, and may be peripheral or interstitial.

III. A process of *absorption*, under which a tumour disappears in part or altogether, and this without the assistance of medicine.

I. SOFTENING. *a.* The *sarcomatous state* has been usually regarded as the earliest stage of uterine fibrous tumours from the time of Hunter and Bayle, during which period they were spoken of as "the fleshy tubercle". Guyon, however (an excellent authority on uterine fibrous tumours), implies that this softening is not so often an *early stage* as a *progressive stage* or decay; although he admits that it is occasionally also the incipient stage of fibrous tumour. Moreover, in the softening from decay, the feeling of softness is more marked. Such tumours are generally redder in colour and more full of vessels; and the uterine tissue, especially the muscular, is more marked.

b. Softening by *œdema* may come on suddenly; and then, according to Guyon, it is accompanied with great vascularity of the tumour. These cases, he believes, generally prove fatal. The disease is probably inflammatory, and closely resembling acute œdema of the scrotum. Luys gives an example where a capillary puncture was made, which gave issue to about a tumbler of albuminous fluid. Death resulted two days afterwards, although no peritonitis was observed at the *post mortem* examination. More frequently, however, œdematous softening is a chronic disease. The occasional and temporary growth of fibrous tumours is due to this cause. A tumour will sometimes, if coarsely handled, become larger and softer. This may, it is true, be due to engorgement; but in one case in which this occurred, where I made an exploratory puncture, nothing but serum came away. There was also an absence of inflammatory symptoms. Cruveilhier thinks that in some cases the œdema is dissociated into numerous small masses, which, being congregated together, come to constitute the greatest part of the fibrous tumour.

c. Softening by *cystic transformation* takes place in three ways.

1. *Irregular cavities*, without parietes properly so called, are formed. These are called by Cruveilhier *geodes*, and would probably correspond to the alveolar disease of the ovary. They resemble very closely the last variety of œdematous swelling before referred to, only they appear to be chiefly restricted to the intercellular spaces. The œdema becomes localised, and so constitutes large cavities between the fibroid masses.

2. *Pseudo-cysts* are formed; *i. e.*, the solid fibrous mass itself undergoes local softening or liquefaction. The softening is described by Costello (*Cyclopædia of Practical Surgery*) as beginning (in *fibromas*) in the centre of the tumour by one or more points. This softening is often associated with some degree of transparency that gives to the structure a gelatinous aspect. As it advances, it so entirely puts on the appearance of jelly, that tumours in this state have been designated *fibro-colloids*. But there always remains enough of the external layer to set one right as to the nature of the tumour. Exceptionally, but rarely, they are found in an *hæmatode* state.

3. *True cysts*, or cavities lined by epithelial membrane, as in cystoid disease of the ovary, may be formed. Mr. Paget describes this change as one of cyst-formation, similar to what occurs in the breast; well defined cysts, lined with smooth membrane, being produced. Accordingly, we read of *fibro-cystic disease* of the uterus as an affection of not unusual occurrence. I believe, however, it is very rare. I learn from a communication made through my friend Dr. Greenhalgh, that Mr. Savory of St. Bartholomew's Hospital (no mean authority) denies the existence of this disease in the uterus altogether; the so-called examples of it in the College of Surgeons being simply pseudo-cysts without lining membrane. Two cases are on record, in which gastrotomy was lately performed by Mr. Brown and Mr. Wells. In the first case, examined by Messrs. Nunn and Holmes, the tumour was stated to be multilocular, and the cysts lined by membrane. It was found incorporated with the fundus uteri, but probably originated in the subperitoneal tissue in the neighbourhood of the uterus. This alone would show that it might have had an origin extraneous to the uterine tissue. The examination was carefully made before the tumour was declared to be fibro-cystic. In Mr. Wells's case, recorded in the same volume of the *Pathological Transactions* (xiv, 198), I learn from inquiry that he is not prepared to say that the fluid was contained in cysts with distinct lining epithelium. Most probably, therefore, it was contained in a pseudo-cyst. One case only appears more difficult of interpretation; and that is Dr. Wilson's case, published by Mr. Hewett, and quoted by Mr. Brown in his work. The disease here entirely originated from the right side of the fundus uteri by a pedicle, and the cysts were lined by a smooth delicate-looking membrane.

Pseudo-cysts may undergo other changes; viz., a salutary one, *i. e.*, where the occurrence of the change is only a prelude to the final absorption of the tumour; or the tumour enlarges, and attains such proportions as to become dangerous to life.

To trace these changes during life is by no means an easy or satisfactory task; because we cannot, in the ordinary run of cases, see them in the earlier stages, and our manipulation and external palpation of them is at most only to be made through the abdominal parietes. If the female be corpulent (a not unusual occurrence in cases of fibroid tumour), but little correct information is attainable. Again, a vaginal examination is often nugatory, if the tumour be in or about the fundus, the most common locality in which they are found. And all this is especially the case at early periods, or when the tumours are small.

But we can get at the fact by collateral and strong presumptive evidence. Fibrous tumours undoubtedly do liquefy, as before stated; and soften in the centre, becoming changed in a pseudo-colloid mass. Usually, also, there is enough of the external fibrous matter to explain the nature of the tumour. But we as undoubtedly find pseudo-cysts about the uterus, occupying the position which fibrous tumours usually do. In nearly every such case, fibrous tumours of the ordinary kind are found in other parts of the organ. Some of these are in a transition state, containing fluids or semifluids in different states of viscosity.

In one remarkable example of fibroid disease given by Atlee, the truth of this proposition was proved by ocular demonstration. The case is important. It is the case mentioned in his interesting paper on the Surgical Treatment of Fibrous Tumours of the Uterus, in the *Transactions of the American Medical Association* (vol. v, p. 586).

The subject of this case was a young lady, who in July 1845 first noticed a tumour in the right side, midway between the ribs and pelvis. It was then as large as the fist, and oblong in shape; could be pushed over to the linea alba, depressed, and elevated; but, upon removal of pressure, returned to its usual position. Three months after this, she was seen by a medical man at Rhode Island, who described the tumour as decanter-shaped, with a narrow attachment to the right side of the uterus. He could play it about, and considered it an ovarian tumour. The succeeding winter (1845-6), it grew to twice the size which it had when Dr. Atlee first saw the patient, having enlarged gradually. The following spring (1846), it again gradually diminished to about one-third of its previous size, without treatment. The next summer, it again increased; and continued to do so until the latter part of the fall, when it again diminished without treatment. It remained stationary now until the next fall (1847), then increased gradually to a greater bulk than ever.

In the spring of 1848, she placed herself under the care of another medical man at New York, who used chiefly the electro-magnet, and croton oil with other purgatives. The flatulence diminished; the tumour but slightly.

In March 1847, she was under the care of a physician at Albany, who, believing it to be ovarian, tapped her, and came against a hard substance. Nothing flowed except a teaspoonful of blood. The trocar was introduced about two inches, and required considerable force to enter it. On putting a probe through the cannula, it came against a hard unyielding substance. The wound healed kindly.

It was in May 1847 that she came under Dr. Atlee's care. A tumour then occupied the left iliac, hypogastric, umbilical, and right hypochondriac regions, part of the right lumbar, and part of the right iliac regions. It was firm, slightly elastic; did not fluctuate; could be moved in all directions by using considerable force.

On examination *per vaginam et anum*, the patient on her side, it was found to occupy a large portion of the pelvis; the uterus could not be distinguished. It was believed, therefore, that the tumour was entirely uterine. The os could not be felt. The tumour could be played before the finger in the vagina, through the abdominal parietes. When placed on her *back*, the os could be detected by the index finger placed far back, but not the cervix. The sound penetrated only two inches and a half in the normal direction. But this was, however, accidental; for when, in the subsequent history of the case, she had recovered from gastrotomy, the sound passed a considerable distance. Very little motion could be made with the point of the sound, owing to the fixed position of the uterus at this point. The sound introduced into the bladder took a direction towards the right side.

Owing to the obscurity of the diagnosis and the wishes of the patient, it was thought advisable to try an exploratory incision—*i.e.*, to perform gastrotomy.

The abdomen was opened. Now, gentlemen, I wish you to note the appearance of the tumour. The diseased mass was turned entirely outside the abdominal cavity. It consisted of the uterus itself, which was either hypertrophied or else distended by a solid body within it. The peritoneal coat was elevated in several places from the surface of the tumour into cystiform bodies filled with a yellowish fluid. One of these, of about the size of a walnut, was at the top of the fundus; another, larger and more irregular, on its left side; and a couple of smaller ones lower down. The right ovary was enlarged to the size of a small orange; and the left was about three times its original bulk. Both ovaries were attached low down to the uterus.

In this state of things, nothing more could be done. The tumour was returned. The wound healed rapidly.

The subsequent history relates to an attempt afterwards made to relieve the patient in June 1849, two years afterwards, by enucleation *per vias naturales*. This proved unfortunate in result, for on Nov. 3rd she died. On *post mortem* examination, there were found to be adhesions of the cicatrix to the anterior part of the womb. Purulent serum was effused within the cavity of the abdomen, indicating *recent* inflammation. The tumour itself had very much the same appearance as when seen during gastrotomy. But *all* the cystiform bodies had disappeared, save one at the fundus, which was not altered in size, but was less fluid. The ovaries had not changed in appearance. The firmness of the tumour had much diminished; and, when it was cut open, large masses of it had degenerated into a brain-like substance.

Now, the inference I would draw from this case is twofold. In the large tumour, there was the process of softening in an earlier stage; a brain-like substance took the place of the fibrous tumour—the pseudo-colloid softening before referred to. The more solid cystiform body was, again, in a later stage than the large one, more liquid, and yet less fluid than the other cystiform bodies, which had undergone a process of more decided liquefaction, as seen during the operation of gastrotomy, before their final disappearance.

That these liquefied tumours have a decided relation to the more solid is manifest from the fact, that we scarcely ever meet with the former, unless the uterus contains at the same time some of the more solid fibrous bodies.

The very description of some of these tumours, although made from the naked-eye appearances, is characteristic of their fibrous character. In the case of a fibro-cystic tumour described by Dr. Jackson (*Boston Medical and Surgical Journal*, No. 64), each cyst was said to contain, 1, a pale amber-coloured fluid; 2, a gelatinous substance of the same colour, but varying in consistence; 3, semi-organised masses, varying in different cysts from the colour of cream to that of clots as they occur in the heart, and in size from an almond to that of the female hand.

The liquid contents of these fibrous tumours have, so far as I know, not been very accurately examined.

In one case reported by M. Louis Blin, where the tumour was evidently an hysteroma, occurring in the anterior wall, the tumour contained a very brown-coloured thick fluid, and floating within it numerous gelatiniform flakes. The cyst itself was lined by an internal layer of this same gelatiniform matter, and a distinct muscular coating, analogous to uterine muscular fibres. M. Robin found, on microscopic examination, that both in the liquid and solid portions of tumour there were muscular fibres of Kölliker disseminated through an amorphous mass. M. Broca, who also examined the same specimens subsequently with much attention, discovered, besides these muscular fibres of Kölliker, which were long, swollen in certain parts, and containing granular particles, some very short fusiform fibres, not granular, which he looked upon as a form of fibro-plastic element. In fine, it was clear that everywhere here were found the large fibro-cellules (of the Germans), which are evidently muscular fibres; and by their side, which had a very particular aspect, small elongated corpuscles of fibro-plastic tissue, with their central nucleus. (*Bull. Soc. Anat.*, vol. xxviii, pp. 54-56.)

In another case recorded by M. Rotureau (*Bull. Soc. Anat.*, vol. xvii, p. 139), in a pedunculated uterine tumour, the fluid contained a yellowish material, rather offensive, of the consistence of a soft bouillie, which flowed out of the cyst when cut open. This fluid contained, floating in it, pieces of half-fleshy reddish friable fibrous masses, evidently the *débris* of the fibrous mass.

I am fortunate in having obtained some particulars of such fluid contents from so excellent and known an observer as Dr. A. Clark. That gentleman divides uterine cysts into four kinds: 1. Adventitious cysts, or hydatids; 2. Autogenous cysts; solutions of continuity in the uterus, independent of adventitious growths; 3. Glandular cysts; dilatations of the normal gland-follicles, common in the neck of the uterus, and not very uncommon in the body of it just below the mucous surface; 4. Cysts occurring in morbid growths as local solutions of continuity, and named from the growth which they exhibit, as fibro-cystic, collocystic, encephalo-cystic, and so on. I wish only to refer to the second variety—autogenous—corresponding to the alveolar before noticed, or *geodes*, and the fibro-cystic of the fourth variety, as bearing on my subject.

The fluid contents of the second variety, Dr. A. Clark states, have obviously arisen from extravasations of blood breaking up a portion of uterine substance. They have contained serum; variously corrugated and contorted blood-discs, isolated and in heaps; corpuscles like the white ones of blood; granular cells; bits of coagulated albumen, oil-globules, and cholesterine. In an instance which Mr. Defriez of Bethnal Green sent to Dr. A. Clark, there were several cysts of this kind formed by successive extravasations of blood, *said to have been felt* by the patient at the time of their occurrence.

Whether the change in pseudo-cysts is or is not of an analogous character, in so far it is remarkable, that I have found, on microscopical examination, exactly the same bodies mentioned by Dr. A. Clark here in the serum taken from the meshes of an infiltrated fibroid, excepting only cholesterine. I also found crystals of uric acid.

Dr. Clark has also informed me that he has on several occasions examined the fluid of the cysts of fibro-cystic uterine tumours, but entirely without reference to their size. The fluid has been either sanguinolent, serous, or gelatinous.

When *sanguinolent*, he found the elements 1, 2, and 3, before referred to as found in the juice of succulent fibrous tumours, with blood-crystals, *amorphous hyaline* lumps, and bits of fibrillated lymph.

When *serous*, it was coagulable by heat, but very feebly so, compared to ordinary albuminous effusions. The structural elements resembled in character those given in a diagram, with the qualification, that Nos. 1 and 6—*i.e.*, the elements before described as found by him in the same juice of fibrous tumours—were few in number.

When *gelatinous*, the contents were of two kinds. In one, the gelatinous appearance was due to the infiltration of a fine *fibrous* network with ordinary serum; in the other, to the infiltration of a fine network of *mucin fibres* with a very feebly albuminous and somewhat viscid fluid. The *fibrous* network disappeared under the action of acetic acid, while the *mucous* network was unaffected by it, or rendered more distinct.

The structural characters of both kinds of gelatinous contents were much the same, and consisted of the elements already described, with the addition of mucous vacuolating and proliferating cells. These were the contents of (Dr. Clark's third variety) glandular cysts, which, not forming part of my immediate subject, I did not refer to.

This feebly albuminous character of the fluid, and the absence of hairs and epithelium, together with the presence of fibro-plastic ingredients, are characters which contrast in a remarkable manner with those found in ovarian tumours, and as such may be very useful in a doubtful case of diagnosis.

My friend Dr. Greenhalgh has informed me that Mr. Savory of St. Bartholomew's has also examined the fluid contents of these growths. The cavities contain more or less fluid, which is made up of disintegrated fibrous tissue-cells and oil-globules floating about in serum or dilute liquor sanguinis.

In true fibro-cystic disease, the epithelium-particles found in the fluid are exactly similar to those found in ovarian cystoid disease. The intensely albuminous character of the liquid, and the absence of *débris* of fibrous tissue, would make up the other chief differences.

When the fibro-cystic disease was in the ovary, we might expect to find, in addition, the large compound nucleated cells, and hairs, besides the cholesterine crystals.

Pseudo- and fibro-cysts, however, should not be mistaken for other cysts occasionally found in connexion with the uterus, but which have a different origin. These are cases where a Graafian vesicle has fallen into the cavity of the abdomen, instead of passing downwards into the Fallopian tubes. They appear to contain hairs, teeth, etc., or contents occasionally found in ovarian tumours; or, by falling somewhere within the abdomen, it may be upon the uterus, Fallopian tube, or elsewhere, they may develope true fibro-cystic disease. A remarkable example of the first kind is that which occurred in the Salpetrière, and was mentioned by M. Blot before the Société Anatomique.

The tumour, which was attached inferiorly to the uterus, and closely adherent to surrounding parts, was found to be partly ossified, and to contain at one part four little bodies ranged in a row, having the aspect of incisor teeth; one of these showed a free tricuspid border, as is often observed in teeth of this kind. They were very hard and ossified, but without enamel. This case was brought before the Société Anatomique, and the discussion elicited a very able paper by M. Pigné, in which he proved that bodies were shown to be monstrosities by inclusion. In a subsequent *séance*, M. Grivot Grandcour exhibited some uterine cysts taken from a woman aged 60. These were placed behind the organ, and formed a tumour as large as a child's head. One of these was partially ossified. The others were soft and transparent. On the opposite side—*i. e.*, anteriorly—a unilocular tumour existed, containing in its cavity hair and a butyraceous-looking matter. These bodies were, however, stated by M. Barth to be only found in the woman, and in the neighbourhood of the uterus, and were attributed by him to the escape, at the moment of fecundation, of an ovule, which then developed imperfectly: in fact, an extrauterine pregnancy. The ossification was a process of age. (Vol. xxii, p. 3.)

It is in this way that I should explain Mr. Nunn's case of fibro-cystic disease before referred to, and Mr. de Méric's late case of cystoid disease, for which he successfully performed ovariotomy, and which grew, not from the ovary, but from the Fallopian tube.

The coexistence of these pseudo-cysts in fibrous tumours is not observed very uncommonly; and their occurrence should be borne in mind in some cases where the diagnosis is difficult. Let me allude to a few examples by way of illustration.

Dr. Tanner has related a remarkable case (*Obstetrical Transactions*, vol. iii, p. 11).

An oval cyst, about nine inches broad, apparently subperitoneal, was stretched upwards from the fundus uteri, containing about a pint and a half of mucous fluid. The cavity of the uterus contained a fibrous tumour, of about the size of the half of a small orange.

Several such are mentioned by Mr. Paget in his

Lectures on Surgical Pathology. Dr. Atlee mentions a very interesting case where this change had taken place in a fibroid.

He first saw the case in July 1852, when a large fibrous tumour, of the size of a seven months impregnated uterus, was diagnosed. In the September following, the tumour had greatly enlarged, and exceeded in size that of gestation at the full period; and the upper part of the abdomen had become elastic, and fluctuation was evident. In the October following, two large cysts were tapped, giving exit in the first to three pints of a dark coloured fluid, with a small quantity of blood. From the second cyst, the same quantity of clear transparent fluid was drawn. On manipulation now, the original fibrous tumour was readily felt. Although several mishaps occurred in the progress of this case—air entering within the sacs, and subsequently fœtid serum and gases were drawn out by tapping, it ultimately did well, all traces of the tumour having disappeared. (Surgical Treatment of Fibrous Tumours, *Transactions of American Medical Association,* vol. vi, p. 558.)

Dr. Jackson (*Boston Medical and Surgical Journal*) relates an example of multilocular cyst developed in the fundus of the uterus.

The symptoms during life were those of a fibroid. This patient was tapped several times. The cysts varied from the size of a walnut to that of a fœtal head. These cysts contained variously coloured fluids.

The French authors mention several examples of this disease also.

M. Barth (*Bull. Soc. Anat.,* xxvii, 55) found an abdominal tumour attached, and taking origin in the posterior wall of the uterus, which was very large. It was a fibrous tumour, furnished also with a cyst in its interior, and holding within it about half a gallon (3 *litres*) of a citrinous albuminous liquid. There were two other small fibroids in the anterior wall, one in the fundus.

M. Gaubier (*Bull. Soc. Anat.,* xv, 234) describes a case, also mistaken for ovarian disease, in which a large three-lobed fibroid, of two pounds weight, filled the greater part of the iliac fossa, in which cysts were found containing a bloody serosity. M. Rotereau (*ib.,* p. 135) mentions another case, also mistaken for ovarian disease, where a fluctuating tumour existed in the right iliac fossa, and was found after death to be a pedunculated fibroid, with cysts attached to the fundus. Another is mentioned by M. Icery (*ibid.,* xxviii, 135), where ovarian and uterine cysts coexisted. The uterine cyst was very large, with thick parietes attached to the organ. M. Rieux (*ib.,* xxiv, 19) gives an account where cysts of the uterus were found. The patient was tapped three times. The diagnosis during life was cancer with ascites. The *post mortem* examination revealed a fibrous tumour, with a unilocular cyst, filling the abdominal cavity.

In the table which I have prepared to illustrate the effects of gastrotomy in fibrous tumours, several cases by Messrs. Brown, Wells, Hakes, Fletcher, etc., are recorded, and, with those before given will suffice as examples occurring in British practice.

[*To be continued.*]

Deaths from Fever. Within the brief period of seven months three physicians, who have successively occupied the responsible position of medical superintendent of the Dundee Royal Infirmary, have been cut down by fever; and of this disease the matron has quite recently died. The professional loss sustained by the deaths of Dr. Glen Dr. Hamilton, and Dr. Grant is very great. (*Edinburgh Med. Journal.*)

Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

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Lecture III. (*Continued.*)

On the Pathology and Treatment of Certain Forms of Delirium. Therapeutics. The Physiological and Therapeutic Action of Alcohol. The Present State of Therapeutics, and the Direction which Therapeutical Inquiries should take, etc.

But, passing from this subject of pathology, I must come to the more direct object of my concluding remarks, therapeutics; and, perhaps, I could have no better example of the improvement that has taken place, in their practical application, than in reference to the very symptom to which I have just referred. Is it not true that fewer cases of violent delirium are met with at the present day than was formerly the case? that in our surgical wards the occurrence of traumatic delirium is comparatively rare? and are not these results to be attributed to that modification in treatment, which has led both the physician and the surgeon to maintain a due nutrition of the body, wherever injuries are to be repaired, or disease controlled? And here I would remark on the importance, not only in disease, but in the treatment of all accidental lesions, of endeavouring to anticipate symptoms which may arise and complicate the case, by an early recognition of the pathological state of the various organs of the body. In the treatment of all cases of acute disease, a knowledge of this kind is of the greatest importance to the physician, for upon it will depend the nature of the treatment by which the local affection shall be met; and is not this knowledge of equal importance to the surgeon in dealing with an accidental lesion? Do we not sometimes see that a patient, ignorant of some existing organic disease, nay, thinking himself in a state of perfect health, meets with an accident of a more or less grave character, but which necessarily confines him to his house, his sofa, or his bed; that this interference with his usual habits of life, and the depressing influence which necessarily ensues, becomes the means of accelerating the progress of the existing disease, or, if there be a feeble or fatty heart, acts as the determining cause of sudden death. Nor should we forget, in the application of therapeutic measures, the way in which this fatty disease of the heart may complicate certain more chronic ailments. Its frequent association with various gouty affections shows us the importance of caution, in the administration of depressing remedies in these conditions, and the danger we may incur by the sudden withdrawal of their habitual stimulants from those who suffer from these gouty attacks.

And here I would remark that one of the great aims of the practice of medicine should ever be to postpone the approach of death. The modes of dying have always formed a subject, not only of philosophical interest, but of great practical importance; and is there one amongst us who will not say, that he is often guided, in his treatment of disease, by a knowledge of the way in which, by the derangement of some physiological process, death is threatened? It is easy to see the application of these principles, in reference to diseases of an acute character; but, perhaps, we are too apt to lose sight of them, in relation to diseases of a more chronic nature; and yet it is probably in these latter, that, although we could not produce results occasionally so striking, in the main our practice would be most successful.

It would be simply impossible, in the scope of a single lecture, to dwell at any length on so large a subject as therapeutics; and the only alternative which remains to me is, to glance in a very cursory manner at some of the leading features which characterise the practice of the present day. And, amongst these, there is nothing more striking than the adoption, especially in the treatment of acute diseases, of a more generous system of diet, and the more frequent administration, in various inflammatory affections, of alcoholic stimulants.

The whole question of the action of alcohol is so closely connected with the subject of my lectures, the remedy is so essentially what I would call a physiological one, it is used in so great a variety of diseases, and under pathological conditions apparently so diverse, but really having therapeutically similar indications, that I have felt I could not pass it over without something more than a mere cursory notice.

Whatever may be our views of the physiological action of alcohol, our belief of its therapeutic value rests on no mere speculative notions, but is supported by the testimony, the observation, and the experience of almost all practitioners of medicine. Like many other remedies, however, our knowledge of its action is imperfect, and we greatly stand in need of correct principles as to its administration. Its general applicability to various conditions of the system, as a potent health-restorer, has been almost universally recognised; and in all ages, physicians have resorted to its use. It is only, however, of late years that it has risen to the position of one of the most important, and most freely used, of our materia medica; and that its employment has been sanctioned, and its value demonstrated, in numerous diseases, in which, not only was it previously considered altogether useless, but in which it was thought it would be highly injurious. Both in medical and surgical practice, there can be no doubt that, for some years past, a larger quantity of alcoholic fluids has been used, than during any other equal period in the history of medicine in this country. The statistics of our hospitals would at once prove this. As to the influence it has had on the rate of mortality in these institutions, we cannot now stop to inquire. It would be very satisfactory, if statistics on a large scale could be drawn up, which would show the rate of mortality and the duration of diseases during two given periods—one before, the other since, the present system of treatment has become more general.

But, whilst unable to test the effects produced by alcohol by a direct appeal to statistics, I may, perhaps, be allowed to offer an opinion, founded on a careful observation for some years past of cases, both in hospital and private practice. Speaking generally, I believe it may be said, that the early administration of alcoholic stimulants has reduced the rate of mortality of some diseases; and that, in a far larger proportion, it has diminished the intensity of the disease and accelerated convalescence.

In expressing my own opinion of the value of alcohol as a therapeutic agent, I would do so with feelings of diffidence. There are, probably, many here who may have had larger opportunities than myself of judging of its value; and they may have arrived at conclusions at variance with my own. At all events, my views have not been formed without careful study and observation. I have seen alcohol used, and I have used it myself, largely. I have given it under circumstances when I could carefully watch its effects; and I have noted the influence it has produced both in acute and chronic diseases.

And here I would lay down a general principle, which is, I think, applicable to all remedial agents; viz., that the therapeutic value of alcohol does not rest on its supposed use as an article of diet, nor on any supposed chemical change it may undergo. It would be very satisfactory to know, by incontrovertible evidence that, after, or whilst, performing its therapeutic action, it was used up in the system, either as a heat or fat producer, or in affording nourishment to the nervous tissue. The establishment of such a fact on a sound basis, would increase our estimate of the usefulness of alcohol; but its value as a therapeutic agent rests on no such assumption, and may be altogether independent of any such assumed action. We may grant all that some chemists have of late advanced; that the substance is not oxidised in the system; that every particle of it is eliminated unchanged; that, contrary to our long cherished notion, it does not form fuel for the combustion process going on in the body—but we do not, by all this, in anywise impugn its therapeutic value, nor is our confidence shaken in its applicability to various conditions of the body, even when taken as an article of habitual use.

Amongst the most important, if not the most important, of the actions of alcohol, in a therapeutic point of view, is the influence it produces on the circulating system. That the administration of alcohol increases the power of the heart, diminishes the frequency of its beat, and augments the force of its contraction, under conditions of debility, are facts which must be familiar to all who are in the habit of prescribing it. And there is nothing more striking, and I will add more satisfactory, than to watch the effects of the remedy in those cases of inflammation, which are denominated asthenic, and which are marked by a rapid and weak pulse.

But the effects which alcohol produces on the circulation cannot be accounted for, I think, simply on the ground that it acts as a stimulant and tonic to the heart. It has been proved by some physiologists, that the introduction of certain substances into the blood has a tendency to increase the rapidity of the circulation, whilst the introduction of others has a directly opposite effect. Amongst the latter is alcohol; and, according to the observations that have been made, when this substance is injected into the vessels of a living animal, there is a retardation of the circulating current, apparently from some physical influence which the alcohol produces, either on the blood itself, or on the coats of the vessels, or on both. And I would here remark, that when alcohol is taken into the stomach, although we have evidence of increased action of the heart, this by no means proves that the blood is circulating more rapidly through the capillaries of the body. Nay, the very symptoms which follow the administration of a small dose of alcohol — namely, a sensation of fulness and heat of skin—and the congestion which ensues when the dose is increased, tend to prove that there is some impediment to the peripheral circulation. Such a state of capillaries must necessarily give rise to an increased tension of the arterial system, and a fulness of the pulse; more especially when taken in connection with the effects produced on the heart itself by the local action of the alcohol.

It appears to me, that a knowledge of this local action of alcohol on the capillaries, serves to explain, in some measure, the effects which we witness, in certain cases of disease, from its administration.

Is it not true, in certain wasting diseases, in various forms of acute inflammation, where there are rapid changes going on in some particular organ or part—a rapid development of inflammatory products, of serum, of lymph, of pus; that, under the influence of alcoholic fluids, these changes are checked, and the wasting processes arrested?

Now, there can be no doubt that, in these cases of inflammation, the vital changes of the part involved are *too active.* I do not say that the vital powers are *too high*—that there is *increased vitality*; but that the molecular changes of the part are *too rapid.*

When, in such cases, we administer alcohol, we often see a rapid arrest of these changes, and an absorption of the effused products; and I cannot but think that this result is due, not simply to the general influence of the remedy in improving the nutrition of the body, and in giving increased power to the heart; but, also, to its local action on the capillaries and tissues of the affected part.

It is very remarkable to see the large quantities of alcoholic liquids—wine, brandy, etc.—that are borne in disease, and that by persons who have previously taken, whilst in health, but little or none, without any of the ordinary physiological effects being produced—without the occurrence of intoxication, of headache, of furred tongue, or of disturbance of the stomach.

It would take me far beyond the limits of this lecture, were I to attempt to consider the effects produced by alcohol in certain chronic affections; but I cannot dismiss the subject without one or two as to the ordinary use of the agent.

From the influence which it exercises in certain states of disease, indications may be gathered for its use in conditions of health. From the various circumstances of constitution and habits of life, the moderate use of alcoholic beverages appears, in many persons, to be attended with great benefit. Those who argue against the proper use of alcohol from the ill-effects produced by its abuse, appear to me to miss the question entirely; and they might, on like grounds, attack the use of tea or coffee. No doubt, the highest development of physical strength can be obtained without the use of spirits in any form whatever. Could we, indeed, all live the life of the athlete—breathe pure air, take exercise largely, and keep our digestive organs in such a state as to enable us to digest all the food which the system requires—we might dispense with alcoholic fluids. Whilst, however, men lead sedentary and laborious lives; working their nervous system, and breathing an atmosphere itself depressing; whilst the organs of digestion are scarcely able to perform the work which is required of them in order to supply the waste of tissue which is going on; whilst, even constitutionally, the circulation is languid, and the assimilative processes are weak; a substance, like alcohol, dietetic or medicinal, whatever we may call it, may be used in moderation by many, not only without disadvantage, but with decided benefit. And in forming an opinion of the value of alcohol, we must never lose sight of the fact, that just as the pathological conditions of certain acute diseases modify its physiological action, so the various constitutional defects which, in a large proportion of the population, detract from the standard of perfect health, may be indications for its habitual temperate use.

But, whilst I have expressed my opinion of the value of alcohol in disease, and as an article of diet, I would warn against the danger we may run of indiscriminately using it. It was impossible, in the scope of these lectures, to refer specifically to many modes of treatment, or to the therapeutical value of many remedies; and although I have singled out this particular remedy for a few remarks, in consequence of its present prominent position as a medicinal substance, I would emphatically protest against any extremes with reference to our practice, or any careless administration of the remedy without due consideration of the particular pathological conditions to which it is applicable.

But passing from this subject of alcohol, there is one point in connection with therapeutics on which I cannot refrain from expressing an opinion. I think it is, to a certain extent, a fault of the present day, that we sometimes lose the full benefit of our remedial agents from the simple fact that we prescribe them in too small doses; that the existence of a certain amount of scepticism with reference to the power of drugs, which has crept in, perhaps, as the necessary result of an overweening confidence in their value, has produced, with some, a more or less timidity of practice, which, I venture to think, is injurious. It must often have occurred to most of us, that, in the treatment of a particular case, after trying the ordinary doses of various remedies, all of the same character, without any beneficial results, we have given one in increased doses, and have rapidly produced a therapeutic effect. I have frequently found in cases of ague, that the ordinary doses of quinine have utterly failed; whereas a larger dose has effected a rapid cure. I might illustrate this principle by a reference to cases; but I must not trespass on your time with unnecessary details; one case, however, I cannot refrain from giving, as it shows, in a remarkable manner, the effects which may be produced by pushing a remedy far beyond the ordinary limits.

I had under my care in the Northern Hospital a case of chylous urine, in which I determined to try the effects of gallic acid. I gave it in gradually increasing doses, beginning with ten grains three times a day. But little effect was produced on the disease until the quantity given was two drachms daily, and then a marked result followed. For nine days, the patient took two drachms of the acid daily; and then, the urine being still slightly turbid and milky, the quantity was increased to two drachms and fifteen grains daily, and was continued for seven days. On the fourth day of this dose being taken, the urine became perfectly natural, and the chylous condition did not return.

Now, had I been content with the ordinary dose of the remedy in this case, I believe that, although I might possibly have cured my patient, the time occupied in the cure would have been much longer than it was. And a very remarkable circumstance occurred in the case, showing the tolerance of the system of this large quantity of acid under the influence of the disease—a tolerance which ceased when the disease was cured. As soon as the urine assumed a healthy character, lithic acid appeared in it in large quantities, a circumstance which had never happened whilst the urine was chylous. The diminution, and subsequent stoppage, of the gallic acid caused a disappearance of the lithic acid deposit, showing the relations which the administration of the one bore to the formation of the other.

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

HISTORY OF A RECENT EPIDEMIC OF PHAGEDÆNA OR HOSPITAL GANGRENE.

By Thomas P. Pick, Esq., late Surgical Registrar.

Many writers have observed that, individual epidemics of phagedæna differ essentially in their characteristics; it becomes, therefore, of interest to the surgeon to note each attack of this disease, so that he may be prepared for any phase in which it may show itself.

St. George's Hospital has, within the last few months, been visited by an epidemic of phagedæna which presents several points of interest, and which differs in many particulars from recorded accounts, particularly those of recent writers, and more especially from those cases recorded by Dr. Macleod as having occurred after the storming of the Redan, in June 1855, and by Dr. Hennen during the Peninsular War.

In order to discuss the subject systematically, it will be advisable to consider it under three heads; 1, the Cause; 2, the Symptoms; and 3, the Treatment of the disease.

1. *Cause.* In 1785, the first accurate description of this disease was given by Mr. Gillespie; and about two years later, Dr. Trotter described the same disease, and distinctly denied its contagious nature; more modern writers, however, have not agreed with this gentlemen. Mr. Blackadder, who wrote largely on this disease, believed in the complaint being *only* communicable by the direct application of the infectious matters to some part of the body from which the cuticle had been removed. The observations of Professor Thomson convincingly prove that hospital gangrene may be communicated by direct contact. He adduces the following arguments. 1. It may be communicated by sponges, bandages, and clothing to persons at a distance from those infected with it. 2. It has been observed to attack the slightest wounds of surgeons, nurses, and others who were employed in handling and dressing infected persons, and that even in circumstances where the medical man so employed lived some distance from the patient. 3. We are often able to trace its progress distinctly from a single individual through a succession of patients. 4. We are able to prevent the progress of the disease in particular situations, by removing the infected person before the contagion has had time to operate. 5. It continues long in one ward or room without infecting others, if pains be taken to prevent intercourse between the infected and the non-infected.

Though these observations, if correct, remove all doubt as to the contagious character of this disease, there can be no doubt, at the same time, that it is also often due to the agency of some unknown poison, which finds for itself a soil fit for propagation; and I shall endeavour to prove that the late outbreak we have had in this hospital has been entirely due to infectious causes.

And to me there seems nothing incongruous in saying that a disease may be both contagious and infectious; since in all cases the disease is conveyed from one person to another by particles of matter, whether those particles be in a solid or in a gaseous form, whether they be imparted by direct contact of the two human bodies, or wafted through the air.

But the epidemic at present under notice appeared to partake most of an infectious character; and in order to prove this, I shall take the same arguments that Professor Thomson adduced to prove its contagious character in the cases he observed. 1. In no instance was it proved that it was communicated by sponges, bandages, or clothing to persons at a distance from the infected. 2. In no case did it attack any surgeon or nurse, though no special care was taken to guard any slight wounds in those dressing the patients. 3. The disease could not be traced from a single individual through a succession of cases. 4. We were not able to prevent the progress of the disease by removing patients from an infected spot. 5. It did not continue in one ward particularly without infecting others, but invaded the whole house.

The following is a brief sketch of the history of this epidemic, as it occurred among the patients who fell more especially under my notice.

In the early part of March 1863, a woman was admitted into the Hospital for necrosis of the tibia; she was placed on the operating table, and the diseased bone removed; a few days afterwards, the wound took on a phagedænic character; this, however, soon yielded to treatment. Nothing more was seen of this disease for four months. On July 14th, 1863, a patient was admitted into the accident ward, with a slight wound on the leg; on the 21st, seven days after admission, phagedæna attacked the wound. This was the first case which had occurred since March. The following day an out-patient *was admitted* with phagedæna. Two days afterwards, July 24th, two more cases were admitted, and were placed in separate wards. On the 27th, another case was admitted, and on this day a case broke out in the house; but, strange to say, it did not occur in any of the wards where there were phagedænic patients, but in a private room, where a patient had been totally isolated from the other patients, after undergoing amputation, for fear of the supposed contagious nature of the disease. The next case which was admitted, was on August 3rd (a large gangrenous sore on the back of the arm.) On August 5th, two cases were admitted; on

August 7th, a case broke out in the house; on August 9th, another case was admitted; on August 11th, another; on August 12th, another; on August 14th, a case broke out in the house; and so on, taking an average, three cases being admitted for every one which broke out in the house. Out of the total number of cases; viz., 92, 73 occurred out of the hospital; and of these 33 were treated from first to last as out-patients; so that out of 92 cases, only 19 broke out in the house. These rough facts are, to my mind, sufficient evidence of the epidemic nature of the disease.

One word ought here, I think, to be said upon an objection which might possibly be raised; the following theory might be proposed. Might not all the cases which were admitted have come from the same neighbourhood, and so explain how the disease might have been contagious, the virus being communicated from one person to another, possibly through the intervention of a third? The idea suggested itself, and careful inquiries were made as to the residence of the patients, and it was found that they came from all parts of the surrounding neighbourhood; from Westminster on the one side, and from Hammersmith and Barnes on the other, and between the two, from Pimlico, Chelsea, Fulham, etc.

Another objection might be raised; and that is, that the morbific matter might have been communicated from one out-patient to another, during the process of dressing, on sponges, etc.; but this fallacy has also been guarded against. For instance, in August of last year, a man was admitted with a crushed foot, for which amputation was performed. He was discharged with the wound nearly healed; he went down to Henley-on-Thames and remained there perfectly well, with the stump healing, till October 23rd, when phagedæna appeared in his stump, and he returned to London, and was readmitted. Again, a man was admitted suffering from phagedæna, who resided at King's Cross, and who had not been near the Hospital. Many other cases might be cited. It appears to me, then, that sufficient evidence has been adduced to prove that this epidemic did not arise from "overcrowding the hospital, want of cleanliness, ventilation, or from that accumulation of animal exhalations, arising from the sick and wounded, which is the source of various low forms of fever and allied diseases;" but that it was entirely due to some morbific matters in the atmosphere, some poison or ferment in the air, aided, no doubt, by want of cleanliness and ventilation among the poorer classes.

2. *Symptoms.* Regarding the symptoms, in different works, we find great diversity of opinion; and more especially as regards the constitutional symptoms, which, according to Blackadder, were secondary to the local disease, whilst Macleod and Hennen assert that the disease was always ushered in by premonitory febrile symptoms, such as pain in the head and eyes, loss of sleep, want of appetite, and quickness of the pulse, etc. In no instance, in the cases under review, was any constitutional fever observed, which might lead one to suspect the advent of phagedæna, before the local symptoms manifested themselves. The only premonitory sign which I observed was, in some cases, a total cessation of pain twenty-four hours prior to the attack; but this was by no means constant, and could not in any way be relied upon.

The constitutional symptoms, when they did appear, which was for the most part about the second or third day, were inflammatory in the first place, but quickly subsided into irritative fever, especially characterised by an extremely rapid and weak pulse.

The local symptoms presented themselves in two perfectly distinct forms, which for the sake of clearness and distinction, may be designated the gangrenous and the ulcerative.

When a wound, which has been previously healthy, is about to take on the gangrenous form, it becomes dry, and, losing its florid colour, becomes of an ashy grey; the surrounding parts are swollen, tumid and tense, of a bright red hue, and present a glossy and shining appearance; the colour soon becomes darker, and eventually black; the ulcer now spreads rapidly, and has a tendency to assume a circular form; the edges become hard, everted and rugged, and the surface covered with a thick dark grey or blackish spongy slough, which can only be compared, in appearance, to a yeast poultice. There is great tendency to œdema of surrounding parts, and in some instances, to inflammation of the absorbents, and even the veins. The pain is often extremely severe, of a sharp, stabbing character, but sometimes it is comparatively slight. The disease may extend, principally, however, confining itself to the skin and cellular tissue, until large surfaces of bone and muscle are exposed; it rarely, however, attacks these structures; vessels may be ulcerated into, and alarming hæmorrhage take place. After a time, however, its progress is arrested; upon visiting our patient, we notice a little row of tiny bead-like projections around the margin of the sore, or it may be in one part only; wherever these little granulations, for such I take them to be, are found, we may rest assured that the disease is stopped. Soon, now, the sloughs are thrown off in the form of reddish-brown, or greyish viscid masses, leaving a very sensitive surface, covered with pale flabby granulations, and it is astonishing with what rapidity these ulcers heal, when there is no bone implicated; they have, however, a tendency to a recurrence of the disease.

Case. William W., aged 24, labourer, was admitted as an out-patient, on October 1st, under Mr. Hewett. Three days before admission, he crushed his finger with a heavy stone, lacerating it very much; he applied water-dressing, but did not attend at the Hospital.

On admission, there was found to be a compound fracture of the middle phalanx, with considerable laceration and bruising of the soft parts, the injuries being such as to preclude the possibility of saving the finger. Amputation was therefore performed, and water-dressing applied.

The wound went on well, discharging healthy pus, till the sixth day, when he came complaining of intense pain in the part. The wound was found to be dry; it had lost its florid colour, and assumed a glossy coat. He was directed to apply a lotion, consisting of a drachm of solution of diacetate of lead and half an ounce of tincture of opium, with water to six ounces; and to take ten grains of chlorate of potash in an ounce and a half of distilled water every four hours, and five grains of compound soap-pill every night.

On the 9th, the whole of the flaps were black, and separated from the surrounding parts by deep excavated edges. The skin around was purple; and he complained of intense pain. He was ordered to take, every six hours, a cinchona draught with twenty minims of tincture of opium and ten grains of chlorate of potash; and to use a lotion of a drachm of carbolic acid, an ounce of glycerine, and a pint of water.

Oct. 12th. The whole of the finger was gangrenous, and the sloughing extended rapidly. The sore, which completely surrounded the finger, had acquired hard, prominent edges, the bottom of the cavity being lined with a blackish slough. His constitution had become affected; he suffered from cold sweats, had an anxious expression of countenance, and a quick, weak pulse. He was admitted into the Hospital. The treatment was continued. He was ordered to have ordinary diet, two pints of porter, and one pint of beef-tea daily.

Oct. 15th. The sloughing did not appear to have spread since his admission, but there was no tendency to a separation of the sloughs; and there was still considerable tumefaction and purple discoloration of the surrounding parts. He was ordered to have four ounces of brandy daily.

Oct. 17th. There were two or three black spots formed in the finger beyond the line of demarcation, which had been set up. The medicine was ordered to be taken every four hours.

Oct. 19th. The sloughing was again extending. He was in great pain; tongue furred; pulse very quick and weak. There was considerable redness and swelling of the arm, and the absorbents were inflamed as far as the axillary glands, which were enlarged. Fifteen grains of sulphite of soda were added to each dose of his mixture.

October 22nd. The gangrene still continued; the whole of these tissues were destroyed down to the bone, which protruded through the end of the wound. There was still great swelling of the arm. The dose of tincture of opium was increased to twenty-five minims.

Oct. 23rd. There was still no appearance of arrest of phagedæna. The dose of laudanum was increased to thirty minims.

Oct. 25th. There was very much less swelling of the arm; and the sore had not extended during the last twenty-four hours. He did not appear to suffer at all from the large doses of opium; in fact, he slept very little.

Oct. 27th. All sloughing had ceased, and a line of demarcation had been set up. Green ointment and a linseed-meal poultice were ordered.

No further extension of the disease took place. The process of separation, granulation, and cicatrisation, ran their ordinary course; the exposed bone was removed; and he was discharged on Nov. 14th.

This form of disease which I have attempted to describe, and which I have termed the gangrenous, because it is always accompanied by the formation of a slough, is the one commonly described in our works on surgery; but there is also another form of this disease, in which there is no slough formed, in which there is rapid molecular death, or in which there is simple melting away or liquefying of the parts. When a healthy sore takes on this form of disease, it assumes a greyish appearance; the surface is covered with a semi-gelatinous, greyish-blue fluid, without any appearance of slough; the edges, instead of being hard, rugged, and everted, are levelled and are gradually lost in the ulcer, melting away as it were, so that one is almost at a loss to say where the skin terminates; the discharge is very profuse, and covers in a thick layer the surface of the sore; no doubt giving it its peculiar appearance, which once seen could not be mistaken, but which it is difficult to describe. There is no redness or œdema of the surrounding parts; in fact, they are usually possessed of an unnatural pallor. The constitutional symptoms are of a very low, asthenic type, and the disease spreads with fearful rapidity; the parts liquefying, as it were—melting away much in the same way as a lump of ice in a warm room. The same appearance of a row of minute granulations around the sore, as in the gangrenous form, indicates the arrest of the disease; when these are once formed, the sore begins to lose its greyish-blue tinge and assume a reddish colour; granulations spring up; and the ulcer cicatrises in the ordinary manner.

Case. Joseph Short, aged 59, a pensioner, was admitted June 13th, 1863, under Mr. Lee, for necrosis of the great toe, for which amputation was performed. On July 9th, sloughing and secondary hæmorrhage supervened, necessitating the ligature of the dorsal artery of the foot, and afterwards, upon a recurrence from another source, of the posterior tibial artery. As a consequence of this, gangrene occurred, for which amputation was performed in the lower third of the leg on July 25th. Secondary hæmorrhage again came on, owing to the atheromatous state of the vessels, in the evening of the same day, and required the application of several ligatures. On the 27th, two days after the operation, the edges of the wound were found to be extremely pale, of a greyish ashy appearance, covered with a semi-gelatinous layer, which swayed backwards and forwards on being touched, but was adherent to the structures beneath. There was no defined edge; but the skin, where it adjoined the sore, became gradually shaded off, till it eventually assumed the colour of the sore. There was no swelling or tension of the limb, which was unnaturally pale. He was in no pain; the tongue was very dry; pulse 120, very weak, and occasionally intermittent. He was ordered to apply a lotion of permanganate of potash; to take a cinchona draught with ten grains of carbonate of ammonia every six hours, and ten minims of tincture of opium in camphor mixture every two hours; and to have daily six ounces of brandy, eight ounces of port wine, ordinary diet, and one pint of porter.

July 28th. The ulceration was extending with great rapidity. The whole of the anterior flap had gone, and the skin and cellular tissue of the lower, leaving the muscles exposed, and the bone projecting out of the end of the wound. He felt better and stronger in himself. The tongue was moister; the pulse stronger. He took all his nourishment. The medicine was continued; the wine was increased to twelve ounces daily; and he was ordered to have six ounces of brandy mixture (*Pharmacopœia*) in place of the brandy.

July 29th. The extension of the disease was now arrested. Around the margin of the bone, some granulations were springing up.

From this time the disease stopped; the wound gradually cicatrised; the bone exfoliated; and the stump was all but healed, when, unfortunately, he was attacked with erysipelas, from which he died.

3. *Treatment.* In considering this, we shall pass briefly in review the various modes of treatment, both local and constitutional, which were adopted here during the late outbreak; and then sum up with a few facts gathered from the cases under observation.

Local Remedies. Of these remedies, the one which usually ranks first, and is most highly extolled, is *nitric acid.* We are told that "the extension of the sore must be stopped by the free application of fuming nitric acid." If this application did stop the disease, we should be justified in using it; but, unfortunately, it appeared to be perfectly inert to effect this end. In spite of a thorough destruction of the sides and edges of the sore with the strongest acid, the disease still progressed. In one case in which it was used, the edges were destroyed twice, and still the disease continued; and, as it causes excruciating pain, it does not seem to me advisable to use it.

Carbolic Acid, as a remedial agent, has been brought before the profession during the last two years; and two eminent French physiologists, MM. Gratiolet and Lemaire, have made the important observation that, whilst it does not interfere with chemical fermentation, it completely arrests all vegetable and animal fermentations which arise from cryptogamic life. This remedy has been much extolled in checking sloughing and altering the character of ill-conditioned ulcers; and, though it does not appear to have any power of arresting phagedæna, it is an extremely useful application in these cases in destroying the offensive smell of the secretion, and in accelerating the separation of the slough. In several cases, this remedy was applied locally, all general treatment being avoided; and in no one instance was there sufficient evidence to justify one in assuming that it arrested the disease.

The transfusion of a stream of *chlorine gas* through the ward was tried in one or two instances, though not sufficiently often to establish any definite result. On August 6th, there were three cases of phagedæna in the Fitzwilliam Ward of this hospital. They were of different duration, and were all spreading, though in one there was some slight tendency to arrest. A gentle stream of chlorine gas was passed through the ward for eighteen hours, at the end of which time the phagedæna was arrested in all three cases. A man, having undergone amputation, was placed in a separate apartment. Two days after, he was attacked with phagedæna, which rapidly extended. A stream of chlorine was passed through the ward, and in forty-eight hours the disease was arrested. Though these facts are satisfactory, they are not conclusive, and are far too meagre to arrive at any just conclusions. Whether this remedy has any control over the disease, or not, there is no doubt that it must act beneficially, if in no other way, at least in destroying the disgusting effluvia, which it does in a preeminent degree, and is thus especially useful, particularly in hospitals, where so many sick are collected together in one room.

General Remedies. There is no doubt that *opium* is our sheet-anchor. After watching the wonderful effects of this drug, not in one or two cases, but in dozens, and after every other conceivable remedy had been tried and failed, I am confident that, if there is such a thing as a specific, opium is a specific for phagedæna, if properly administered, and in sufficient quantities. I have never seen it fail. The most obstinate case was that of William W., whose history is given above. He took laudanum in gradually increasing quantities for fifteen days, till at last he was taking nearly half an ounce in the twenty-four hours. This, however, subdued the disease. But this must not be regarded as a typical case. Instances have been seen in which a rapidly spreading sore has presented a perfectly clean and healthy surface under twenty-four hours' treatment by opium; and two or three days may be generally considered as ample time to stop the most rapidly spreading sore.

Chlorate of Potass. This remedy, from its known properties in checking unhealthy and gangrenous ulcerations, was largely tried in phagedæna, and with some amount of success; for, though it did not appear to arrest the disease, at all events not with the same certainty as opium, still it appeared to act beneficially in the cleaning of sores and the separation of sloughs; and, from a knowledge of its properties, it was supposed that it might act as a prophylactic, and prevent a recurrence of the disease, and was accordingly prescribed largely.

Ammonia possesses no power over the disease, but was often a necessary addition, on account of the very rapid prostration and the great deficiency of nervous power which is often observable in these cases.

Dr. Polli of Milan has lately introduced a class of medicines before the profession, as having the power of arresting putrefactive fermentation; viz., *sulphurous acid*, in combination with potass, soda, and lime. These remedies were tried in phagedæna; and the drug did not appear to exert any influence. It was given in several cases, and in no one instance was the slightest benefit obtained.

CASE. A man was admitted with a fracture of the leg on August 26th. On September 4th, phagedæna set in. He was ordered to take fifteen grains of sulphate of soda in water every three hours; and to use, for a lotion, a drachm of sulphite of soda to four ounces of water. He went on steadily with this treatment till September 12th, the disease still progressing; on that day, he was ordered opium, and the disease was entirely arrested in forty-eight hours.

The treatment, then, that has been adopted during the late outbreak, has been in the main opium, sometimes combined with ammonia or chlorate of potass, at other times alone; and a liberal diet. And, whatever may be the result of treatment in other epidemics, there is no doubt that, in the one under consideration, this plan was followed by the best results; in fact, it was the only one which really subdued the disease. Of forty-seven cases of which accurate records are kept, the average time which the opium took to subdue the disease was forty-eight hours, the shortest being twenty-four hours.

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GERMANIC MEDICAL EDUCATION.

As the subject of medical education is at present exciting so much interest in the profession, our readers will be doubtless interested to know how they manage these things in foreign countries. We, therefore, introduce a summary of a report by Dr. Jaccoud, who was last year sent by the French Minister of Public Instruction into Germany to study the organisation of the Faculties of Medicine in that country. His report—the result of his labours in that direction—has just been published. In an introduction, he shows that the term of dreaminess no longer applies to Germany, in so far at least as the study of the sciences, and of medicine in particular, is concerned. Germany has thrown off the transcendentalism of Schelling and of Hegel, and is now steadily following in the footsteps of Locke and Condillac.

A German University is formed by the union of the four faculties—theology, law, medicine, and philosophy. Of such universities, Germany has now twenty-five; viz., six in Austria, six in Prussia, one in Hanover, two in Saxony, three in Bavaria, two in Baden, one in Würtemberg, one in Mecklenburg-Schwerin, one in Holstein, and two in Hesse.

In each Faculty of Medicine, the instructors consist of three kinds of masters: ordinary professors, extraordinary professors, and private masters.

The number of ordinary professors is limited. The highest number varies between twelve and fourteen, and is only found in Berlin, Vienna, Prague—that is, in first-class faculties.

The mode of nomination of an ordinary professor is the same in all universities. The presentation is made by the ordinary professors themselves, and the nomination made by the crown. The faculties are proud and jealous of this privilege; and never has it happened that the sovereign has refused to ratify their choice.

The ordinary professors are nominated for life; and, at the end of thirty years' service, are entitled to a pension, which usually equals the professorial salary. The funds for payment of the professors are derived from fixed emoluments paid by the state, or by the university, if it be rich enough; from fees paid by the students; and from fees paid for lectures. The fixed salary varies with the importance of the university. At Vienna, it is 5,500 *francs* (£220). This sum is generally doubled or trebled by fees from the other sources of revenue indicated. Moreover, the fixed salary is increased every ten years from 500 to 1,500 *francs* (£20 to £60), according to the success and scientific value of the professor. With respect to this mode of payment, M. Jaccoud says:

> "Through this variableness in the salary, the university and the state reserve to themselves the power of considering the personal value of the professor. Through that part of his salary which comes from fees paid by the student, the professor is materially interested in the prosperity and growth of his Faculty; and through the sums derived from the payment of his lectures, he is directly interested in the success of his course."

In Vienna, there are thirteen ordinary professorial chairs; viz., one of descriptive anatomy; one of physiology and microscopical anatomy; one of general pathology; one of pathological anatomy; one of pharmacology; two midwifery chairs; two of surgery, clinical and pathological; two of medicine; one of hygiene and legal medicine; one of ophthalmology. Berlin has twelve chairs.

M. Jaccoud remarks, that in Germany there are no chairs for specialities, with the exception of that of ophthalmology at Vienna; and he hereon says:

> "Specialities, from a professional point of view, may be reasonable enough; but, from a scientific point of view, no Faculty should admit them. There is a chair of medicine and of surgery, and it is the business of the teachers thereof to satisfy all the eventualities of their programme. No special instruction is admitted into the classical and traditional circle of *ordinary instruction*. But then, on the other hand, the branches called special are largely represented in the instruction of the *extraordinary professors* and private masters."

The duties of the ordinary professors are heavy. All of them lecture during the two semesters, and none give less than five hours of lectures per week. The clinical professors have at least ten hours a week of lecturing, and sometimes fifteen or eighteen hours. Thus Virchow has seventeen hours a week of it!

The extraordinary chairs are not rigorously limited, as are the ordinary chairs. This system, under which several professors may hold forth on the same subject, leads to emulation—not always, we should think, of a desirable kind—between the professors. In Vienna, there are no less than thirteen extraordinary chairs; viz., dermatology; bandages, etc.; history of medicine; histology; diseases of children; midwifery; psychology; comparative anatomy; veterinary surgery—each of which has one chair. Syphilis and ophthalmology have each two chairs. Odontology alone is wanting. These studies are all required of the student; at least, at their examinations, they have to prove their knowledge of these special subjects of instruction.

The extraordinary professors are nominated by the Minister, on the proposal of the Faculty. Their nomination is for life. For the most part, they have no fixed salary, touching merely the fees derived from their lectures, which fees they themselves fix. Exceptionally, when the course is not of an attractive character, a fixed allowance is made to the professor. Thus, for example, the extraordinary professor of medical history and the clinical professor of diseases of children have each 2,500 *francs* (£100) per annum. Like the ordinary professors, the extraordinary are called upon to lecture during ten months of the year.

In addition to these professors, ordinary and extraordinary, there are private teachers (*privat-docenten*) engaged in the medical instruction of the Faculty. The position of private teacher is open to all Doctors of Medicine, and is obtained after special examination. The nomination to the office is made by the Faculty. The private teachers are obliged to give courses of lectures, choosing any subject for their discourse which belongs to the particular branch of study to which they were appointed. They are not, however, allowed to give a gratuitous course on any subject upon which a professor gives a paid course. Their term of office is not fixed; and out of their number the extraordinary professors are selected. They have no fixed salary, their pay being derived from the fees paid by the students who attend their lectures. Their lectures are official, however, and are given in the lecture-rooms of the university. These private teachers are very numerous. The Faculty of Vienna possesses twenty-seven, and Berlin twenty-two. In Prague there are thirteen, twelve in Breslau, and so on.

The Faculties, it must be observed, have a complete monopoly of education. No one outside the three classes of instructors spoken of has the right of giving lectures on any branch of medical science. The Faculties alone have the privilege of granting degrees, and alone have the privilege of giving instruction. There is no such thing as extra-academical —no free teaching.

> "To sum up," says M. Jaccoud, "ordinary professors nominated by the Sovereign, extraordinary professors nominated by the Minister, private masters nominated by the Faculty, form the three classes of professors, whose combination constitutes the official corps of instruction. All of them are obliged to lecture throughout the year, and all belong to the Faculty. The result of this organisation is to give to education a remarkable character of multiplicity and variety, and to excite an incessant activity in the

> Faculty. Moreover, a constant emulation is excited by it amongst the different members of the educating body; and this emulation is the corner-stone of the building. What more could be desired? True, there is no free teaching; but then this official teaching, conceived in a spirit of perfect liberality, supplies all that can be desired."

The monopoly granted under the old conservative system to the professors alone has been thus in a great degree removed by the introduction of the other two classes—the extraordinary professors and the private teachers.

On another occasion we will give our readers an account of the organisation of the students for whom this system of instruction is prepared.

ST. THOMAS'S REDIVIVUS.

St. Thomas's Hospital has at last arrived at a local habitation. The Court of Chancery has decided in favour of the Governors' site of Stangate. In some indefinite number of years from the present date, and when the foundations of the Stangate site have been laid in the muddy banks of the Thames, St. Thomas's Hospital will rise once again into an actual fact; we trust, a lasting monument of architectural skill and beauty, and perfect in its hygienic arrangements. Vice-Chancellor Wood does not seem to have had much difficulty in deciding upon Stangate site. It was impossible to withstand the certificates of the medical men who testified to its remarkable salubrity. Milbank Penitentiary and the *Dreadnought* Hospital were adduced as being healthy, even during the hot summers of 1857 and 1858. And then, again, it was said, is not the Hôtel Dieu on the banks of the Seine? One of the medical witnesses, indeed, went so far as to say:

> "I regard Stangate as not only the best possible site to be procured in London, but also as the noblest site possessed by any hospital in Europe."

Besides, the river, when purified (according to future expectations), will be a splendid means of ventilation.

> "After mature deliberation," said Mr. Rolt, for the Governors, "and relying upon the mass of medical testimony, not got up for the purpose, but given by their own officers and staff, who had examined and studied the hospitals all over Europe, the governors had come to the conclusion that the Stangate site was the best that could possibly be obtained for the new hospital. The objections to the Stangate site seemed to resolve themselves into the following: 1, that the hospital would be placed on the banks of a common sewer; and 2, that the banks of a tidal river, however unpolluted by sewage, were injurious as a place of residence, especially to hospital patients. As to the first objection, the answer was that the legislature would have cured the pollution of the Thames before the new hospital could be completed. As to the second, the theory of the unhealthiness of tidal rivers was now completely exploded. Without alluding to the case of the Hôtel Dieu at Paris, on the banks of the Seine, the healthy state of the *Dreadnought* at Greenwich, and especially of the Milbank Penitentiary, immediately opposite to the bone-boiling and other works, proved conclusively that any objections from proximity to the river were wholly unfounded. As to Bethlehem Hospital, the cost was more than double that of Stangate; and the governors were not agreed on the question of selling it. The Surrey Gardens were sunk in a well and in a most inaccessible position, the only advantage being a larger quantity of ground, which could hardly be utilised for hospital purposes. It was submitted, therefore, that on the grounds of accessibility and suitability for persons requiring the benefit of the hospital, convenience to the medical staff, and suitability for the health of the inmates, the Stangate site was the best that could be procured, and that the choice made by the acting governors ought to be sanctioned by the court."
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> "The proposed sites were reduced by elimination to four: 1. The Stangate site, between Lambeth Palace and Westminster Bridge, immediately fronting the river, comprising about 8½ acres, at a price of £95,000; 2. The site of Bethlehem Hospital, in St. George's Fields, comprising 11 acres, at the price of providing an equally good hospital, or £200,000; 3. The Surrey Gardens, of about 14½ acres, for £77,500, with immediate possession; 4. A tract of ground, partially built upon, at the back of Newington Church."

But the Vice-Chancellor remarked:

> "The real question was between the Surrey Gardens and Stangate; for the much larger price asked for Bethelem, without any corresponding advantages, put that site out of consideration." . . . The Governors, "with the unanimous consent of the Grand Committee and of their medical officers, had come to the conclusion that Stangate would be a proper situation for the new hospital. It was not, therefore, the function of the court to interfere with a choice thus deliberately and unanimously made, when no improper motive or influence could be shown to have prevailed. His Honour then proceeded to consider the evidence and the objections raised to Stangate, and came to the conclusion that the objections raised were not sufficient to show that that site ought not to be sanctioned. The Milbank Penitentiary, immediately opposite the bone nuisance and on the banks of the Thames, showed, by its healthy state, the results that might be obtained in such a situation by good management. The death-rate proved that Stangate was rather more healthy than other parts of the metropolis. The situation was very accessible, and would have the large river area in front, which could never be built over. The objection to the river situation was also answered by the success of the Hôtel Dieu on the banks of the Seine, one of the largest hospitals in Europe. It appeared upon the evidence that, although a model hospital had been recently established in Paris with a much larger area around it, the Hôtel Dieu had still retained its rank and success.* No doubt, as to size, cheapness, proximity to the original hospital, and more immediate occupation, there was evidence in favour of the Surrey Gardens; but, unless persuaded that the Stangate site was absolutely improper, and that there were overwhelming reasons for preferring the Surrey Gardens, he ought not to disturb the deliberate choice of the governors. He was not so persuaded, and the choice of the Stangate site would therefore be sanctioned by the Court."

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* We should be curious to see the data upon which the Vice-Chancellor has been led to make a comparison between the salubrity of Stangate and the salubrity of the Hôtel Dieu of Paris. It reminds us of the resemblance between Monmouth and Macedon: "There is a river at Monmouth and a river a Macedon." Editor.

THE BRITISH PHARMACOPŒIA.

The *British Pharmacopœia* does not appear to have taken by storm the hearts of the profession, of pharmaceutists, and of chemists. Whether this is a good or a bad sign of its merits, we cannot say: time will show. At present, the novelties and recommendations of this national drug-compendium meet with little favour. Critics are abundant, and friendly spirits few. Physicians who have been bred up in one certain alphabet of pharmacy naturally do not feel inclined to go to school a second time to learn their A, B, C. They seem to think that they already possessed sufficiently numerous and sufficiently powerful weapons before the days of the *British Pharmacopœia;* and being accustomed, in their attacks upon disease, to the use of the old *London Pharmacopœia* instruments, having taken their measure and felt their weight, and thus got the hand broken in to the handling of them, they may well be pardoned if they hesitate in resorting to novelties. If we may judge from what we hear to be the experience of respectable druggists in this matter, it will be a long day indeed before the *London Pharmacopœia* preparations are forgotten for the new British ones. And when we find the torrent of adverse criticisms with which the *British Pharmacopœia* is assailed on all sides, we need not be surprised at this. If the meaning of all this opposition were closely investigated, there would perhaps be found to lie at the bottom of it something much more serious than appears *primâ facie.* It strikes us that the profession, as a scientific body, view this *Pharmacopœia* as somewhat of an anomaly at the present moment. At the moment when men are all crying out for information as to the near effects and actual virtues and mode of operation of some of our most honoured, best known, and favourite remedies, they naturally regard with suspicion and hesitation what one may call the "last new thing" in the drug line. Every one knows that the more experienced a practitioner becomes, the fewer are the articles of the *Pharmacopœia* which he employs, or to which he pins his faith. What the practitioner really wants is a better knowledge of the weapons he already possesses, and not the introduction of a heap of new and doubtful articles into his *Pharmacopœia.*

Many will probably think, as we feel inclined to do, that the concoction of the *British Pharmacopœia* has been too much in the hands of those who are over deeply versed in the nature and qualities, chemical and botanical, of our materia medica; and that the presence amongst them of a few professors of medicine would have been of service. The eagerness of a certain number of the profession after new remedies (as they are called) is really marvellous at this advanced age of pathology and physiology; and still more marvellous is the ready credence which is often given, and on the most insufficient evidence, as to their alleged virtues. Who does not remember the tale of that romantic production from the backwoods of America—pucoon—and the clever Yankee cancer-curer? Then lately, again, we had the full assurance of an arrival from the same quarter of a positive cure for small-pox. Epilepsy, also, not long ago had its perfect counterblast discovered (for the three hundredth time) by a house of religious sisters in France; and the cure, or a knowledge of it, was duly imparted for our instruction.

What seems to us so much to be desired is, not an enormous compendium of the modes of manufacture and elegant preparations of all the remedies or supposed remedies which doctors have employed and patients swallowed, but a careful and solid investigation into the actual properties of the leading pharmaceutical articles which we employ. It is very well for the systematic writer to tell the student all about the history, chemical and physical properties, modes of preparation, etc., of any item of the *Pharmacopœia,* and to detail its *uses,* just as if he were doing a simple sum in arithmetic; but this is not what the practitioner requires. The practitioner of 1864 wants to get at the actual uses—not the mere book-descriptive uses—of the aforesaid articles. He soon discovers, when he gets to the bedside of the patient, that the remedies he employs do not in actual use exactly answer the description given of their operation in his books. The fact is, that, as regards the instruments of our attacks upon diseases, we are at present somewhat in the same position as our men of war seem to be in the matter of artillery. We have an overabundance of weapons, but a defective knowledge of their real and relative value. What a happy thing it would be, if the Medical Council would expend a few thousands in ascertaining the effects of all the splendid category of drugs which it now offers to the consideration of the nation.

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The thanks of the profession are due to the Edinburgh College of Physicians for attempting to secure to medical men proper protection in the performance of their duty of signing certificates of lunacy. At a meeting of the College on February 19th, the following resolutions were agreed to:

"1. That the Royal College of Physicians of Edinburgh recognises it to be its duty, in accordance with its original Charter (1681), to promote medical science, and also to protect the interests of the medical profession and of the public; and that, accordingly, the College has endeavoured, on various occasions, to establish a sound relation between the profession and the public in the matter of certificates in lunacy.

"2. That the duty of signing certificates in lunacy is one at all times painful and disagreeable, and one peculiarly liable to bring the medical man discharging it into collision with the patient or his friends; and, therefore, one of which, were it practicable, the College feels satisfied the profession would gladly be relieved.

"3. That the duty of signing certificates in lunacy appears, nevertheless, to the College, indispensable as a part of medical practice; and that both the public interest and the welfare of the insane themselves require that it shall be performed as freely as is consistent with proper securities against abuse.

"4. That the peculiarity of the position of medical men in signing such certificates is, that they are thereby brought in contact with persons who are not in full possession of their senses, and who, even after their discharge from an asylum, frequently retain a prejudiced or revengeful feeling against those by whom they were placed under treatment.

"5. That the Royal College of Physicians approves of every reasonable security being given to patients and their friends, in regard to confinement in asylums; and, therefore, was in favour of Section xxxviii of the Lunacy Act (Vict. 20 and 21, cap. 71) which provides that, "If any person shall grant any such certificate or statement as aforesaid without having seen and carefully examined the person to whom it relates, at the time and in the manner specified in such certificate, with a view to ascertain the condition of such person to the best of his knowledge and power, he shall be guilty of an offence, and shall for every such offence be liable in a penalty not exceeding fifty pounds; and if any person shall wilfully and falsely grant any such certificate, to the effect of any person being a lunatic, the person so granting such certificate shall be guilty of an offence, and for every such offence be liable in a penalty not exceeding three hundred pounds, or be liable to imprisonment for any period not exceeding twelve months.' Prosecutions for these offences would be undertaken by a public prosecutor, who may be supposed to act without prejudice in the matter.

"6. That the Royal College of Physicians has repeatedly endeavoured, during the progress of recent legislation in lunacy, to secure the introduction into bills before Parliament, of clauses extending to medical men some protection, unless in cases where they have signed certificates in lunacy without 'probable cause.'

"7. That the Royal College of Physicians is still of opinion that the legislature, which imposes by statute on medical men the duty of signing certificates in lunacy, is bound to give them some protection in honestly endeavouring to discharge that duty. The College, therefore, instructs the Council to spare no efforts to secure the introduction of a clause affording some protection, into any measure which may be brought before Parliament during the present session."

The Committee appointed to manage the fund collected for the purpose of defraying the expenses of the late trial, in which Dr. Lingen was so unjustly made defendant, have resolved, after paying all the legal costs, to expend the balance of the sum collected in the purchase of a valuable piece of plate, to be presented to Dr. Lingen. We must say, that we regret this decision of the Committee, for two reasons especially; first, because we cannot think that this is the occasion on which to present a testimonial to Dr. Lingen; and, secondly, because such an expenditure of money may operate in future in deterring the profession from assisting their medical brethren on occasions of this kind. The managers of the Fraser Fund have, as we deem it, much more wisely given the balance of their subscriptions to the Fund of the Widows and Orphans. The present occasion would have been an excellent one for the establishing of a fund for the purpose of assisting any of our medical brethren who may, on any future occasions, fall into such cruel difficulties as those referred to.

The Council of the Royal College of Surgeons has, as is stated in an advertisement which appears in this day's Journal, rescinded the regulation under which graduates in medicine of Oxford, Cambridge, and London, were admitted to the fellowship after an examination in surgery only. Consequently, all university graduates who intend to present themselves at the next examination for the fellowship diploma, must be prepared for having their knowledge tested in all the other subjects, an acquaintance with which is required from other candidates for the diploma. The change appears to have been made very suddenly, and will doubtless cause much agitation among university men who have been intending to compete for the fellowship under the hitherto existing regulations.

In 1862, 19,545 soldiers of the Prussian army were vaccinated. Of these, 16,669 had cicatrices of former vaccinations; 1852 indistinct traces of cicatrices; and 1024 no trace at all. The vaccination was regular and normal in 12,272 soldiers; irregular in 2738; and unsuccessful in 4534.

M. Delpech has been elected a member of the Section of Hygiene of the Academy of Medicine.

The journals announce the death of M. Ribes, Professor of Hygiene, at Montpellier.

MM. Demarquay and Lecomte, as the result of the second part of their researches concerning the effects of oxygen, tell us—that oxygen, when applied to old or recent wounds, produces little pain, but that it eventually gives rise to considerable reaction; that it may be injected into the mucous or serous cavities without causing any accidents; that it may be respired for a long time in doses of from twenty to forty *litres* per day without causing accidents; and that its peculiar properties are to increase the animal forces—exciting the assimilating powers and increasing the appetite.

Every one has heard of the industrious fleas; and now we are told, in *Cosmos*, of the industrious spiders. M. Duchesne-Thoureau has so managed these animals as to make them weave a piece of tissue, of which he sends a fragment to the *Cosmos*. "The specimen sent us," says *Cosmos*, "considerably resembles amadon." M. Thoureau is certain that, by the aid of these animals, warm and soft carpets, equal to our largest ones, may be obtained!

Progress of Medical Science.

SURGERY.

Hæmorrhage from the Ears. Discharge of blood from the ears, M. Triquet observes, is very common; its causes are numerous and varied; the difficulty of distinguishing them is great; the prognosis requires caution; and the treatment requires particular care on the part of the surgeon. Hence he proposes to sum up his experience on the subject.

The *causes* of otorrhagia are various.

A. The hæmorrhage may be traumatic; and its source may be—I. Accidental; or II. Surgical.

B. It may occur pathologically from disease.

C. Otorrhagia may substitute or supplement other discharges, as the catamenia.

A. I. *Accidental Traumatic Hæmorrhage.* 1. *Fracture of the Petrous Bone.* In fracture of the skull by indirect cause, or by *contre coup*, the petrous bone may be broken across. If, in this case, the sinuses be opened and the membrana tympani ruptured, the injury is immediately followed by a discharge of blood on the affected side, which may continue during several days. In cases of double fracture, the hæmorrhage takes place from both ears. The nature and suddenness of the accident—for instance, a blow, or a fall on the head or on the feet—and the instant flow of blood from the ear, leave no doubt as to the nature of the injury. In fact, otorrhagia may in such cases be regarded as a symptom of fracture of the petrous bone. Sir A. Cooper, however, gives the case of a pugilist, who lost a considerable quantity of blood from the ear after receiving a violent blow from the fist on the side of the head; the membrana tympani alone was ruptured. Blows on the lower jaw (on the chin) are also sometimes attended with fracture of the temporal bone and discharge of blood from one or both ears. Cases of this kind would doubtless be more frequent if the effect of blows and of falls on the chin were not deadened by the tempora-maxillary interarticular cartilage. In old persons, in whom the anterior wall of the auditory canal is thinned and perforated, a fall on the chin may readily produce fracture and hæmorrhage from the ear. Cases in which blows or falls on the lower jaw have been attended with otorrhagia have been mentioned by Dr. Morvan (*Arch. Gén. de Méd.*, 1856), and by Voltolini of Dresden (*Virchow's Archiv*, vol. xiii).

2. *Wounds of the Auditory Canal and of the Tympanum.* *a.* Foreign bodies in the ear, animate or inanimate, may wound its membrane and produce a discharge of blood. An examination of the history of the case, and direct inspection of the ear, will lead to an easy recognition of the situation and cause of the hæmorrhage. When the hæmorrhage has been caused by insects, the previous history is of great value. Thus, it has been found that a patient had been long subject to otorrhœa; that he lived in the country during the summer, and sometimes slept in the fields; that he had been awakened by a violent pain in the ear, and that a sanguineous discharge had soon appeared. If the auditory canal be examined by means of a speculum, the presence of a foreign body attached to the walls of the canal or of the membrana tympani may be readily detected.

b. Otorrhagia is often produced by rupture of the membrana tympani; (1) during the paroxysms of hooping-cough or of asthma; (2) during sneezing; (3) during strangulation or hanging; (4) during catheterism of the Eustachian tubes; (5) in ascending high mountains or descending into low valleys. In all these cases, the mechanism of the rupture is easily understood. Thus, in hooping-cough, asthma, etc., the air is driven with violence through the Eustachian tube into the tympanum, the membrane of which, being delicate and incapable of offering much resistance, is ruptured at its weakest point—near the insertion of the handle of the malleus. The laceration was triangular in one, and linear in seven, of eight cases noticed by M. Triquet. Fabricius Hildanus relates, and M. Triquet has seen, instances in which the membrana tympani has been ruptured, with considerable otorrhagia, during vomiting by intoxicated persons. M. Triquet has seen the same accident occur in bathers, from throwing themselves into cold baths from a great height. In artillerymen, the membrana tympani is ruptured by the column of air which is thrown violently into the auditory canal during the discharge of large pieces. M. Triquet has also seen rupture of the tympanic membrane and otorrhagia produced by a violent clap of thunder.

c. Discharge of blood from the ears in strangulation and hanging is attributed by Wilde and Geoghegan of Dublin (who first directed attention to the subject), to simultaneous rupture of the mucous membrane of the middle ear and of the membrana tympani. In a figure given by Wilde, the laceration is cordiform, and is situated close to the tubercle of the malleus. In this same category must be placed the otorrhagia experienced in ascending mountains or descending valleys. The sudden diminution or increase of the atmospheric pressure on the tympanum may produced its rupture, or may permit the blood to escape from its thin capillaries.

II. *Surgical Traumatic Causes.* In sounding the Eustachian tube, however little the membrana tympani may have been softened by chronic inflammation—generally strumous—its rupture readily takes place, and gives rise to an immediate and abundant discharge of blood. In other cases, the surgeon produces a discharge of blood for therapeutical purposes; as in puncture of the membrana tympani to evacuate mucous or purulent collections in the middle ear; or in scarification of the mucous membrane of the external meatus. Discharge of blood may also arrest the surgeon's proceedings in his attempt to extract foreign bodies from the ear, either in consequence of the membrane being lacerated by his instrument, or more frequently because, by attempting to seize the foreign body, it has been roughly pushed back into the middle ear, through the membrana tympani, which has been lacerated or destroyed in the attempts at extraction made by the surgeon himself or without his knowledge.

B. *Pathological Otorrhagiæ.* 1. First among these comes the discharge of blood, often mixed with pus, which takes place from the ear during severe attacks of fever, as typhoid, small-pox, etc.

2. Granulations of the auditory canal, which almost always accompany chronic catarrh, often give rise, in weak, lymphatic, or strumous subjects, to discharges of blood, sometimes rather abundant. M. Triquet was lately consulted by a student, who had, in this way, lost at one time more than two ounces of blood. The source of the hæmorrhage is readily ascertained by examination with the speculum in a good light.

3. When old ceruminous concretions, condensed, and almost as hard as flint, have for a long time pressed against the walls of the canal, on which they are moulded, the epithelium, softened and adherent to the morbid mass, is ordinarily detached with it, either whole or in pieces, under the influence of means employed for this purpose. The sudden exposure of the papillary layer of the lining membrane of the meatus very often produces slight hæmorrhage, which is indeed of no importance, but frightens the

patient, and may cause him to lose confidence in his surgeon.

4. In chronic otitis, generally in scrofulous cases, accompanied by destruction of the membrana tympani, with granulations of the mucous membrane of the middle ear, rather obstinate hæmorrhage is apt to occur during coughing in bronchitis or pertussis, or during crying in children, etc. The sudden flow of blood which then takes place towards the head produces congestion of the granulations of the middle ear, and produces rupture of some of the capillaries. Hæmorrhage is also produced in attempts to explore these granulations by a fine instrument, for the purpose of discovering their number, consistence, seat, etc.

5. In the same manner, hæmorrhage from the ear is produced in the exploration of polypi and fungous growths in the ear by means of a stylet or sound. It is, however, impossible to gain an accurate idea of their depth, or of the number of their roots, without employing this method of exploration.

6. Caries and necrosis of the petrous bone, scrofulous abscesses, and the secondary otitis which attends severe attacks of fever, may produce fatal hæmorrhage from the ears. Thus, when the necrosis involves the carotid canal, blood escapes in abundance through the ear if a spiculum of bone wound the internal carotid. In such cases, hæmorrhage has always been followed by death, notwithstanding the application of all the resources of surgery, including ligature of the common carotid. Cases of this kind have been related by Porter (Graves's *Clinical Medicine*), by Syme (*Edin. Monthly Journal*), and by Toynbee (*Descriptive Catalogue*).

7. Fungous growth of the dura mater may, after destroying the membranes and the bone, penetrate into the cavities of the ear. A prolongation of the growth may project into the external meatus and give rise to hæmorrhage, and thus mislead even an experienced practitioner, as happened in some cases mentioned by Thibault.

C. *Supplementary or Substitutive Hæmorrhage.* Hæmorrhage from the ear may replace a normal flux, such as the catamenia; or it may follow accidental discharges, as those from piles, old ulcers, etc.; or it may supplement imperfect menstruation. Hæmorrhages from the nose, mouth, or eyes, have also been observed to bear the same relations to the catamenia. M. Triquet was once consulted by a young lady 17 or 18 years of age, who had a discharge of blood from the left ear at each menstrual period. On careful examination, the right ear was found to be perfectly healthy. In the left ear, the membrana tympani was almost entirely destroyed; and the middle ear was filled with large reddish granulations, from the surface of which the blood escaped. The patient's mother stated that, when a child, she had had a purulent discharge from the left ear; that it existed at the time of her first menstruation, and was then replaced by the sanguineous discharges. In the intervals between the catamenial periods, the purulent discharge reappeared—the two discharges thus alternating. M. Triquet has since observed two similar instances.

The *differential diagnosis* of discharges of blood from the ear under various circumstances often presents great difficulties. In otorrhagia attending fracture of the petrous bone, the surgeon is guided by the history of the case, in which there has been a fall or blow, immediately followed by a sanguineous discharge from the ear; and his diagnosis is confirmed by the presence of other signs of injury of the head. The same course of investigation is to be followed in the case of foreign bodies in the ear. The surgeon will find that the patient has introduced into his ear a pin, a needle, a piece of glass, etc.; or that he has slept in the fields during the summer, and that on awaking he has felt pain, accompanied by a flow of blood. In this case, we may be certain that an insect has entered the auditory canal, and that the puncture made by it is the source of the hæmorrhage. Moreover, a careful examination with the speculum will render the diagnosis certain. When the hæmorrhage arises from rupture of the membrana tympani during hooping-cough, catheterism of the Eustachian tube, strangulation, etc., the nature of the case will be readily learned.

But the difficulties of diagnosis become far more serious, when we have to determine the cause of the discharge which sometimes accompanies chronic diseases of the ear. If there be an indurated ceruminous mass, simple examination with the speculum will be sufficient; but if granulations, a fungous growth, or a polypus come into view, the differential diagnosis is sometimes very obscure. If, however, the patient be scrofulous, and have chronic otorrhœa, the discharge of blood will have its source in granulations of the mucous membrane of the middle ear; and this fact may always be ascertained by examining the ear with a speculum, and introducing a probe, which, on touching the granulations, will at once produce hæmorrhage, as it will also do in the case of polypi or fungus. In cases where fungus of the dura mater projects into the ear and gives rise to hæmorrhage, the diagnosis is surrounded with very great difficulties; and the existence of a fungus of the dura mater cannot, in truth, be rationally suspected until a projection is seen on the skull. The other symptoms, such as headache and pain, may be absent; and other signs are too uncertain. Hæmorrhage arising from caries or necrosis of the petrous bone, or from secondary scrofulous abscesses, may be easily recognised by examination with the speculum and a probe: the greatest gentleness, however, is necessary, as the sequestrum of the petrous bone may be very readily displaced, and perhaps produce a fatal wound of the internal carotid. In otorrhagia supplementary to menstruation, the coincidence of the discharge with the catamenial period will remove all doubts as to diagnosis, and will afford sure indications as to treatment.

The *prognosis* is grave in all cases; because the life of the patient may be endangered, as in fractures of the skull, in fungous growths, and in necrosis of the petrous bone. And, even where life is not threatened, there is still room to fear that the patient will become more or less deaf, as in laceration or destruction of the membrana tympani, which necessarily deranges the arrangement of the auditory ossicles, and more or less complete abolition of the sense of hearing. (*Gaz. des Hôp.*, Jan. 19, 1864.)

DIAGNOSIS OF EMBOLISM. At a meeting of the Surgical Society of Paris on December 23rd, M. Broca communicated some observations which he had made on the temperature of limbs in which the principal artery has been obliterated. [Some previous observations made by him on this subject are noticed in the BRITISH MEDICAL JOURNAL for February 22nd, 1862.] His object was now to relate a case, showing that thermometric examination will determine when gangrene in a limb is not due to embolism. An old woman had on her foot a slight sore, which became covered by a persistent cicatrix. On December 4th, severe pain was felt in the leg; she had fever, and a black phlyctæna was formed round the crust. On application of the thermometer, it was ascertained that there was a fall of 1° cent. in the entire limb; whereas in embolism the temperature is only affected below the seat of obstruction. Death occurred ten days afterwards. On *post mortem* examination, there was found to be an atheromatous state of the femoral artery; and its calibre was reduced to the size of the radial by the deposition of fibrinous layers in its interior. The artery was completely obliterated by a clot which had lately formed, and which was the cause of the gangrene. The successive deposition of fibrine explained the gradual retardation of the circulation of the limb. (*Gaz. des Hôp.*, Jan. 5, 1864.)

Trephining the Mastoid Process. M. Follin has communicated to the Surgical Society of Paris the history of a case in which the mastoid process was trephined, for abscess of the mastoid cells consecutive on inflammation of the middle ear. The patient, aged 44, was habitually of good health; but from his youth had been subject to throat-affections, and latterly scarcely a year had passed without his having one or two attacks of acute angina, generally ending in abscess. After one of these attacks, occurring in March 1863, he was seized suddenly, early in April, with severe pain in the right ear. Three days afterwards, there was an abundant purulent discharge from the ear; and he was deaf. During six weeks, the pain was incessant and unbearable; it extended to the whole of the right side of the head, and was accompanied by fever and delirium, especially at night. During the next six months, the discharge and deafness continued, but the pain diminished slightly, presenting exacerbations and remissions. At the end of first month of the disease, a slight swelling was observed in the right mastoid region; and pressure on this part caused pain. Latterly, the skin here had assumed an erysipelatous redness; and the pain had increased. A medical man applied a seton below the mastoid region; this had no effect on the main disease, but seemed to allay the pain a little.

The patient now came to Paris to consult M. Follin. At this time, the mastoid region was swollen, reddish, and tender to the touch; pus escaped abundantly from the ear; and the patient, tormented by incessant pain in the right side of the head, had sleepless nights. There was no abscess apparent externally, nor any fistulous passage. M. Follin arrived at the conclusion, that there was pus in the mastoid cells, and advised the use of the trephine. Accordingly, on November 18th, a crucial incision was made over the mastoid region; and the four flaps were carefully dissected back so as to expose the bone. The periosteum having been also divided and raised, a small trephine was applied, and a piece of bone, seven *millimètres* (rather more than a quarter of an inch) in diameter was removed. The mastoid cells were then seen to be filled with a large quantity of pus. M. Follin then enlarged the edges of the opening in the bone so as to give it a conical form, and introduced some charpie; the edges of the incision were kept apart to prevent too rapid cicatrisation; and simple dressing was applied.

The next day, pus had ceased to be discharged from the ear, and the pain in the head ceased. The wound suppurated gradually, and granulations soon appeared. The pus contained in the mastoid cells escaped regularly; and the otorrhœa entirely disappeared. The only accident during the patient's recovery was very slight inflammation of the cervical glands. A month after the operation, the opening was entirely cicatrised; and the patient was relieved of all his symptoms, continuing, however, deaf in the right ear—which is not astonishing, when it is considered what an extensive amount of disease must have existed prior to the operation.

In two other cases, formerly communicated to the same Society by M. Follin, trephining of the mastoid process was performed successfully in similar circumstances; but in these there were also fistulous openings in the mastoid region. (*Gaz. des Hôpitaux*, Jan. 5, 1864.)

Association Intelligence.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, the 10th of March, at a quarter before Three o'clock p.m., *for Three precisely.*

Business.—To receive the Treasurer's Financial Report.

To appoint Adjudicators of the Annual Prize Essays.

To fix the time of the Annual Meeting.

Any other business which may be brought forward.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, 23rd February, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Birmingham and Midland Counties. [Ordinary.]	Medical Department of the Birmingham Library.	Thursday, March 10th, 6 p.m.
North Wales. [Intermediate.]	Dr. Davies's House, Holywell.	Tuesday, March 22nd, 1 p.m.

Reports of Societies.

WESTERN MEDICAL AND SURGICAL SOCIETY.

February 5th, 1864.

A. W. Barclay, M.D., President, in the Chair.

VESICO-UTERINE FISTULA: PREGNANCY AFTER CLOSURE OF THE OS UTERI BY OPERATION.

BY JAMES R. LANE, F.R.C.S.

In November 1862, the author had read a communication to the Society, on the subject of Vesico-Uterine Fistula, embodying the earlier history of the case in question, the sequel of which had been most singular and unexpected.

The patient, who stated her age to be 45, was first admitted into St. Mary's Hospital in May 1862, with incontinence of urine, the result of a protracted labour four months previously. On investigation, the escape was found to take place through a fistulous communication which had been established between the bladder and the canal of the cervix uteri, about half an inch above the os. In consequence of the inaccessible position of the fistula, the only safe and feasible mode of relieving her appeared to be to close the os uteri by a plastic operation, leaving the fistula itself uninterfered with, and depending upon it to afford an outlet through which the menstrual fluid could escape into the bladder. This was accordingly done on May 14th, 1862, the patient having been told that it would render future pregnancy impossible. The edges of the os uteri were denuded and brought together with silver wire sutures; and the success of the operation was complete. The incontinence of urine was arrested from that moment; the wound healed soundly; and she left the hospital quite well in three weeks. About a week after the operation, menstruation came on; and the discharge took place through the bladder, mixed with the urine, without pain or inconvenience. This was continued in the same way for three sucessive periods, in July, August, and September; after which she ceased to menstruate, and the extraordinary part of her history commenced.

Towards the end of the year 1862, she again applied to Mr. Lane, informing him that she had ceased to menstruate since September, and that she was increasing in size. She had still perfect control over her urine, and the os uteri appeared firmly closed; but there was an evident tumour in the hypogastric region, which appeared to be an enlarged uterus. The conclusion arrived at from these facts was, that the fistulous opening had spontaneously closed, or had become in some way blocked up, and that the menstrual fluid had accumulated within the uterus, and was the cause of the enlargement. Pregnancy, with the os uteri firmly closed, seemed to be out of the question. The appropriate treatment, therefore, appeared to be to re-open the os uteri, to allow the accumulation to escape; when, supposing the fistula to be really closed, she would be restored to her original and normal condition. This was accordingly done on January 10th, 1863, but not without some difficulty, owing to the firmness and thickness of the uniting medium. Nothing but a few drops of blood appeared when the puncture was made; but a considerable quantity of watery fluid escaped during the same afternoon. It, however, ceased in a short time, and was not repeated. On the second night after the puncture, she was taken ill; and, to the surprise of every one, a fœtus of about four months date made its appearance. The watery discharge which followed the puncture was, therefore, doubtless the liquor amnii, and was thus clearly accounted for. The patient recovered rapidly from her miscarriage; but the cicatrix of the operation was of course completely broken down, and the os uteri widely reopened. The urine escaped through it precisely as before the first operation, thus showing that no change had taken place in the condition of the fistula.

She left the hospital after this; but soon returned, with an earnest desire to have the original operation repeated. This was done on March 4th, 1863, in the same way as before, and with the same result. The incontinence was again completely cured; she again menstruated through her bladder, and continued to do so regularly for six months after the operation; since which time she has not made her appearance at the hospital.

The question was, how impregnation could have been effected in this case. It had been suggested, that the semen might have passed through the urethra and bladder into the uterus. The author, however, was more inclined to the belief that some minute capillary communication might have existed through the os uteri, or in its neighbourhood—possibly along the tract of one of the wire sutures. If this were the true explanation, it was a very curious and interesting fact, that an aperture, which was so minute as to be quite undiscoverable by repeated examination, and which never gave vent to an appreciable amount of urine or menstrual fluid, should have sufficed for the purpose of impregnation.

With reference to the question, whether it was right to repeat the original operation, seeing that it had failed in permanently effecting its object, and had not prevented impregnation, the author observed that, in his judgment, it was the best thing that could be done; first, because he believed that the pregnancy in this case was entirely an exceptional occurrence, and not likely to recur; and, secondly, because it was the only safe means by which the patient could be relieved, with tolerable certainty, from the distressing condition in which she was placed.

Correspondence.

IRIDECTOMY.

Letter from S. Browne, L.K.&Q.C.P.I.

Sir,—When at first I read Mr. Bowman's rejoinder to my communication on the subject of iridectomy, I felt disposed not to notice it; but, upon further consideration, I am led to believe that I should not pass it by in silence, lest Mr. Bowman might construe that silence to mean discourtesy, and also lest the readers of your Journal, who might not take the trouble of comparing my letter with the reply to it, should consider the criticism fair and candid; while I cannot regard it in that light, but as based mainly upon assumptions for which my letter does not afford reasonable pretext. With your permission, therefore, I shall now briefly take a survey of Mr. Bowman's contribution which was published in the British Medical Journal on February 20th.

In limine, I may say that the allusion to me as "so imposing an authority" is not justified by the views which I had endeavoured humbly to set forth, nor by the fact that Mr. Haynes Walton's able work on the *Diseases of the Eye* had been dedicated, in a friendly spirit, to myself. No one should know better than Mr. Bowman that the mere fact of having had a book, though the best of its kind, dedicated to me, gives me no claim whatever to be considered an authority, much less an "imposing authority", on the subject of which it treats! Hence, to use Mr. Bowman's expression, I must "unaffectedly disclaim" the compliment.

In replying to my letter, Mr. Bowman has avoided reference to the pertinent questions which it has raised, and, in his quotations from it, has left out those portions which he perhaps could not conveniently answer; while again, in some instances, he assumes what my letter does not admit, yet thence draws conclusions which are inaccurate.

A few brief references to my former communication will suffice to establish the preceding observations. "For several years I have devoted considerable time and attention to learn, if possible, the *exact* nature of the disease of the eye named glaucoma by the iridectomists"—so far Mr. Bowman quotes, but he omits "and to comprehend the *rationale* of the operation said to be successful in restoring sight which had suffered injury, or had been lost, through that affection. Well, the result of my inquiries and experience is, that the so-called glaucoma has not yet been accurately defined, not has the operation for its 'cure' been yet based upon the recognised principles of scientific surgery. It is true that various writers upon the subject have endeavoured to enunciate the one and to expound the principles of the other; but these have differed so widely, both in the pathology of the disease and in the *rationale* of the operation, that it must be obvious to an unprejudiced observer, which I claim to be, that in the school of the iridectomists there is not yet any settled understanding, no determinate principles upon which its disciples fully agree." Thus it will be seen that Mr. Bowman has left untouched the *very question which it behoved him to reconcile when he noticed the sentence.*

Again, I wrote: "In some of those cases I have referred to as glaucomatous, I performed, with all the care I could exercise, the operation of removing a portion of the iris—about a sixth of its extent; and although, by this step, I have alleviated, in some cases only temporarily, the suffering of the patient, I regret that I have not in any instance been able to restore the sight to a more perfect condition than I had produced by medical treatment and by evacuating the aqueous humour." Now, will it be believed that Mr. Bowman's notice of this paragraph amounts to the assertion that "the natural conclusion is, that this destructive disease had virtually run its course before the tardy remedy was applied, and that his operation must have been performed when little or no rational hope could have remained of the recovery of sight? So that no one need be at all surprised, when Dr. Browne insists upon his own experience of iridectomy in the treatment of glaucoma having only afforded him negative results. We might rather have been surprised had it been otherwise." Now, what evidence does my letter afford that the cases which I selected for operation were those in which "this destructive disease had virtually run its course"? There is none.

Again, because I have not specially referred to the "premonitory signs" of glaucoma, Mr. Bowman assumes that I cannot have yet recognised them. Just so! And thus, throughout his *critique*, he fully realises the expectations that I had formerly expressed; viz., "that after all these observations, I may be told, *as others have been*, that I am incapable of recognising a truly glaucomatous condition of the eye, and hence that I cannot appreciate the *nice* principles of iridectomy"! In fact, take his letter throughout, and he complacently ignores my knowledge, and by implication, in more than one paragraph, he infers that I know very little about the subjects of glaucoma and iridectomy. I may make bold to ask Mr. Bowman this question: Does he consider himself and those of his school to be the only ophthalmic surgeons who are competent, careful, and truthful observers? And are the several writers who have disputed his views, among whom are several distinguished English and Irish surgeons, held by him to be incapable of recognising the true features of glaucoma? If they are all ranked in the same category with myself, then I am in respectable company, and may rest contented.

I hope, however, that Mr. Bowman will endeavour to reconcile the following statement with the fact that the acute stage of glaucoma, *not the "premonitory"*, has been frequently recommended by the iridectomists as that in which the happiest results might be anticipated from their "brilliant operation". He says: "It is also very well known *now* that the acutely inflammatory glaucoma is, in the greater number of instances, preceded by a *premonitory period*" (the italics are mine), "in which there is either *no apparent inflammation*, or but very little; and that *it is particularly important* not to overlook *the disease at this stage*, inasmuch as iridectomy *is especially valuable before the severe inflammation sets in*, which is attended by its own special hazards of spoiling the structures it involves"! The illogical character of this sentence I may let pass; but I must inquire about this change in the views of the iridectomists; for while, some time back, the acute stage of glaucoma was stated to be *the proper* time for operating, "now *we*" (the iridectomists) "know better", and the *premonitory period* is the occasion when the surgeon should interfere to prevent the eye from being "*spoiled*". I very much fear, however, that any such interference would be, and is, when carried out, unwarrantable, and would be also the certain method, not the mere hazard, of "spoiling" the eye. The recommendation, in fact, amounts to this: *Mutilate* the eye that has only slight "premonitory signs" of glaucoma, in anticipation of the hazard that might possibly spring from the "spoiling" process of inflammation—inflammation that may never arise!

"Concerning the *ophthalmoscopic signs* of glaucoma, Dr. Browne is absolutely silent." So writes Mr. Bowman, and implies that I am not, consequently, acquainted with the use of that valuable instrument. My silence leads not legitimately to any such conclusion, and I must deny the impeachment. I may, however, say that until the *exact* pathology of the so-called glaucoma shall have been more clearly defined and *settled* among the iridectomists than it is at present, *ordinary* observers will labour under considerable difficulty with regard to the value of these "*ophthalmoscopic signs*".

Then, again, "concerning *tension*," Mr. Bowman says, that Dr. Browne has taken "pains to explain that he is unable, by means of touch, to discriminate between glaucomatous and various other diseases"—I presume, he means of the eyes. Well, I have no hesitation to repeat the confession, and to express my belief also, that no other person can make any such discrimination by the sense of touch alone. In a foot-note, on this question, he says, "I allow *augmented tension* in certain forms or stages of these"; viz., "acute choroidal, corneal, and iritic inflammations"; but then comes the saving clause; for he adds, "*where there is glaucomatous complication.*"

Oh! then Mr. Bowman *does "allow"*—I presume he means he admits—that "*augmented tension*" is to be found in "acute choroidal, corneal, and iritic inflammation"; but always "where there is glaucomatous complications." Now, may I ask, how he discovers, in a case of acute inflammation of the deep tissues of the eye, when these "glaucomatous complications" exist, and when they are not present? To the uninitiated, of whom I am one, the exact method of making the discovery would be important information.

And now, sir, before I conclude, I beg to remind Mr. Bowman, with all respect, that while, as I have already said, I do not demur to his holding his own views regarding my competency or incompetency of dealing with the subject under discussion, I must be permitted to say, that he exceeds the limits of courtesy when he proceeds to lecture me thus: "It appears to me probable, that glaucomatous diseases in Belfast must pretty much resemble those of other places; and that, by *laying aside natural prejudices*"—why not add *national?*—"*and taking some moderate pains to acquire a practical acquaintance with the physical and other signs of glaucomatous types of disease*—as they have been very graphically and now repeatedly described—any surgeon, *and particularly one accustomed to* (*query*, the study of?) *eye-diseases, may easily master the diagnosis.*" In other words, I am to sit down at the feet of Mr. Bowman, and learn the *a b c* of ophthalmic surgery from him. I have no objection to be taught; but I object to be taunted in the terms which I have italicised in the preceding quotation. Let Mr. Bowman lay aside the style in which he at present combats the views of those who do not agree with him, but who are not personally his opponents; let him endeavour to reconcile the conflicting opinions which have appeared among the writers who have taken part in this discussion, and who are of the school which he leads, though he "unaffectedly disclaims" the leadership. Let him give us a *plain, brief, unequivocal* description of the exact pathology of the disease now called glaucoma; and, above all, let us hear how it is that iridectomy —an operation that must, more or less, mutilate the eye—effects a "cure" of glaucoma in its several stages, from the premonitory period to the stage of the disease when the eye has become considerably altered in structure. All surgery, worthy the name of scientific surgery, is based upon definite principles; let us know what are the definite principles of iridectomy, and then we are likely to listen to its advocates; then, and not till then, shall I believe that I have held "mistaken views" of glaucoma and its "cure"; then only, and not till then, could I alter the method of treating diseases of the eye which I have hitherto conscientiously pursued.

I am, etc., S. Browne,
Surgeon to the Belfast General Hospital, and to the Belfast Ophthalmic Institution.

Belfast, February 27th, 1864.

FELLOWSHIPS OF COLLEGES AT CAMBRIDGE.

Letter from G. M. Humphry, M.D., F.R.S.

Sir,—In the (communicated) leading article of last week, reference is made to fellowships at Oxford and Cambridge as examples of what medical prizes ought to be; but sufficient account is not taken of the advantage which these fellowships might be to the medical profession, if a greater number of those who propose to enter it sought to obtain them. True, they are not directly prizes for medical study; but they are prizes for excellence in those branches of general education which form the best foundation for medical study.

The writer remarks, that "they come more especially in the way of those entering the Church and the Law." This is chiefly because these constitute the great proportion of the candidates for them. The fellowships are given without reference to the future profession or walk in life, simply to the best men—the men who excel in the classical or mathematical examinations—increasing respect being paid to natural science; and one would think the studies and mental training which lead to them would be as advantageous to the medical as to the clerical or legal aspirant; and that the proceeds of a fellowship would be no less appreciated by the one than by the others. Some have been alive to this. The President of the Medical Council, the President and the Treasurer of the College of Physicians, Drs. Budd, Herbert Davies, and Henry Thompson, of London, Dr. Piggott of Halifax, Dr. Ogle of Derby, Drs. Clark, Paget, Drosier, and Latham, of Cambridge, besides others whose names do not occur to me, are, or were, Fellows of Colleges in Cambridge; and, doubtless, their fellowships contributed not a little to the acquirement of their several positions, and that partly in the manner desired by the writer of the article above mentioned—viz., by enabling them to continue their education longer, and attain to greater excellence than they could otherwise have done. At the present time, two Fellows of Colleges are pursuing their medical studies in Cambridge. They commence those studies rather later in life than is usually done; but they are more than compensated for this by the vantage-ground from which they start of superior general education, high mental training, a good prestige, and £200 or £300 a year.

It has always been a matter of surprise and regret to me, that a greater number of those who are intended for our profession do not avail themselves of the educational and other advantages offered by the Universities; of surprise, because the expense involved in so doing is not great, not so great as usually supposed, and is often more or less repaid by exhibitions, scholarships, fellowships; of regret, because we lose in quality and status for the want of a larger infusion of university blood into our body. For the intelligent and industrious student, the Universities are, I believe, the very best entrance to the profession. Even if he fail to gather those golden apples, of which there is so abundant a crop, he is sure to bear away still more valuable fruit, that will stand him in good stead for the remainder of his life.

It is not altogether correct that "a fellowship must be given up on the marriage of the owner"; for, within the last few years, an alteration has been made in the statutes of several of the Colleges, permitting the Fellows to marry and retain their fellowships for a certain period (ten or twelve years), or for life. Two of the physicians resident in Cambridge are married Fellows of Colleges.

I am, etc., G. M. Humphry.

Cambridge, February 29th, 1864.

INSANE PRISONERS ACT AMENDMENT BILL.

Letter from Septimus Gibbon, M.B.

Sir,—The Committee recently appointed by the Metropolitan Counties Branch, to watch Bills introduced into Parliament affecting the profession, have at present the above under consideration. The interests of psychological medicine are well represented on the Committee; but there is one point on which the practical experience of medical officers to prisons would be of assistance to the Committee—viz., whether it would be for the interests of truth and justice to have an extra and statutory fee, defined by the legislature, for deciding as to a prisoner's sanity before or after conviction. This is responsible work, and in many cases would involve much labour on the part of the medical assistants of the two visiting justices. Is it desirable that a proper or minimum fee for each case should be fixed by Parliament? or that the medical officer of the gaol and the medical superintendent of the asylum, with their respective coadjutors, should trust to the liberality and discretion of the justices or Home Secretary to award a fee proportionate to the difficulty of each case? After the recent scandal of Townley's case, surely the legislature would not object to enact that a minimum fee of £2:2 or £3:3 should be paid in every case. Unless this be done, I fear that some members of the profession may have extra labour of a very responsible nature thrust upon them, without any addition to their salaries as surgeons to prisons or superintendents of asylums.

If associates interested in this or any other feature of the Bill will transmit their opinions to me before the 10th inst., I shall be happy to lay them before the Committee.

I am, etc.,
Septimus Gibbon.

3, Finsbury Square, February 29th, 1864.

Insane Prisoners Act Amendment Bill. On the motion in the House of Commons for agreeing to the report of committee on this bill, Mr. Hunt said that when the bill was in committee he had stated that "Dr. Forbes Winslow had based his opinion of Townley's insanity chiefly on his extraordinary perverted moral sense." It had been represented to him that this was not a correct statement of Dr. F. Winslow's theory of the case, which was that there was great moral obliquity in Townley, and with this a mental aberration; and, viewing these conjoint conditions, Dr. Forbes Winslow came to the conclusion that he was not of sound intellect. He (Mr. Hunt) did not see much variance between this correction and what he had himself stated, but he was anxious not, in any degree, to misrepresent Dr. Forbes Winslow to the House. He protested against moral obliquity being taken into consideration at all in estimating the sanity or insanity of a prisoner. This bill was read a second time in the House of Lords on Monday last.

Medical News.

APPOINTMENTS.

Royal Navy.

Acheson, John J., Esq., Staff-Surgeon, to the *Cornwallis*.
Devonshire. Charles J., Esq., Assistant-Surgeon, to the *Ranger*.

Hide, John, Esq.	Acting Asssistant-Surgeons, to the *Victory*, for Haslar Hospital.
Moss, Edward L., M.D.	
Power, William M., Esq.	
Pursell, Thomas, Esq.	
Terry, Septimus, Esq.	
Wright, George V., M.D.	
Burgess, Richard, Esq.	Acting Assistant-Surgeons, to the *Royal Adelaide*, for Plymouth Hospital.
Mitchell, Alexander, M.D.	
Pringle, John, M.D.	
Redfern, Thomas, M.D.	
Sweetman, Richard J., Esq.	

BIRTHS.

Mackenzie. On March 2nd, at Sidmouth, the wife of *J. Ingleby Mackenzie, M.B.Cantab., of a son.

Shaw. On February 26th, at Sutton Coldfield, Warwickshire, the wife of *H. E. F. Shaw, Esq., of a daughter.

DEATHS.

Bristowe, John S., Esq., Surgeon, at Camberwell, aged 70, on February 29.

Hiffernan, Richard P., Esq., Assistant-Surgeon R.N., at Newport, county Tipperary, on February 25.

Jacob, John, M.D., of Maryborough, at Falmouth, on Feb. 26.

Murray, Peter, M.D., at Scarborough, aged 81, on February 27.

Stilwell. On February 26th, his birthday, aged 28, Edward, third son of *George Stilwell, Esq., Epsom.

Diseases of Cattle Bill. The second reading of this bill is postponed until Wednesday, March 9th.

University College Hospital Dinner. Mr. Dickens has promised to take the chair at the annual festival of the University College Hospital on April 12th.

The Zambesi Expedition. The Cape mail, just arrived, brings no news of Dr. Livingstone. Dr. Meller, of the Zambesi exploring expedition, has returned to England by the steamer Saxon.

Births in London. Last week the births of 1019 boys and 981 girls, in all 2000 children were registered in London. In the ten corresponding weeks of the years 1854-63 the average number (corrected) was 2057.

Deaths in London. An infant, aged 3 weeks, was last week poisoned by a lozenge which contained the forty-eighth part of a grain of morphia. A child, aged 2 years, died from the scratch of a kitten. Nine nonagenarians died in the week.

Health of the Metropolis. The deaths in London were more numerous in the week that ended last Saturday than they had been in any previous week since January. They rose to 1677. The average number of deaths for the eighth week of ten previous years is 1467. While the mortality from phthisis (157) is considerably less than it was in previous weeks, that from bronchitis is greater. The present season has developed bronchial affections with unusual effect.

Vaccination of Sheep. In the House of Commons some days ago, Sir J. C. Jervoise asked whether the experiments in vaccinating sheep were yet concluded. Mr. Lowe said that the experiments in vaccinating sheep concluded last Michaelmas, and the result was unsatisfactory. The experiments had been of two kinds. One had consisted in vaccinating sheep with lymph taken from the human subject, and this had succeeded in some measure. The sheep took the disease, though in an irregular and abnormal form; but still the sheep took the virus either by inoculation or in the natural manner from other sheep, so that vaccination thus accomplished appeared to be futile. The next plan was to inoculate cows with matter taken from sheep, in order, if possible, to produce a vaccine disease in cows which would stand in the same relation to sheep as cow-pox does to the human subject. But this also entirely failed; and therefore the result of the experiments was altogether unsatisfactory.

Present to the Princess of Wales. Sir John F. Palmer, President of the Legislative Council of Victoria, has forwarded, for presentation to her Royal Highness, through his grace the Duke of Newcastle, Secretary of State for the Colonies, a magnificent casket, richly wrought, in pure silver. Sir John Palmer, who is a member of the Royal College of Surgeons (1826), practised for some time in this country, and is well known as the editor of John Hunter's works.

Royal Medical and Chirurgical Society. The annual general meeting, for the election of officers and other members of the council for the ensuing year, and to receive the auditors' report and the report of the council, was held on March 1st. The following gentlemen were elected officers:—*President*—R. Partridge, Esq., F.R.S. *Vice-Presidents*—Arthur Farre, M.D., F.R.S.; W. R. Basham, M.D.; J. Hilton, Esq., F.R.S.; W. Fergusson, Esq., F.R.S. *Treasurers*—H. A. Pitman, M.D.; J. Dixon, Esq. *Secretaries*—H. W. Fuller, M.D.; J. Birkett, Esq. *Librarians*—A. P. Stewart, M.D.; H. Lee, Esq. *Other Members of Council*—S. J. Goodfellow, M.D.; W. W. Gull, M.D.; W. Jenner, M.D.; E. Meryon, M.D.; F. Sibson, M.D., F.R.S.; H. Coote, Esq.; G. V. Ellis, Esq.; C. H. Moore, Esq.; E. Newton, Esq.; J. Toynbee, Esq., F.R.S.

Indian Medical Service. On Thursday week (February 25th), Mr. Leslie asked the Secretary of State for India upon what grounds the Royal warrant for her Majesty's Indian medical service had been so long delayed, and when the said warrant would be issued. Sir C. Wood replied that a warrant had been prepared for the purpose of placing on the same footing medical officers in the Queen's military service and in the service of India; but a doubt having been suggested whether the warrant did not involve an infringement of an act of parliament, it had been referred for the opinion of the law advisers of the Indian Council.

Poisoning by Absorption. On Saturday last was concluded an inquiry into the death of a child named Boatman. The deceased was aged 9 years, and lived with her father and stepmother in a lonely situation. The child was taken ill, gradually got worse, and died soon after a medical man was called in. The surgeon (Mr. Haward) believing that the child had died from the effects of some irritant poison, probably arsenic, refused to certify the cause of death. The stepmother stated that about ten days before the death of the child she applied some precipitate powder and a little poison in the shape of an ointment to the head to kill the vermin. The coroner ordered a *post mortem* examination, and the appearance of the intestines and stomach pointing to arsenical poison in some form or other, it was felt important to ascertain whether the child died from arsenical poison, and if so, how it was administered. The viscera were accordingly sent to Professor Taylor, at Guy's Hospital, and that gentleman stated at the inquest on Saturday that the child died from arsenic applied externally and absorbed into the system. The condition of the viscera, in their appearances, in the nature of their contents, and in the minute imponderable quantity of arsenic present in them, was not consistent with the supposition that arsenic had been given in a solid form or in a liquid form by the mouth, but it was quite consistent with the absorption of the poison through the skin of the scalp, and its subsequent diffusion by the blood. The scalp of the deceased was found to contain a large quantity of arsenic associated with a quantity of mercury (white precipitate) which had been applied as above stated in the form of an ointment. The jury returned a verdict to the effect that the deceased died from the results of an ointment containing arsenic applied to her head by Mrs. Boatman, she being ignorant of the consequences, and intending merely to heal disease of the scalp; at the same time the jury desired the coroner to express to Boatman and his wife their sense of the neglect and ill-treatment of the deceased.

Guy's Hospital Biennial Festival. This biennial festival, which is always eagerly looked forward to by Guy's men, was held at the London Tavern, on the 24th ult., under the presidency of Dr. Alfred Taylor, F.R.S., and was one of the most successful meetings which has ever taken place. Nearly two hundred of the past and present pupils assembled on the present occasion, numbering amongst them many of the most respected and successful practitioners of London and the country. Amongst them were the Messrs. Toulmin of Clapton, Mr. Lord of Hampstead, Dr. Ward of Huntingdon, Mr. G. Cooper of Brentford, Dr. Ray of Dulwich, Mr. Faircloth of Newmarket, and many others. Amongst the visitors were the new President of the Hospital, Sir Laurence Peel, Mr. Thomas Turner, the Treasurer, and Mr. Thomas Chambers, the Common Sergeant of the City of London. Mr. Cazenove, one of the governors, was singled out for notice, and was called on to make a speech, this gentleman having taken great interest in the school, to which he gives annually a handsome prize. Mr. Critchett and Mr. Pollock were also present as guests; and nearly all the medical and surgical officers of the hospital. The dinner was excellent, and went off most successfully. The musical arrangements also were very good. It is a pity that such gatherings as the above are not more general amongst the medical schools; for they tend much to maintain the feeling of friendship and *esprit de corps* which is so desirable, and which is so strongly developed amongst all Guy's men.

Site of St. Thomas's Hospital. The question between the Corporation of London and the Governors of St. Thomas's Hospital has been raised by the filing of a bill in Chancery by the Governors against the Corporation of London, to restrain the Corporation from affixing the hospital seal to any instruments without the previous consent of the governors. This proceeding involved the question of the power of the Corporation to interfere in the matter of the future site of this charity. The selection of Stangate and the new ground to be gained by the Thames Southern Embankment as a site for the new hospital, received the sanction of Vice-Chancellor Sir P. Wood on Saturday. By the act of Parliament which authorised the sale of the old hospital to the Charing Cross Railway the governors of the hospital were empowered to select a site for another, subject to the approval of the Court of Chancery. Against the selection the Corporation of the City of London intervened, alleging that by ancient charter they had the control over the hospital, and further that the site selected was unhealthy. The Vice-Chancellor held that the rights of the City were, so far as the selection of site was concerned, set aside by the terms of the act of Parliament authorising the sale of the old hospital; and that no such presumption of unhealthiness in the site had been made out as to warrant the interference of the court on that score.

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m.—Samaritan, 2.30 p.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.

Wednesday...St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.

Thursday.....St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.—Royal Orthopædic, 2 p.m.

Friday.......Westminster Ophthalmic, 1·30 p.m.

Saturday.....St. Thomas's, 1 p.m.—St. Bartholomew's, 1·30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.—Lock, Clinical Demonstration and Operations, 1 p.m.—Royal Free, 1.30 p.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London. 7 p.m., General Meeting; 8.30 p.m., Dr. W. Tilbury Fox "On the Classification of Skin Diseases."—Odontological Society.—Epidemiological Society, 8 p.m. Dr. Milroy, "Notes on the Epidemic Diseases of some of the Nations of India; also, on Certain Recent Epidemics Abroad"; Dr. Archibald Smith, "On the Tabardillo of Peru."—Entomological.

Tuesday. Royal College of Surgeons of England, 4 p.m. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society, 8.30 p.m. Mr. Bickersteth (Liverpool), "On a New Operation for obtaining Union of Ununited Fracture."—Zoological.—Ethnological.—Medical Society of London. 5 p.m., Anniversary, at Willis's Rooms; Oration by Dr. Thudichum; 6.30 p.m., Dinner.

Wednesday. Royal College of Physicians, 5 p.m. Dr. Barclay. Lumleian Lectures. "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine."—Geological.—Society of Arts.—Microscopical.

Thursday. Royal College of Surgeons of England, 4 p.m. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal.

Friday. Royal College of Physicians, 5 p.m. Dr. Barclay. Lumleian Lectures. "Fallacies in the Application of the Inductive Method of Reasoning to the Science of Medicine."—Astronomical.—Royal Institution.

Saturday. Royal College of Surgeons of England, 4 p.m. Professor Huxley, "On the Structure and Classification of the Mammalia."

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

The Letters of Mr. Gaskoin and Dr. Bodington shall appear next week.

Physicians and their Fees.—Surely our correspondent will see, on reflection, that the College of Physicians would have only been too glad to have included under the bye-law, which prevents its Fellows having a legal claim for fees, both its members and licentiates. If the members or licentiates had shown any wish to be exempted from the power of claiming fees, there is little doubt that their wishes would have been attended to. But in the absence of any expressed wish on the part of the members and licentiates, it is very certain that it would have been an act of simple injustice for the Fellows, who legislate, to have included in the by-law the members and licentiates who have no voice in legislating.

Communications have been received from:—Mr. Oliver Pemberton; Mr. Brodhurst; Mr. Nunneley; Mr. D. Kent Jones; Mr. H. E. F. Shaw; Dr. Bodington; Mr. J. Sladden; Mr. J. D. Hill; Mr. W. W. Morris; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. Gaskoin; J. K. S.; Mr. William Martin; Dr. Leslie; Dr. G. M. Humphry; Dr. C. Holman; The Honorary Secretaries of the Epidemiological Society; The Registrar of the Medical Council; Dr. Routh; Mr. F. Haward; Dr. J. Ingleby Mackenzie; Mr. James Cole; The Registrar of the Medical Society of London; Mr. T. M. Stone; Dr. Sieveking; and Mr. J. Parsons.

The Journal of Practical Medicine and Surgery for February,

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Lectures

ON

CERTAIN MUTUAL RELATIONS OF PHYSIOLOGY, PATHOLOGY, AND THE PRACTICE OF MEDICINE.

BY

A. T. H. WATERS, M.D., M.R.C.P.,
PHYSICIAN TO THE LIVERPOOL NORTHERN HOSPITAL, ETC.

LECTURE III. (*Concluded.*)

On the Pathology and Treatment of Certain Forms of Delirium. Therapeutics. The Physiological and Therapeutic Action of Alcohol. The Present State of Therapeutics, and the Direction which Therapeutical Inquiries should take, etc.

I MIGHT mention further illustrations of the principle to which I am referring, in regard to other remedies; but I must pass on to the consideration of another point in relation to therapeutics—the direction which our therapeutical inquiries should take. And I would observe that, valuable as the numerical method is in many questions relating to medicine, it is, perhaps, of least value in reference to therapeutics. That we shall ever arrive at any correct principles of treatment of a particular disease—such as pneumonia—by a system of tabulating mere results, I venture to express a doubt. Without the context of a case, the mere details of treatment are utterly useless as to the value of that particular plan in regard to other cases. Two cases of pneumonia—and I merely speak of this disease for the sake of example—lying side by side in the same ward, may require modes of treatment which differ materially from each other, as, by different constitutional symptoms, they show the different pathological states under which they occur.

Are we then wrong in tabulating our cases of disease, and in recording the results of our practice? By no means; but let us not be satisfied with a mere statement of the disease and of the result which follows our treatment. Rather let us give the symptoms which characterise the cases we relate, and the phenomena attending their progress, that others may judge as to the value of our therapeutic measures.

I think we should be wrong—that we should be attempting to put the practice of medicine on a narrow basis, a basis that would crumble under a superstructure of ever-accumulating facts—were we to endeavour to reduce the treatment of a particular disease, especially of an inflammatory kind, to one particular line of practice, or one particular set of remedial agents. It is not in this direction, except in regard to a few specific ailments, that our researches should be made. Rather we should endeavour to ascertain the therapeutic measures which are applicable to different pathological conditions, whatever be the individual disease with which they are associated. And is not this characteristic of a large portion of our practice—except, perhaps, in those cases of the pathology of which we are ignorant, and in which our treatment bears the stamp of much that is empirical?

There is a wonderful catholicity in disease; and to the recognition of this is due the fact, that in a vast variety of affections, we administer, not merely similar, but identical remedies. And to the ignorant and uninitiated a practice of this kind might seem simple, easy, and to savour much of mere routine; and yet it is most difficult, and indicates a high development of therapeutics, and a profound knowledge of the nature and causes of disease.

And in regard to another point arising out of the consideration of the subject—the specific action of medicinal substances—I think we shall probably better serve the ends of medicine by a careful investigation of the *modus operandi* of some of the remedies with which we are acquainted, so as to establish on sounder principles the particular pathological conditions to which they are applicable, than by a search after new substances, or new combinations of old compounds. It would, no doubt, be a great boon could we discover some new remedial agent possessing a specific power like that of quinine in ague, or even some decided therapeutic action in any disease whatever; but when we see the failure which has so constantly attended the progress of some vaunted nostrum—an alleged specific for a disease of whose pathology we are ignorant—we may well be excused for exercising a certain degree of scepticism in reference to the value of a remedy, which comes to us recommended by limited experience or hasty generalisation.

The careful investigation of the modes of action of many of the substances in common use might lead us to a more precise knowledge of their value, and teach us to use them in a more definite and scientific manner; and I cannot but hope that the therapeutic inquiry which has been commenced by our Association will meet with the encouragement it deserves, and be the means of establishing important principles of practice.

But whilst deprecating the excessive desire which seems to agitate the minds of some, in their search after new specifics, or new chemical compounds, let us by no means discourage the laudable ambition of enriching our *Pharmacopœia* with articles of sterling value. We must never forget that the present century has given us, through the agency of the chemist, a substance which is capable of annihilating the pangs of the most painful manipulations of surgery, and of obviating the tortures formerly incidental to all operative procedures. In the face of such a fact as this, we must be pardoned if we express doubt whether we have yet arrived at the limits of our therapeutical discoveries; and although we believe that we shall do more for the progress of medicine, by studying the effects of the remedial agents with which we are at present acquainted, than by a search after new ones, we would by no means discourage any legitimate endeavour in the latter direction. For, as with chloroform, so, possibly, with some of the other products which result from the labours of the chemist, and which, as yet, possess scarcely more than a scientific interest, they may, in course of time, and as they pass into the hands of the practical physician, add to our healing powers, and give us means of more effectually controlling certain forms of disease. And I think it is a matter of extreme satisfaction that, although we are not rapidly increasing the number of valuable medicinal materials, in another important direction, one which enables us to use with greater certainty the remedies we already possess, viz., that of diagnosis, we are constantly adding to the scientific certainties of practical medicine. We need not wonder at the difficulties under which our predecessors of the last century laboured, when we consider how much at fault we should be, in the various diseases which we have to treat, were we ignorant of the practice of auscultation; and surely it is a matter for congratulation that, by the use of other physical means, we are enabled to bring to bear another of our senses to discriminate the healthy and morbid conditions of parts hitherto beyond our reach. What the ophthalmoscope is doing for the diseases of the eye, the laryngoscope is doing for the diseases of the larynx; and there are few of us, probably, who have not had actual experience of the practical value of these instruments; and it is, perhaps, not too much to hope that by a more extended application of similar measures we shall, in course of time, have additional means of discriminating the nature of diseases of organs still beyond the reach of either ear or eye.

With these facts before us, with the knowledge of our increased acquaintance with the nature and causes of diseases, and of the means by which they may be prevented; of the greater precision of our diagnosis, and our more simple methods of treatment, we must be allowed to join issue with those who express a doubt as to the advance of medicine, or assert that there is nothing in connection with it that is characteristic of progress.

Although neither physiology, pathology, nor therapeutics can be ranked amongst the exact sciences, there is much in them that is accurate, precise, and clear. And surely those who boast of the perfection of physical science, and rail against the shortcomings of medicine, would do well to pause in the comparisons which they make. For has it not been shown of late that uncertainties exist even in that most exact of all sciences, that which forms the most complete exemplification of the wonderful genius of man, and of the skill with which he has been able to see into the workings of almighty power? Has not the astronomical world been startled by the assertion that, in calculating the mere distance of our planet from the sun, a serious error, an error to the extent of nearly one-twentieth, has probably crept in?—that, in fact, we are some four millions of miles nearer to the central luminary of our planetary system than has hitherto been supposed? If this be true, our views of the rapidity with which light travels will require modification, no less than the estimated distances, from each other, of the various bodies which we see rolling in space.

If these things happen in relation to physical science, in relation to a question of distance, are we to be surprised that uncertainties should exist in regard to a science like medicine, which deals with the most complex and difficult subjects into the study of which it is possible for the mind of man to enter?

But whilst we claim for medicine a share of that progress which has characterised other sciences, let us not claim too much of the credit for ourselves. We have profited by the experience of our predecessors, and, as we have had additional means of research and observation, we may have avoided some of the errors into which they fell. Let us use these means with diligence. The field of medicine is abundantly large; there is no subject in physiology, pathology, or therapeutics which may not receive additional light from the labours of those who will zealously pursue it, and who may thus contribute to the advance of practical medicine, as they shall more fully reveal the principles of these sciences and their relations to each other.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

C. H. F. ROUTH, M.D.,

PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE I. (*Continued.*)

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

d. These tumours are sometimes the seat of *suppuration*. Dr. R. Lee has stated that this change is a rare complication. Still it occurs more frequently than is generally believed. Such a case is quoted by M. Guyon from Huguier, in which death occurred from this cause about twenty-five days after admission. Another remarkable case, which occurred in the practice of M. Huguier (*Union Méd.*, 1860, p. 331), is the following.

A young woman was admitted into the Hospital Beaujou with a fibrous tumour of several years' duration, and so far painless, in the uterus. It was of the size of an adult head, and had produced œdema of the extremities from pressure on the veins. The vagina was contracted circularly, so as to make it difficult to reach the os uteri. Some days after admission, she was seized with fever, the tumour inflamed. An abscess formed in it, out of which from a tumbler to a tumbler and a half of pus came away. The uterus remained intact. The tumour became so soft, that the finger could be pushed through it. The next week, the patient was progressing most favourably. The tumour had greatly diminished in size, but its progress in this respect was slower. The excretion of pus was diminished. All evidence of compression of the veins has disappeared.

Dr. Robert Lee, in a supplementary paper (p. 281, vol. xxxiii) of the *Medico-Chirurgical Transactions*, gives also a fatal case, where a quantity of greenish yellow fœtid pus was found to exist in the very centre of a fibrous tumour. Dance also quotes another case referred to by Guyon (p. 95), in which an incision, practised upon an interstitial fibrous tumour after death, gave exit to eight or ten ounces of pus. Lisfranc also (*Clinique Médicale de la Hôpital de la Pitié*, Paris, 1843) mentions a case where an abscess was found in a fibrous tumour.

Marshall Hall relates the case of a woman who died after parturition from inflammation and suppuration of a fibrous tumour of the uterus. (*Cyclop. of Practical Med.*, p. 388, vol. iv.)

A remarkable example of hysteria, followed by death, in which a fibrous tumour in a state of suppuration was found at the *post mortem* examination, is related by M. Cœurderoy, from the service of M. Lebert.

> There was in the upper part of the uterus an immense cyst, with thick fibro-cartilaginous parietes, which had contracted close adhesions. Inferiorly was a smaller tumour, in a state of capillary inflammation, with extravasated pus.

In addition, in this case there was apoplexy of the uterus and ovaries.

Cruveilhier has stated that occasionally uterine tumours remain latent; and that suppuration begins around them, often giving rise to cachexia, the cause of which is frequently ignored. The termination is generally fatal; sometimes, however, recovery occurs; and he mentions a case which occurred to him in Montpellier. A colleague brought him a number of bodies which a woman was passing externally from the vulva. These proved to be fibrous tumours. The suppuration set up lasted a long time. Finally, the woman recovered.

M. de Boscredon records a case which occurred in the service of M. Piedagnel (*Bull. Soc. Anat.*, xxix, 332), of suppuration of a fibrous tumour.

> It appears to have suppurated in its centre. The tumour was removed after death. This woman, having suffered much from hæmorrhage and cachexia, died at the hospital. During life, the tumour had been recognised as implanted in the anterior lip of cervix and anterior wall of uterus.

A similar case is mentioned by Foucher; but in this, as in a similar one which occurred to M. Dolbeau, there was an external opening of the tumour, distinct from the os uteri, in the vagina. It is important to bear this in mind in making a diagnosis. A cancerous mass might be supposed to exist, where a simple operation would cure, even if nature itself were not able to do so for the patient. Another case of suppuration in portions is given by M. Grelet de Fleurette (same journal, vol. xxviii, p. 154), where a large uterine fibroid was found to contain several cavities, some containing blood, and some pus. M. Kœberle of Strasbourg and M. Pineau have both met with cases.

e. A more innocent change is that of *fatty degeneration*, described by Dr. Humphry in his *Lectures on Surgery* (sect. xxvii, p. 139). Mr. Paget found, in a large pendulous fibrous uterine tumour, a distinct circumscribed fatty tumour, as large as a walnut. (*Lectures on Surgical Pathology*, p. 480.) An analogous example is recorded by Dr. G. Hewitt (*Pathological Transactions*, vol. xi, p. 173), of a widow lady aged 55, a patient of Mr. Cholmondeley, who had been regular up to the present time.

> She had expelled spontaneously, after severe flooding, a fibroid tumour. This had been growing for a long period; and had had its growth arrested some years before its expulsion. On examination, the various centres of development in it were found softened down and converted into fatty matter, giving rise to a cystic appearance. The tumour had gradually disconnected itself. The catamenia was probably a simple periodic discharge, provoked by the irritation of the tumour.

Such are a few of the pathological changes which are observed to occur in the progress of fibrous tumours, when the change is one of softening.

II. HARDENING. Uterine fibrous tumours, when hardened, were long ago shown by Dr. Bostock (*Med.-Chir. Trans.*, vol. xix) to consist chiefly of, 1, phosphate of lime, which is the salt most abundant; 2, animal matter; 3, carbonate of lime; 4, sulphate of lime in small quantities. Following the general rule of the proportional diminution of animal and the increase of mineral deposits according to age, which is usually observed in such growths, there comes a time when the tumour is converted altogether into a calcareous mass. It is in many instances believed that this calcareous transformation, as in tubercle, is a fortunate and conservative change; and so in fact it is, if the tumour be small. Occasionally, they are spontaneously expelled *per vias naturales*. However, by their pressure on surrounding parts, they produce ulceration, and burst into the abdominal cavity or intestines, it may be the external skin. Cases are on record setting forth these several mishaps. This calcareous transformation is believed by Mr. Paget not to be true ossification, but calcareous degeneration, consisting in an amorphous and disorderly deposit of salts of lime and other bases, in combination with, or in the place of, the fibrous tissue. (Paget's *Surgical Pathology*, p. 479.) This deposit may either be peripheral or interstitial, and may occasionally, in the latter case, constitute a hard coral or ivory-looking mass. (*Ibid.*)

These calcareous tumours are expelled *per vaginam*, a remarkable case of which is mentioned by Dr. Sumpe (*Zeitschrift der Gesellschaft der Aerzte in Wien*, Nov. 29, 1860. Braith., 1861, p. 248.) A considerable number of such examples are also recorded in the *Cyclopædia of Practical Surgery* (fifth vol., in the article on the Uterus and its Appendages). This ossification is much more common in the extra-uterine or subperitoneal varieties of fibrous tumours; and this is so far of importance in diagnosis. The deeper fibroids have not this tendency.

III. INTERSTITIAL ABSORPTION. Any one who has seen many cases of fibrous tumours of the uterus must call into mind several in which, either with very little or indeed no treatment at all, a fibrous tumour has disappeared, or has diminished so far in size as to give no longer rise to any inconvenience. That tumours, even in their active stage of growth, do enlarge and subsequently diminish, and again enlarge and again diminish, is a fact commonly observed. Sometimes this periodic increase is synchronous with the catamenial flow. Here, no doubt, it is due to temporary congestion or serous effusion. Sometimes the growth of the body persists for some months, and then diminishes for other months. The case mentioned by Atlee is one of this kind. The temporary enlargement here may be due to œdema.

It is certain that during pregnancy fibrous tumours do enlarge occasionally. Such a case is recorded by Dr. Priestley in the *Obstetrical Transactions*; and others are on record. Dr. Ashwell long since pointed out (*Guy's Hospital Reports*, 1836) that fibrous tumours especially begin to enlarge at the sixth or seventh month of gestation, thus pointing out the advisability of bringing on premature labour in these cases; and the same observation has been made by continental writers.

It is not, however, always easy to determine whether it is the fibrous tumour which diminishes in size, or the hypertrophied uterine structure around it. Cases of enlarged uterus, as a result of pregnancy, often subsequently undergo evolution; so we may have hypertrophy of the uterus accompanying a fibrous tumour of the uterus, which gives way. Sir C. Clarke, Dr. Rigby, Dr. Ashwell, and others, have mentioned cases where this absorption had taken place, though in some cases there was probably death of the tumour, which preceded its removal.

But I have met with at least two distinct cases of large fibroid, which, I should say, filled the pelvis, and materially interfered with the functions in that cavity, where the tumours have gradually diminished to the size of small apples. One of these women was a matron in a charitable institution, and was obliged to give up her place, being incapacitated for work by the size of the fibroid, and its interference with the due performance of her functions, and by general discomfort. Two years subsequently, the tumour had diminished to the size of an apple; and she was enabled to become the active matron to a workhouse —no sinecure—which serves to demonstrates the recovery. In both these cases, however, this absorption was synchronous with the climacteric change. This fact is not new. It has been observed by several authors, English and French; and, so far, my cases are only corroborative. In no case have I ever seen a distinct fibroid, during the permanence and activity of the uterine periodic discharge, become absorbed without active surgical or medical measures.

[*To be continued.*]

Average Annual Proportion of Deaths. A return shows the average annual proportion of deaths from "specified causes at specified ages," in England and Wales, during the decennial period 1851-60. In the first named year the population was 17,927,609; in the latter, 20,066,224. The deaths at all ages per 100,000 living, of each class referred to, are given as follows: All classes, 2,217; fever, 91; diarrhœa, dysentery, and cholera, 108; scarlatina, 88; and diphtheria, 11.

The Birth of a Prince. The birth of an heir to the British Crown has given rise to the usual amount of congratulation in courtly phrases in the English papers. The extremely commonplace circumstances, however, attending the birth, have not failed to call out a certain degree of vulgar comment. The Prince of Wales and his wife were engaged on the day of her confinement in skating. Her accouchement was not anticipated until two or three months. She had felt some pain in the morning, but it was not ascribed to the true cause. Towards evening the symptoms became unmistakable. There was no preparation for the coming event; the accoucheur was in London; and there were no attendants worthy of the occasion. Dr. Brown, a country practitioner, had the honour of officiating at the birth. The physician-accoucheur, Dr. Farre, arrived from London just too late. The child was wrapped in cotton in the absence of all baby clothing, and from a neighbouring infirmary plain Mrs. Connor was selected to wet-nurse the infant. The medical attendants issued a bulletin announcing the happy delivery by the Princess of a Prince. Thus ended a scene in high life, not at all unlike that which often occurs in the humblest cottage. The *Saturday Review*, in a very sarcastic vein, ridicules the court customs on such occasions, and takes the medical attendants to task for announcing the birth of a Prince, as though a Prince could be born, and states that it was their duty to declare simply whether the child was a boy or a girl. (*Amer. Med. Times.*)

Original Communications.

PATHOLOGY OF BLOOD AND FEVER.[*]

By William Addison, M.D., F.R.S.

[*Concluded from page* 204.]

Fever. When scarlet-fever is mild—pursuing its normal course—the lips of the patient and spots of eruption are of a florid scarlet hue. But if fever be severe, these parts assume a dusky aspect. And with the darkening hue of the blood, as we have said, cerebral disturbances deepen also. But what are the relations of the fever-poison to the blood-corpuscles? The presumption is that, when the blood is of a florid scarlet, the corpuscles are reacting energetically, expelling the fever-poison; on the contrary, when the hue of the blood is deepening, we say, that the reactions of the blood are languid and diminishing.

In fever, with a greater number of respirations in a given time, the amount of carbon discharged by the lungs has been found below the healthy standard. And: "from my analyses," says Simon, "a decided decrease of urea below the physiological mean is a characteristic peculiarity of the urine in continued fever." In fever, then, the natural excretions of blood are diminished. But a new poison—some form of contagious poison—appears.

The argument is that, the dark hue of the blood, and diminution of the natural excretions (carbon and urea), and the appearance of a new contagious poison, are evidence of disease of the corpuscles of blood, as distinguished from the liquor sanguinis.

In referring phenomena of fever to the blood-corpuscles, it is not difficult to perceive the relation of these cellular bodies to aëriform poisons. The atmosphere is always charged with terrestrial exhalations, which vary with climate, with the season of the year, and with the day and night. A special reciprocal action takes place in the lungs between corpuscles of blood and elements of air, and it is notorious that aëriform miasms give rise to fevers.

On the other hand, local disorders, disorders of diet (gout, scorbutic ulcerations, boils, eruptions, etc.) may be very strongly contrasted with phenomena of fever. The reason is, because the pathology of the liquor sanguinis is different from that of the corpuscles of blood. We have shown that poisons in the liquor sanguinis have a local action. But disorder of the corpuscles of blood is manifested by those general symptoms of distress comprehended under the term fever; because of the great sympathy between corpuscles of blood and elements of the nervous system as shown in drowning, inhalation of chloroform, etc.

It may be objected to this doctrine, which bases the reproduction of contagious poisons upon disease of the blood-corpuscles, and local disorders without fever upon deterioration of the liquor sanguinis, that it must be impossible to discriminate an illness arising from impurity of the liquor sanguinis, from illness occasioned by disorder of the corpuscles of blood; because these two elements are so intimately mingled together, that disorder of the one must be immediately communicated to the other. But this objection has been anticipated by the facts already related, and which are observable by every one; viz: that poisons in the liquor sanguinis act locally; that the brain remains unaffected by a poison in the liquor sanguinis which is severely disturbing some other organ; and, we have said, physiologists explain these facts by reference to the affinities and resistance of different species of cells.

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[*] Abstract of two lectures delivered at Brighton, November 1863.

It may seem a pure assumption to extend to the corpuscles of blood a property of affinity and resistance, but the assumption is corroborated by observation. When blood is examined with a microscope, the corpuscles are seen uniform in size and outline. There are, however, many fluids which, when added to blood, change the outline and appearance of the corpuscles. But they are not all changed in the same degree. Some are greatly, others only a little altered; and others again are not at all affected, notwithstanding an intimate mixture of the blood with the extraneous liquid.

In the same person, blood-corpuscles vary in their resisting power; and, *à fortiori*, we may conclude that the corpuscles of blood in different persons vary in the same respects. Correspondingly, it is well known a number of persons may breathe at the same time a miasmatic atmosphere, and yet only some of them may take the epidemic fever; and of those attacked with fever some have a light, others a severe form of it. Here, we argue, the resistance of the individual is typical of the resistance of the blood-corpuscles.

With reference to disordered sensations in fever, we have already spoken of the intimate sympathy between blood-corpuscles and elements of the brain. The painful feeling of thirst experienced by persons in health when deprived of water is typical of the want of fluid for the blood. The distress occasioned by the least interruption to respiration is typical of the urgent need of the blood-corpuscles for air.

So likewise the rigors, alternate heats and chills, restlessness, headache, and want of sleep, which mark the onset of fever, are typical of commencing disorder in the corpuscles of blood. Moreover, we explain the differences between alcoholic intoxication and the delirium of fever, by distinguishing between the two elements of blood. An alcoholic poison in the liquor sanguinis produces a species of delirium and coma; but this passes off in a few hours without fever: whereas the delirium of fever has a period of duration coincident with the generation and expulsion of a morbid poison, formed in the blood of the fever patient by some cellular action.

We are not aware that any philosopher has assigned a reason why the used materials of blood (carbon and urea) are split up into two divisions. Nevertheless it is quite certain that they are so.

Carbon passes away at once from blood-corpuscles into the air in an invisible state.

Urea or uric acid requires a special secreting organ, the kidney, for its discharge from the liquor sanguinis. And we have already alluded to the pathology of retention of these used materials in the blood.

The same kind of division takes place in contagious poisons. For, the breath of the fever-patient exhales an aëriform contagious poison; but the grosser elements of the poison demand some secreting agency for their discharge from the liquor sanguinis. Such are the pustules of small-pox, the poisonous epidermis of scarlet-fever, and other critical secretions from the skin, kidneys, or bowels in other fevers. And if none of the secreting organs be able to cope with the grosser parts of the poison—to eliminate them from the liquor sanguinis—then it is we witness the extraordinary resources of Nature in fever.

An unusual action is established somewhere in the neutral areolar tissue. This is generally a form of inflammation and abscess. An abscess is a species of cellular growth. Pus consists of cells. And the presumption is, that the cells multiply by eliminating morbid elements from the liquor sanguinis—discharging those grosser parts of contagious poisons, which, according to our interpretation of phenomena of fever, have been previously discharged from diseased blood-corpuscles as morbid forms of used materials. This is the doctrine of *cell therapeutics*.

It would appear, then, that the contagious poisons of fever behave as do the natural exuviæ of blood, inasmuch as they are partly eliminated by the lungs, and partly by cellular action in some natural or preternatural depurating organ; a critical abscess in fever being regarded as a preternatural or temporary depurating organ. The facts are, that the natural exuviæ of blood-corpuscles are diminished in severe forms of fever, and a new contagious poison appears. But how do we connect the reproduction of a contagious poison with the blood-corpuscles? To argue this point, let us take the example of small-pox fever.

A quantity of matter from one of the pustules of small-pox, so small that it may be borne on the point of a pin, is sufficient, if introduced into the blood of a healthy person, to induce small-pox fever. The question is not as to the diffusion of the virus used; it is the augmentation of it a million-fold in the body of the inoculated person which is to be accounted for. It may be said that the virus is generated in the pustules; but we regard the pustules of small-pox as holding the same relation to the fever-poison as the kidneys do to urea; because the person inoculated has symptoms of fever, therefore some disorder of the blood, before the pustules contain any virus. And when the pustules are at their height, the fever-symptoms are passing away. Moreover, it is admitted, the seat of all contagious fevers is in the blood. The pustules, therefore, must be dismissed from an inquiry which has to deal with elements of blood.

All secretions are products of cellular action. The virus of small-pox is a secretion. The corpuscles of blood are cellular bodies. And the primary action of fever is in the blood. We dismiss then, the liquor sanguinis, because the question in discussion has reference to some cellular agency. And there remain for examination the colourless and the red corpuscles of blood.

White cells exist in blood, but they are normally too few in number to account for the very large reproduction of the small-pox virus. And in certain states of disease where the number of white blood-cells is enormously increased, the symptoms are not those of fever, nor is any contagious poison generated. On the other hand, red corpuscles exist in blood at all times in countless myriads; and these, in the performance of their natural actions, liberate poisonous compounds which are discharged from the body as carbonic acid and urea, or uric acid.

Such are the facts and considerations which lead to the conclusion that a contagious poison generated in fever is, as it were, the substitute or representative of the natural poisons which are diminished in fever. If this conclusion be established, it follows that phenomena of fever arise from *disorder of the corpuscles of blood*.

If we review the literature of fever, it will be found that varieties of it are discriminated in various ways: some by the circumstances attending their real or supposed origin, as *marsh-*, *jail-*, *camp-*, and *hospital-fever*: some by the characters of the crisis-action, as *small-pox*, *scarlet-fever*, and *measles*.

Some fevers derive their designation from unusual symptoms or appearances, such as *petechial*, *spotted*, and *yellow* fever. Other fevers, again, have been named from some hypothesis respecting their origin or nature, as *cholera*, *typhus*, and *typhoid fever*. Moreover, we read of *traumatic*, *erysipelatous*, *pyœmial*, *phlebitic*, and *puerperal* fever.

It is not difficult to perceive under these various designations two distinct classes of fever. And these are the distinctions to be made between them.

When a person in health takes fever from a miasm in the air, the poison is exterior to the person; phenomena of fever constitute the first departure from health, and local disturbances are consequent on the fever. On the other hand, when fever supervenes or is a consequent of some antecedent local disease or anatomical lesion, the poison which disturbs the blood is concocted in the body of the patient himself, at the place of the local lesion; and the patient, before fever appears, is out of health, because of the local lesion which precedes and occasions symptoms of fever. Moreover, a person already afflicted with some local anatomical lesion which is the cause of fever, is in a more adverse condition as regards recovery than a person in health taking fever from an exterior poison.

Hence, then, the exanthemata and the continued fever of these latitudes are idiopathic or primary fevers—because derived from an exterior poison; whereas traumatic, pyæmial, phlebitic, puerperal, and other forms of typhoid fever consequent on a prior anatomical lesion, are secondary fevers. Such is the basis upon which we enter on the prognosis and treatment of varieties of fever.

Transactions of Branches.

SHROPSHIRE SCIENTIFIC BRANCH.

THE CROOKED CRANIA FROM WROXETER.

By Henry Johnson, M.D., Shrewsbury.

[*Read September 22nd*, 1863.]

Last year I wrote a paper on the distorted skulls found at Wroxeter, which was read before the Royal Society in May 1862. An abstract of that paper was printed in the *Proceedings of the Royal Society* for the same year. The distortion in question has been ascribed, on the one hand to congenital deformity, and on the other to "posthumous pressure". (Dr. Thurnam, *Crania Britannica.*) The conclusions at which I have arrived in the above communication are the following.

1. The distortion of the skulls found at Wroxeter is not *congenital*, but *posthumous*.
2. Pressure alone is not the cause of the deformity.
3. Besides the softening effect of continuous moisture, acting for ages upon the animal matters of the bones, there is proof that free carbonic acid very generally exists in soils, and more particularly in black mould, such as that of the orchard at Wroxeter.
4. Nitric acid may also be discovered in small quantity. But carbonic acid is almost always present in soil where air and moisture come in contact with organic matters in a state of decomposition. This is the principal cause of the solution of bone in the earth, rendering it softer, and more ready to yield to pressure.
5. The distortion must occur at a comparatively early period after interment.

Since my paper was communicated to the Royal Society, I have obtained some additional facts, which greatly confirm the conclusions above arrived at; and I will now briefly state them.

I. The following experiments, taken together, seem to me quite conclusive as regards the solvent action of carbonic acid, and the effect of this action in rendering osseous matter flexible.

Experiment I. (June 19th, 1862.) I obtained a slender piece of ivory, three inches long, and less than one-eighth of an inch square. It was passed through a perforated cork, and parallel with it was fixed a curved piece of watch-spring of the same length. The two ends of the ivory and the spring were then attached to each other by a bit of thin wire. The effect of this arrangement was, that the steel spring kept up a constant strain upon the piece of ivory, but not sufficient to bend or break it, in its present state. This little apparatus was then put into a soda-water bottle filled with distilled water, into which thirty-two atmospheres of carbonic acid were forced by pressure. The bottle was then well corked, and laid aside. It was soon apparent, from the troubled state of the liquid, that the ivory was undergoing solution; and also that it was gradually yielding to the constant gentle strain upon it. On November 13th, I removed the apparatus and the liquid from the bottle. The slip of ivory was bent like a bow; and the liquid, on evaporation to dryness, yielded 6.5 grains of carbonate of lime. There is no doubt, therefore, that the ivory had suffered solution and become bent.

But it may be objected, that pressure along with moisture would be sufficient for this, without the chemical or solvent action of the liquid carbonic acid. I therefore repeated the experiment thus.

Experiment II. (April 1863.) I obtained another slip of ivory and another steel spring, both as like the former as possible. I fixed them in a cork, and tied their two ends together, as before, with fine wire. This apparatus was then put into a soda-water bottle filled with plain water only; and it was corked up and laid aside. At the end of four months (September 1863), the liquid remained clear, and the ivory remained straight, as at the beginning.

The obvious and fair inference to be drawn from these two experiments is, that the solvent action of carbonic acid upon bone disposes it to yield or become flexible, when moisture and pressure alone would have no such effect. I consider the two experiments together to be quite conclusive.

II. I have the pleasure to show this evening a deformed skull from Wroxeter, which has never been in the Museum, nor has it been exhibited any where. It came into my possession just as I was writing my paper on this subject last year. I bring it forward now, as affording a new and a very remarkable illustration of this peculiar kind of deformity. The occiput and front of the two parietal bones alone remain. But, even from this very imperfect portion of the cranium, it may be clearly made out that the body has rested with the head very much on one side (the right); and that this, being the lowest, most pressed by incumbent soil, and most acted upon by its contained acids and moisture, has been the part to yield the most to the operation of these causes, and become deformed. The right parietal and adjoining portion of the occipital bone appear to be flattened or crushed in, whilst the other side retains its natural convexity. It will be remarked, also, that the lower part of the skull is corroded or eaten away much more than the upper part, which is not deformed.

III. Dr. Daniel Wilson, in his able work on *Prehistoric Man*, has discussed the subject of cranial deformity, both during life and after death. His description of the Hochelaga skull would equally apply to those in our Museum; and his sketch of it might have been actually taken from one in our Salopian collection. He justly ascribes this distortion to posthumous pressure, rather than to congenital deformity or artificial bandaging during life. But he thinks moisture and pressure are the sole causes concerned; and, seeing that the Hochelaga skulls were buried little more than two feet deep, he deems it necessary to suppose that the pressure was aided by superincumbent buildings. (Vol. ii, p. 309.)

I am very glad to obtain an example of cranial distortion from the New World. But I think my second experiment, here described, shows that pressure and moisture are not adequate to bend bone, without a solvent power to assist them. Immersion in water, with a strain equal to about two pounds, was not able to bend a thin slip of ivory in four months. But, aided by the solvent action of carbonic acid, as in Experiment I, the effect was most decisive in a like period. I am the more anxious to come to a just and satisfactory conclusion on this subject, because my friend Mr. Wright, commenting upon my paper, takes (with some others) an opposite view of the phenomena. He thinks that the weight of earth (eighteen inches deep) would not give sufficient pressure to produce distortion. He says: "They (the Wroxeter skulls) were not buried sufficiently deep to have a weight of earth upon them." (*On the Human Remains found at Wroxeter*. By T. Wright, Esq., M.A., F.S.A. Read at the meeting of the British Association at Cambridge, 1862.)

But the American skulls, which were deformed, were only buried about two feet deep. They had, however, sustained this pressure, inconsiderable as it may be, for about three hundred years; and our Wroxeter skulls from the orchard, probably a much longer period than that. This, with the aid of the solvent action of carbonic acid, which, so near the surface, they would certainly undergo, would, I think, be quite sufficient to explain their distortion.

I think, therefore, that the physico-chemical theory, which I advocated in my paper read to the Royal Society last year, is the true one; and that it is confirmed by all that I have since learned.

BATH AND BRISTOL BRANCH.

INSTANCE OF RECOVERY FROM LEUCOCYTHÆMIA.

By Samuel Martyn, M.D., Physician to the Bristol General Hospital.

[*Read at Bath, January 21st*, 1864.]

When I speak of an "instance of recovery from leucocythæmia," I wish to be understood as using that expression in a very wide and general sense. We know so little of the morbid actions and the resulting anatomical lesions, which, coming together by causal and not accidental connection, go to make up "leucocythæmia," that it must be equally difficult to say what constitutes true recovery from those obscure morbid states. All I can vouch for is, that this patient was suffering two and a half years ago from what would come within the received definition of the disease alluded to, and that now, the patient, as regards these particular points which are held to be characteristic of leucocythæmia, is so much better as to be quite out of range of the definition.

Leucocythæmia is defined by Vogel to be "an extreme numerical increase in the colourless corpuscles of the blood, with a corresponding decrease in the red ones." The name, suggested by Professor Bennett, seems now to have been adopted by France and England in place of that of "Leukhæmia," previously given to the disease by Professor Virchow; the reason for which is doubtless the extensive distribution of the works of the English writer. We cannot but regret the intensity of that personal dispute as to priority of discovery, which must be fresh in the minds of all who are interested in the progress of medical science; a dispute, so tedious and involved that the sources of our knowledge on this subject are extremely difficult to discover. My own impression, after a very impartial investigation, is, in a word, that the idea of the disease, like most other discoveries, underwent a gradual development from an almost imperceptible germ.

In 1841, Dr. John Reid, who was then pathologist of the Edinburgh Infirmary, examined microscopically the body of a patient of Dr. Craigie's, and noted down that "the blood contained globules of purulent matter and lymph." In October 1845, Professor Bennett published another case which he called "suppuration of the blood"; he shewed that there was a probable relation to hypertrophy of the liver and spleen, and that the pus was not derived from a phlebitis or otherwise introduced. In November 1845, Professor Virchow published several new cases, but he demonstrated the corpuscles to be not pus, but an increase in the colourless blood-cells; noted the coincidence of enlarged lymphatic glands, and called the state leukhæmia. In 1849, Professor Vogel diagnosed a case during life. In 1851, Professor Bennett wrote again upon the disease, and proposed the name of leucocythæmia—white cell-blood; because the blood need not be white, as the name leukhæmia implies.

Enough of chronology; if either of these estimable pathologists contend that the idea of this disease sprang from his head in as complete a form as did Athena from that of the Father of the gods, I think enough has been said to shew his mistake. Even before John Reid's quiet microscopical observation, there are obscure notes of cases observed with the unaided eye; and even at the present moment, so little is known of the essentials of leucocythæmia that there is ample work for others, who, by adding to its natural history, may lay claim to the title of discoverers, with perhaps as good a right as any who have preceded in the investigation.

If our knowledge of the nature of this malady is so very imperfect, no wonder that still less is known of its prognosis and treatment. "With regard to treatment," says Professor Bennett, "nothing that I have yet tried has appeared to be of the slightest service in well marked cases of leucocythæmia associated with distinct glandular enlargements." Professor Vogel, in Virchow's *Handbuch,* states that "the hitherto reported cases have been fatal, or the disease still persists. Well authenticated cases of recovery have not become known." These opinions of the best authorities may explain my having thought it important to lay the present case before you. For as, by the aid of the microscope, with careful percussion of the splenic region, etc., we may now detect the disease in a much earlier stage than heretofore, we must feel very anxious to know whether we can conscientiously hold out any hope of recovery. A brief record of the case is as follows.

I was called to see the patient for the first time on May 22nd, 1861. He was a tall grey-haired man of 66, an artist by profession, originally with most robust health, and capable of much exertion in following field sports, never having been ill before. My note at the time was: he has been ill on and off for more than one year, chiefly with inflammation of the left lung (as he calls it.) For a few weeks he has been getting much thinner. He is very prostrate from profuse perspirations near morning. He is much emaciated, and looks pale. There is some dulness and congestion of the lungs behind, with *râles*. The heart is healthy. In the left hypochondrium there is a large convex tumour, smooth, and with a notch at its anterior edge, near the umbilicus; it is not painful.

May 24th. I examined the urine and blood. The former was thick, 1030, loaded with phosphates; no albumen. The blood taken from the finger shewed the white corpuscles in great excess, visible everywhere in the field, and of varying sizes, and in groups. He was ordered ammonia and oxyde of zinc at night.

June 5th. He is improved; and feels better. He can walk two miles with ease; there are no night-sweats. He continues the ammonia, varied with iron and quina; which, however, never suit him, any more than acids, which he once tried.

Nov. 13th. His general condition is worse. He is thinner, but has a good appetite. He has frequent diarrhœa and coughs. Every morning a free expectoration of tenacious mucus, often streaked with blood, takes place. Pulse 72, firm; tongue clean. The chest is slightly dull on the right side behind, and with moist *râles*. The spleen now reaches to the umbilicus. A drop of blood looks watery. The colourless corpuscles are very numerous. There are a few looking normal in size and character. The leucocythæmic corpuscle is a small adventitious one, four thousandths of an inch in diameter. I ordered him wine and ammonia.

May 6th, 1862. He is going to the sea-side. He feels better, having been improving for several months. He coughs now and then, and has often diarrhœa. He looks less ill; the face not so thin, and has a little colour. He walks well. The veins are fuller; pulse firm, 80. His appetite is over good. The spleen is much less; from almost touching the umbilicus it is now difficult to feel it at all, though percussion shews it to extend some way below the ribs. The blood is unchanged.

Nov. 15th, 1863. He has steadily improved this year, with interruptions solely from an attack of bronchitis, and one of red gravel in the urine. He declares himself positively to be well. From the previous emaciation and pallor he has become stout and florid, though he shews age in weak memory, and slow, stooping gait. The temporal arteries are much fuller, corresponding with a firm pulse of 80, and increased vascularity of the entire surface. I do not detect disease of any organ, except a tendency to bronchial catarrh. The splenic dulness is rather extensive, but not so as to attract the least attention if one did not know of the lately enormous size of the organ. The blood contains more white corpuscles than I should expect in typically healthy blood, but not more than are seen in anæmia, and in a great number of indeterminate conditions. The red corpuscles are more numerous, so far as can be made out by judging of the number visible in the field of the microscope at one time.

Now, I think there can be no doubt that this patient, in 1861, was in an advanced stage of "leucocythæmia." There was enormous enlargement of the spleen, emaciation, pallor, chronic diarrhœa, and *great* increase in the colourless corpuscles. These are the concomitants which go to make up the "*leukhœmia lienale*" of Virchow. All these symptoms have now disappeared, so far, *i.e.*, that the size of the spleen and number of colourless corpuscles seem to come within the bounds of variation compatible with health. With regard to the latter point, I wish it could be stated statistically; but it must be remembered that the actual proportion of colourless to coloured cells in the blood is just as little known as their function or mutual relation. I would suggest the employment of a very simple plan for aiding the determination of this point approximately. If thin glass be carefully laid on the drop of blood, it is easy to find a spot where the red discs form a single layer; and then you may count the colourless ones in the field, or, what is better, draw them with the camera lucida. The results of such a process you see in the drawings on the table. In this patient the proportions of colourless corpuscles to coloured is now probably 3-4 per cent.; in perfect health it would be perhaps 2-3 per cent., but during the year 1861 it was probably nearer 40 per cent.

Lastly, a word on the treatment. As we have neither a known cause nor a theory of leucocythæmia, we can have no very rational therapeutics. In a purely empirical way I gave tonics, iron, etc., but without any visible result. The intercurrent bronchitis always yielded to counterirritation and sedatives. One medicine, however, ordered first as an expectorant, viz., ammonia, did so much good that the patient adopted the aromatic spirit for private use, and of his own accord, took for a length of time, large and frequent doses. If the analyses of Dr. Robertson and Scherer express usual conditions, the chemical state of the blood is seriously altered in leucocythæmia, and especially the *fibrine* is found in excess. Whether the result of ammonia treatment may be to affect the solubility of the fibrine, or even to aid the dissolution of these intruding colourless corpuscles and so to do good, can be at present no more than a subject of interesting hypothesis.

Having occupied this meeting so long already, I hasten to conclude, with the hope that the rare course of the disease in this particular instance may have proved a sufficient excuse for its production.

Progress of Medical Science.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

Ossification of Nerve-Cells. Calcareous transformation of the sheaths of vessels, or of the connective tissue, is not unfrequently found in the brain; but a similar condition of the nerve-cells is rarely met with. This alteration was found by Professor Heschl in a young man aged 26, affected with melancholia, who died in the lunatic asylum at Vienna. On the convex surface of the left anterior lobe, there was a whitish osseous patch of the size of a lentil: a portion of the grey substance was transformed into a small filamentous mass, of the size of a bean, and charged with a reddish serous fluid. The brain was much injected, and its membranes were adherent at several points by small whitish concretions. The small hæmorrhagic mass, on examination, was found to consist of vessels having partially undergone fatty degeneration, and of connective tissue loaded with pigment. Its walls had a greyish colour, and were firmer than the remaining cerebral substance. Several rather extensive groups of nerve-cells, comprising this indurated portion, were ossified, some entirely, others partly. Some were transparent, and presented large round or oval nuclei; while others were entirely opaque, and charged with calcareous matter. This was readily dissolved out by hydrochloric acid, without any escape of gas. The calcareous deposit (phosphate of lime) was present also in the branches which connected the cells one to another. (*Osterreich. Zeitschr. für Prakt. Heilk.*; and *Gaz. Méd. de Paris*, Jan. 2, 1864.)

Monstrosity by Inclusion. The following case is related by Dr. T. Aretæos of Athens. A young woman, aged 22, was taken in labour at the seventh month. A small monstrous fœtus was expelled, and was followed in two minutes by another, completely developed in proportion to its age, on the head of which was a small opening corresponding to the posterior fontanelle. The first embryo was two and a half inches in length; its extremities were rudimentary, and the head was represented by a vesicle of the size of a nut. The second was fifteen inches in length, and weighed two and a half pounds. The head was like that of a hydrocephalic fœtus; the aperture in the situation of the posterior fontanelle was an inch long, and of a bluish red colour, with torn edges; the first embryo had doubtless escaped through it. On opening the skull, there was found in its interior a third incomplete embryo, which had compressed the cerebral substance towards the base of the skull; and also a mass of organised substance as large as a nut. This third fœtus was adherent to the medulla oblongata; and the small mass contained some bony fragments, one of which had the form of a tooth. (*Virchow's Archiv;* and *Gaz. Méd. de Paris,* 12 Decembre 1863.)

Assimilation of Isomorphous Substances. M. Roussin has performed a series of experiments on hens and rabbits, in order to ascertain whether similarity in form and composition is accompanied by any peculiar physiological properties. In one series of experiments, he investigated this question with regard to the shell of the hen's egg. This contains 90 per cent. of carbonate of lime; and he endeavoured to ascertain whether other isomorphous carbonates could be made to replace the lime-salt in the shell. Accordingly, some hens, some time before laying, were shut up in wooden cages, at a distance from the ground and from walls, and were fed with potatoes and oatmeal, or with oatmeal moistened with water. With their food, the substances with which the experiments were made, were mingled. The result of these experiments was, that carbonates of baryta, strontian, magnesia, peroxide of manganese, protoxide of iron, zinc, copper, lead, cobalt, or the oxides of these metals, were readily assimilated by the hens and eliminated in the coverings of their eggs. Alumina, sesquioxide of iron, manganese, and the oxides of antimony, were never found in the egg-shell.

Another series of experiments had relation to the soft parts of the egg. The albumen and yolk yield, on calcination, a notable proportion of chloride of sodium. As the alkaline iodides, bromides, and fluoxides, are isomorphous with this salt, it was endeavoured to ascertain whether, after their administration, iodine, bromine, or fluorine, would be found in the egg. Not only was this the case, but the quantity of these elements present in the egg was remarkably large. They were apparently distributed in equal proportions between the albumen and the yolk. Eggs containing bromine, iodine, or fluorine, have no peculiarity of taste; and it is suggested that this observation may be made useful for therapeutic purposes.

The administration of the alkaline iodides, and especially of the bromides, was accompanied by a singular phenomenon; viz., the gradual disappearance, in some instances, of the calcareous covering, in proportion to the increase of the above named substances in the interior of the egg. This occurred in hens left at liberty, and having free access to carbonate of lime; and was not generally observed in strong birds with good appetite.

In a third series of experiments, it was endeavoured to ascertain whether arseniate of lime could be assimilated and substituted for phosphate of lime in the bones—the arseniates being isomorphous with the phosphates. The result was found to be that, when small quantities of arseniate of lime are introduced into the food of a female rabbit, the animal gives birth to young whose bony skeleton contains a notable proportion of arsenic, while their muscular tissue contains scarcely any traces. The arsenical compound is also eliminated by the urine in the form of arseniate of ammonia and magnesia.

M. Roussin concludes from his experiments, that substances isomorphous chemically are assimilated and eliminated in a like manner from the animal economy, and may be regarded as isomorphous in a physiological point of view. (*Journ. de Pharm. et de Chem.*; and *Gazette Méd. de Paris,* Jan. 16, 1864.)

Fœtus in a Rudimentary Horn of the Uterus. Professor Luschka, in the *Monatschrift für Geburtsheilkunde,* relates a curious instance of anomalous pregnancy. In the right—and rudimentary—horn of the uterus in a woman who died in the third month of gestation, there was found a fœtus. The left horn of the uterus was normally developed. The left ovary contained a corpus luteum, of appearance corresponding with the period of pregnancy. There was no trace of a corpus luteum in the right ovary; and hence it was evident that the fœtus had proceeded from the left. But, upon most careful examination, no connexion could be traced between the right horn of the uterus and the cavity of the organ. The right horn was rudimentary, and was connected with the uterus by a solid largish cord, in which it had a blind ending. Professor Luschka concludes that the ovum, in order to reach the position in which it was found, must have traversed the peritoneum. (*Wiener Med. Wochenschrift,* November 21, 1863.)

Red Blood in the Veins. Dr. Brown-Séquard arrives at the following conclusions regarding the colour of venous blood. 1. The blood is of a less deep colour in the veins of limbs paralysed by section of their nerves or by destruction of a part of the spinal cord, than in the veins of sound limbs. 2. The diminished depth of colour in the veins of paralysed limbs is due, at least in part, to the state of inaction of the muscles. 3. Paralysis of the blood-vessels may also produce a reddish colour in the venous blood. 4. It is especially through their influence in exciting muscular contraction, that the nerves and galvanism increase the intensity of the dark colour in venous blood. (*Journal de la Physiologie.*)

MATERIA MEDICA, CHEMISTRY, AND PHARMACY.

Citrate of Magnesia. Various methods of preparing this medicine have been devised; two of the latest are those of M. de Letter and M. Hager. M. de Letter advises that the mixture of citric acid and carbonate of magnesia be dried during five days in a stove heated to 104° Fahrenheit, then powdered and sifted. M. Hager mixes the powder with alcohol having a specific gravity of 0·83, and dries it at a temperature of 113° Fahrenheit. M. Parisel says that the first process is tedious, and the second inefficacious, on account of the water which is left by the alcohol during its evaporation. He recommends the following method, which he has followed during two years, as being both simple and effectual. Take of powdered and well dried citric acid, 200 *grammes*; carbonate of magnesia, 120 *grammes*; mix accurately, and enclose the powder in a slightly warmed and well dried bottle, which must be kept well stopped. The mixture thus made is rapidly dissolved in three times its weight of water at the ordinary temperature; and, if the water be pure, the solution in a few minutes becomes perfectly transparent, without any precipitate. The salt preserves its solubility for a long time. (*Bull. Génér. de Thér.*, 30 Dec., 1863.)

Syrup of Iron and Cinchona. The following is described as the process by which M. Grimault has succeeded in making a perfectly limpid syrup of iron and cinchona, having an agreeable taste. Take of pyrosphosphate of iron and soda, 10 *grammes*; distilled water, 300 *grammes*; sugar, 700 *grammes*. The iron salt is dissolved in the water, and the sugar is added to it in a water bath. The liquid is then filtered, and ought to be perfectly transparent. This is important, as the pyrophosphate of iron and soda met with in commerce, when made into syrup, often give a black colour and an inky taste. The next step is to dissolve 5 *grammes* of hydro-alcoholic extract of red cinchona bark in 100 *grammes* of alcohol, to filter, and to add the solution cold to the syrup of pyrophosphate of iron and soda above described. The syrup contains in each teaspoonful 10 *centigrammes* (about one grain and a half) of extract of cinchona, and double that quantity of pyrophosphate of iron and soda. (*Bull. Génér. de Thér.*, 30 Nov., 1863.)

CHEMICAL COMPOSITION OF MATICO. M. J. Marcotte has subjected matico to chemical analysis, and gives the following general summary of its composition.

Water	2
Vegetable tissue; artanthates of lime and magnesia; phosphate of iron . . .	39
Tannin; nitrate of potash; sulphate of lime; chloride of sodium; resin; volatile oil; chlorophyll; colouring matter; vegetable extractive	59
	—
	100

1. Matico contains tannin. After maceration, infusion, or decoction of the leaves, the resulting liquid always gives a greenish black precipitate with salts of iron. The precipitate is gelatinous; and, when a crystal of sulphate of iron is left for some hours in an infusion of matico, the whole, on cooling, becomes a greenish black jelly. The tannin is not identical with that of galls, but has its analogues in many other vegetables.

2. Matico, although belonging to the natural order *Piperaceæ*, does not contain piperine. No appreciable traces of this substance could be found, after the employment of the procedure recommended by chemists for obtaining it.

3. The odour of matico led M. Marcotte to suppose that camphor may be present. He has endeavoured to isolate it, but has not been able as yet to arrive at any definite results.

4. Matico does not contain starch. A decoction of the leaves, acidulated by a few drops of sulphuric acid, was introduced into a flask, and some yeast was added; at the end of a fortnight, there was no evidence of evolution of carbonic acid.

5. Matico contains nitrate of potass. The presence of this salt is indicated by the manner in which the plant burns; and, in the process for obtaining artanthic acid, sulphate of potash, with nitrate, is sometimes found in the residue.

6. Matico contains a peculiar vegetable acid—the *artanthic*. As obtained by processes which are described at length, this acid is solid, colourless, and readily crystallisable. Its form varies according to the solution from which it has been deposited. From water, it is thrown down sometimes in long lamelliform prisms, apparently derived from prisms with a square base; sometimes in hexagonal plates or large crystals derived from octohedra having the angles replaced by facets. From alcohol, it is deposited in elongated prisms with a square base; its ethereal solution deposits needles or aciculated prisms of variable size. Artanthic acid is very soluble in water and alcohol, and remarkably so in ether. It is inodorous; its taste resembles that of citric and tartaric acids. It forms salts—*artanthates*—with potash, soda, ammonia, baryta, lime, magnesia, manganese, iron, chromium, zinc, cadmium, lead, bismuth, copper, mercury, silver, platinum, and the alkaloids, especially morphia, atropia, veratria, and quinine. In the plant, it is probably in combination with lime or magnesia, forming insoluble artanthates; it is not dissolved out by alcohol or water, either in the free form or in combination, as soluble salts, with potash or soda. The amount of artanthic acid in matico M. Marcotte believes to be very variable. (*Répert. de Pharmacie*, Fevrier 1864.)

Reviews and Notices.

PHTHISIS AND THE STETHOSCOPE; OR, THE PHYSICAL SIGNS OF CONSUMPTION. By RICHARD PAYNE COTTON, M.D., Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Third Edition. Pp. 104. London: 1864.

IN this third edition of his work on *Phthisis and the Stethoscope*, Dr. COTTON has, besides a general revision of the matter contained in the former editions, added a chapter on the Classification and Nomenclature of Physical Signs, and one on the physical signs indicative of arrest or improvement in the several stages of phthisis.

With regard to the nomenclature of physical signs, Dr. Cotton is an advocate for simplicity, so far as is consistent with accuracy. At page 7 will be found a vocabulary of the terms, which he has found sufficient for practical purposes.

In the last chapter, on the Signs of Arrest or Improvement, he treats of these as they occur in the several stages of phthisis. In the first stage, the change may be considered satisfactory if there be a return to mere feebleness of respiratory sounds after the breathing has been bronchial, or jerking, or very harsh; especially if there be, at the same time, an improvement in the general symptoms. The respiratory sound may never recover its former strength; although some weakness, with perhaps harshness, may be the only evidence of the mischief that formerly existed. Jerking and prolonged respiration also may remain for some time stationary; but they generally undergo changes indicating either an advance or an improvement in the disease.

When the first stage is more advanced, it is more easy to determine the occurrence of arrest or improvement; this being manifest by the diminution, and perhaps the disappearance, of rhonchus. At the same time, however, that the respiratory murmurs are undergoing changes indicative of improvement, other signs, as dulness, and vocal and tussive resonance, may remain unchanged, without affording any evidence that the patient is not making satisfactory progress. In this stage, then,

> "Loss, or decrease of the secretion-sounds, with improvement in the respiratory murmurs, become the only essential evidence of our patient's improvement."

When the disease has reached the second stage—that of softening of the tubercular deposit—it is seldom, Dr. Cotton observes, that it stops there. Three instances only have come under his notice in which this stage has not gone on to the formation of cavities. The continuance of the hurried and subcrepitant rhonchus, however, indicating this occurrence, is not necessarily indicative of an advance in the disease, as the softening and expulsion of tubercular matter appears to be one of the modes in which cure is effected. Improvement may, even when these signs continue, be expected when there are no fresh indications of tubercular deposit, and when the general health appears to be undergoing amendment.

In regard to the third stage, Dr. Cotton considers the following signs in their relation to improvement; the form and movement of the chest; the percussion-sound; the respiration; the rhonchi; and the vocal resonance. Pneumothorax, although it cannot be called a sign of improvement, is not absolutely a sign in all cases of danger.

> "Numerous cases occur in which pneumothorax, far from having any immediate ill effect, really affords relief, and prolongs life. At the present time I am seeing a former hospital in-patient of mine, who, whilst under treatment nearly a year back, was seized with severe pneumothorax. After recovering from the immediate shock, he gradually improved in health, and is now so far restored as to undertake light out-door employment, being in a much better condition than before the seizure. It is but too probable that ultimately he will succumb; at present, however, he is doing well. Cases similar to this have been recorded by other writers, and they may be usefully remembered in forming a prognosis after the occurrence of pneumothorax."

Dr. Cotton's little book is an useful manual of diagnosis for those who have cases of consumption brought under their notice.

ANNUAL REPORT OF THE CALCUTTA EYE INFIRMARY, for the Year ending March 31st, 1863. By Dr. ARCHER, Superintendent of the Infirmary, and Professor of Ophthalmic Surgery, Calcutta Medical College. Presented to the Indian Government. Calcutta: 1863.

WE are glad to find that our medical brethren in the East keep pace with the advanced schools in Europe in ophthalmic surgery. The Calcutta Eye Infirmary was established about forty years ago, and was one of the earliest off-shoots of the London and Westminster Ophthalmic Hospitals. Its utility and success may be estimated when we state that, although it has laboured under great discouragements at times, it has been one of the largest of the kind in existence, and has relieved annually many thousands; the number of in-patients alone, European and native, being often over a hundred in number. As a school of instruction, it has been the means of disseminating, in connexion with the Medical College, the principles of the art widely throughout Bengal and the North-west of India.

We are very glad to find that extraction of cataract has been carried on very successfully of late years, in this hospital. Formerly it was found, that the extraction did not do well in a great number of cases; consequently, the operations for depression, etc., were more commonly adopted. The failure of extraction was apparently owing to the comparatively feeble constitutions of the Bengalese, who constituted, from the locality of the institution, by far the largest number of the patients. Of late years, however, extraction has been more often resorted to; and it is found that, by keeping the patients in full vigour previous to the operation, and avoiding the error, formerly so prevalent, of adopting lowering remedies in case of any irritation supervening upon the extraction, a fair success has been achieved. Dr. ARCHER proves that his success is at least equal to the average in hospitals at home or on the continent; and he does not hesitate, when circumstances call for and justify the proceeding, to operate upon both eyes at the same sitting.

TRANSACTIONS OF THE MEDICAL AND PHYSICAL SOCIETY OF BOMBAY. No. VIII. New Series. For 1862. Bombay: 1863.

THIS volume contains a series of valuable contributions to medical literature. Dr. Carter gives a minute account, with cases, of the Symptoms and Morbid Anatomy of Leprosy. Dr. Leith contributes a paper on Delirium Tremens in the European General Hospital of Bombay. Dr. Grierson makes remarks on Sanitary Subjects; and Dr. Moore on the Sanitary Condition of the Hill Stations. Dr. Peet treats of the Prevalence of Typhoid Fever in the Bombay Presidency; Dr. Haines of the Conversion of Calomel into Corrosive Sublimate by Ammoniacal Salts. Dr. Ballingall gives his experience of the Operations for Elephantiasis Scroti. Dr. Giraud comments upon a Table of the Number of Paroxysms of Malarious Intermittent Fevers that occurred in 146 Medical Charges in Bombay. Mr. Hanbury gives sanitary notes on Colaba, Bombay, as a Military Station; and Dr. Coles, Hospital Statistics, Prisoners in Jails, etc. Mr. Moore gives the Seeming Relation of Dysentery to Abscess of the Liver, from the Records of the Bombay Hospital.

ADVICE TO A MOTHER ON THE MANAGEMENT OF HER OFFSPRING; and on the Treatment of some of their more Important Diseases. By PYE HENRY CHAVASSE. Seventh Edition. Pp. 316. London: 1864.

THIS useful work has enjoyed a high and deserved degree of popularity, and has now reached a seventh edition. The value of this edition is increased, by the circumstance that it has received corrections and additions suggested by Sir Charles Locock, who has also added to it various practical annotations. Mr. CHAVASSE'S book has our best wishes for a continued career of utility and success.

TESTIMONIAL TO A POLICE-SURGEON. Dr. R. B. Painter has been presented by the police at Bow Street with a silver inkstand as a token of their esteem for him, on the occasion of his resigning his office and removing into South Kensington.

CONSUMPTION OF COAL. At the Académie des Sciences Morales et Politiques, M. Dalloz has given particulars on the consumption of coal. In 1789, France consumed 500,000 tons of coal, 220,000 of which were imported, and in 1863, 15,000,000 tons, 5,200,000 of which were imported. At the commencement of the present century England produced 13,000,000 tons; in 1838 the quantity rose to 26,000,000 tons, and in 1862 to 84,500,000 tons. England alone produces much more than half the coal extracted throughout the world. The production of coal in the United States is valued at 15,000,000 tons; that of Belgium at 9,000,000; the Zollverein produced upwards of 14,000,000 tons in 1862; so that, if England be omitted, France is one of the richest coal producing countries in the world.

British Medical Journal.

SATURDAY, MARCH 12TH, 1864.

MEDICAL EDUCATION IN GERMANY.

NO. II.

WE have already shown the nature of the organisation of the teaching body of the medical faculties of Germany; and will now follow M. Jaccoud in his researches into the condition and organisation of the instructed—of the students.

The number of students in the different faculties of medicine in Germany varies greatly. At Vienna, the number reaches 950; and at Freiburg, it falls as low as 46.

The terms of admission to the faculty require a certificate of examination, which is much of the character as the Parisian double Baccalaureate.

The time required to be employed in medical studies is not everywhere the same in Germany. In Austria and Saxony, it is five years; but in Prussia and the other states of the Confederation, it is four years. M. Jaccoud, however, adds, that it is the intention of all the faculties shortly to adopt the quinquennial period of study.

At Berlin, there is a total of 341 hours of lectures delivered per week; and at Vienna of 317 hours. Of course, attendance on all these lectures is not obligatory on the student. To show what is done in this way, we will give as a specimen the table of lectures delivered at the Berlin Faculty of Medicine during the summer semester of 1863.

1.—*Ordinary Professors' Lectures.*

Professors and Subjects.	Hours per week.
Mitscherlich (Dean).	
Excitant Medicines	2
Materia Medica	6
Dubois-Reymond.	
Organic Diffusion	1
Physiology	4
Physiological Exercises	12
Casper.	
Legal Medicine	3
Practical Exercises	3
The Art of Writing Formulæ	1
Ehrenberg.	
Comparative Physiology of Entozoa, etc.	2
General History of Medicine	1
Frerichs.	
Special Pathology and Therapeutics	5
Clinical Medicine	10
Jüngken.	
Wounds of the Body	2
Clinical Surgery and Ophthalmology	10
Langenbeck.	
Clinical Surgery and Ophthalmology	6
Operations	3
Martin.	
Diagnosis of Female Diseases	1
Clinical Midwifery, etc.	8
Obstetrics	4
Reichert.	
On Generation	1
History of the Development of Man and Mammifers	2
Comparative Anatomy	4
Textural and Structural Microscopy of the Human Body	5
Zootomical and Microscopical Exercises	12
Romberg.	
Practice of Medicine	5
Schultz-Schulzenstein.	
Medical Encyclopædia (?) and Methodology	1
Medical Natural History	5
Medical Botany and Physiology	6
Human Physiology	6
Virchow.	
Special Pathological Anatomy	5
Pathological Anatomy and Microscopy	6
Pathological Histology	6

2.—*Extraordinary Professors.*

Von Bärensprung.	
Exanthematic Fevers	1
Pathology and Therapeutics of Skin-Diseases	3
Boehm.	
Dental Pathology and Therapeutics	1
Surgery	3
Surgical Operations	8
Clinical Demonstrations of the Uses of Coloured Rays of Light in the Cure of Diseases of the Eyes	2
Von Gräfe.	
Pathology and Therapeutics of Diseases of the Eyes	3
Clinical Ophthalmology	6
Operations on the Eye	
Gurlt.	
General and Special Surgery	6
Henoch.	
Special Pathology and Therapeutics	6
Polyclinic of Diseases of Children	6
Kranichfeld.	
Study of the Changes which Fermented Intoxicating Liquids undergo under the Influence of Heat	1
General Therapeutics	4
Operations on the Eye	6
Lieberkühn.	
Syndesnology	1
Osteology	3
Remak.	
Diseases of the Nerves and Muscles	2
Clinical Exercises	6
Traube.	
Elementary Clinical Medicine	12
Troschel.	
Wounds	1
Surgery	5
Bandaging	3

3.—*Private Teachers.*

Albrecht.	
Diseases of the Teeth and Mouth	2
Odontological Demonstrations	6
Angelstein.	
Surgical and Ophthalmological Exercises	12
Bergson.	
Formulæ and Pharmacological Exercises	3
Ebert.	
Theoretical and Practical Obstetrics	4
Clinique and Polyclinique of Diseases of Children	3
Erhard.	
Diseases of the Ear	2

Friedberg.	
Amputations	1
Surgery with Demonstrations	6
Legal Medicine	2
Helfft.	
Balneology and Balneotherapeutics	2
Medical Climatology	1
Kristeller.	
Obstetrics—Theoretical and Practical	4
Laver.	
Medico-Chirurgical Semeiology	3
General Therapeutics	3
Lewin.	
Diseases of the Heart	
Atmiatrique Therapeutical	
Diseases of Respiratory Organs	4
Liman.	
Legal Medicine	3
Mannkopff.	
Physical Exploration of the Body	2
Auscultation and Percussion	3
Meyer.	
Special Pathology and Therapeutics	5
Physical Exploration	3
Munk.	
Physiology of the Nerves	1
Ravoth.	
Herniæ	2
Clinical Studies	6
Fractures and Dislocations	4
Schöller.	
Clinical Obstetrics	3
Schweiger.	
Optics and Optical Instruments	
Anatomy of the Eye	
Disturbances of Vision, which result from defects of refraction and accommodation	
Wagener.	
Entozoa	1
Westphal.	
Psychiatry	3

Of these numerous courses, it is necessary that the student, on presenting himself for examination, should present certificates of attendance on the following:—Encyclopædia and Methodology of Medicine, Special Anatomy, General Anatomy, Pathological Anatomy, Physiology, General Pathology, General Therapeutics, Pharmacology, Special Pathology, Semeiology, Special Therapeutics, Hygiene, History of Medicine, Surgery, Ophthalmology, Midwifery, Operations and Bandages, Jurisprudence, Medical Police, Study of Epizootics, Clinical Medicine, Clinical Midwifery, Clinical Surgery, and Clinical Ophthalmology.

Attendance on these courses is the minimum demanded of the student. At Vienna, for example, a much more extended series of lectures is required. The student who presents himself for examination for his doctorate is required to show written proofs from the professors that he has attended the following courses of lectures.

	Semesters.
Zoology, 5 hours per week	1
Mineralogy, 5 hours per week	1
Botany, 5 hours per week	1
Chemistry, 5 hours per week	2
Physiology, 5 hours per week	2
Descriptive Anatomy (with Dissections), 5 hours per week	2
Topographical Anatomy, 5 hours per week	2
General Pathology, 5 hours per week	1
Pharmacognosis, 3 hours per week	1
Pharmacology, 5 hours per week	1
General Therapeia, 2 hours per week	1
Bandages and Instruments, 4 hours per week	2
Pathological Anatomy, 5 hours per week	2
Exercises in Pathological Anatomy, 3 hours per week	2
Clinical Medicine, 10 hours per week	4
Clinical Surgery, 10 hours per week	4
Ophthalmology, 10 hours per week	1
Clinical Midwifery, 10 hours per week	1
Jurisprudence, 5 hours per week	2
Practical Exercises in Jurisprudence, 3 hours per week	1
Veterinary Medicine, 3 hours per week	1
Formulæ, 2 hours per week	1
Toxicology, 2 hours per week	1
Vaccination ....weeks	6

Notwithstanding this luxury of lectures demanded of the student, the fees paid by him are not high, varying, in fact, between 900 and 1300 *francs*.

Students are allowed to study in different universities; but they must pass their examinations and take their degree in one and the same faculty.

In the clinical instruction, the student is made to examine the patient; to form the diagnosis; give the prognosis; and prescribe the treatment—of course, under the eye of the master. All the students are obliged to go through this process, which begins about the middle of his student life, and is continued during four or five semesters.

M. Jaccoud, in speaking of the organisation of the clinical departments of hospitals, bears witness to the excellent results of the polyclinical system (*Clinicum ambulatorium*), so called in opposition to the clinical practice in hospitals (*Clinicum stabile*). Gratuitous consultations are given in the hospital; and patients are treated at their own homes under this system—the service being performed by students under the direction of the professors.

On another occasion, we will give M. Jaccoud's account of the examinations required for the doctorate and of the degrees conferred by the faculties.

THE SOCIAL EVIL.

The Government, as lately remarked, has taken the social evil under its especial wing—so far, at least, as the army is concerned. It has made arrangements for the cure of a certain number of females for the Woolwich District, as well as for other garrison quarters.

We will venture to say, that the Government little knows what it is doing in taking this first step towards a governmental supervision of prostitution. Let us suggest a few difficulties. If it be right that the country should undertake the cure of ten prostitutes, why should it not undertake the cure of ten hundred prostitutes? If it be right to protect the health of the soldier, why is it not equally right to protect the health of the private citizen—of the public generally? If it be right that the country should pay for the cure of one contagious disease, why should it not make equal provision for the cure of all other contagious and infectious disorders? If it be right to spend the money of the public in curing the diseases of the prostitute and of immoral intercourse, why is it not equally right to spend the public money in the cure of the honest diseases which fall upon the artisan through no fault of his own? Why should Miss Flash from Portsea be comfortably housed and cared for in the Lock Hospital, and there obtain a clean bill of health on her return to her trade at Portsea; while poor Mrs. Smith, the honest drudge, who has fallen down sick at the wash-tub, has to fight her way, half dead, into a workhouse? Suppose, also, that Miss Flash publicly announces her return to garrison duty with the certificate of security obtained by the fact of her recent retirement in the Lock Hospital under the care of governmental supervision—will the country be satisfied with such expenditure of its money?

These, and a dozen more such, questions will, we venture to say, be in due time forced on the attention of those authorities who have given their sanction to this particular distribution of the public money.

The following paragraph, taken from a daily paper, is the announcement to which we here make allusion:

> "The Social Evil. An order from the War Department has been read to the men on parade, at Woolwich garrison, strictly forbidding them to enter certain streets in the town notorious for houses of ill-fame, with an intimation that sentries had been placed at each end of such streets day and night to enforce obedience to the order. In connection with the same subject, a letter has been received by the Woolwich Local Board of Health from Lord Hartington, informing them that the Admiralty had made arrangements with the Lock Hospital, by which any number of females, not exceeding ten, could be sent from Woolwich to that institution at the expense of the Board of Admiralty."

◆

From the last and previous Annual Reports of the Pathological Society, we have concluded that its pecuniary affairs were in a flourishing condition; but, to judge from its frequent and unseasonable application to the Royal Medical and Chirurgical Society for reduction of house-rent, the contrary state of things might be supposed to exist. At its annual meeting held last week, the Medical and Chirurgical Society was actually accused of practising something like extortion on what was facetiously called its younger sister, and simply because it required the Pathological Society to pay what is a proper equivalent for the accommodation afforded by it to that Society. It is really surprising to note the constant efforts which have been made to make the Medical and Chirurgical Society assist in keeping up the Pathological Society; for really these efforts amount simply to this. We must sincerely hope that, for the credit of the latter Society, the attempt will not be renewed. The Pathological Society has gained greatly in prestige through the mere fact of holding its meetings in the rooms of the Medical and Chirurgical Society. Under such circumstances, to ask or to expect to obtain accommodation for its meetings at less than the real value of such accommodation is really beneath its dignity. The Pathological Society is at perfect liberty, whenever it pleases, to pack up its unsavoury household gods and seek a local habitation elsewhere. But it does not do so, because it knows perfectly well that it at present obtains a cheaper and a superior article for its money than it can get elsewhere. It, therefore, sticks to Berners Street, but grumbles and abuses the old original parent of societies, which kindly gives it house-room—abuses the parent which admits it to its bosom. If the Pathological Society is living, as many other influential people do, beyond its means, it of course must take the consequences usually attendant upon such a mode of living, and has no right to come and ask its "sister" or grandmother to help it out of its difficulties. Surely there are plenty of men of business on the Council of the Pathological Society; and their common sense must tell them that the transaction between the two societies is, and ought to be in this matter, purely commercial. That the rent actually paid by the Pathological Society is a low rent, is proved by the fact that, notwithstanding this repeated annual grumbling, the Pathological Society still sticks to the Berners Street quarters. It evidently can get no such accommodation elsewhere for its money. The Obstetrical Society pays its rent without murmuring. If any of its tenants have claims upon the consideration of the Medical and Chirurgical Society, it is the Widow and Orphan's Fund Society, which has now been for many years its tenant.

Dr. Morgan has drawn up and issued a report for the Sanitary Association on the health of Manchester during the fourth quarter of the year 1863. We take this opportunity of calling especial attention to reports issued weekly by this Association. In the statistics which are thus supplied will be found a rich store of materials for estimating the rise and fall of epidemic disorders, and the particular localities in which they first appear. If some of the other large towns throughout the country adopted a similar method of obtaining information, many useful results might be anticipated from the measure.

> "Zymotic diseases, with the exception of measles, proved more general in 1863 than in 1862; scarlet fever cases amounting respectively in the two quarters to 867 and 172, those of small-pox to 144 and 94, fever to 734 and 703, whooping-cough to 215 and 183, and, lastly, measles to 121 and 236."

> "As regards the *intensity* of some of the more severe maladies, we find that the disease which proved most fatal was croup, one death occurring in every 2.6 cases; next follows diphtheria, one in 3.6; scarlet fever, one in 6.3; consumption, one in 9.6; small-pox, one in 14.5; measles, one in 15.1; continued fever, one in 26.2; and bronchitis, one in 38."

Infantile mortality is very high in Manchester. Of the 3,286 deaths in the December quarter, 1,622, or nearly one-half, were those of children who had not yet completed their fifth year. In some healthy districts, the death-rate at this age is not more than 4 in 1,000, instead of, as here, 15 in 1,000. An interesting observation is made in reference to scarlet fever, which tends to show that the disease is mainly, if not wholly, propagated by contagion.

> "The advance of scarlet fever is in all cases steady and progressive, not sudden or rapid. It does not burst out in different quarters of the town at one and the same time, as though propagated by some obscure but widely diffused epidemic influence: on the contrary, it appears to travel from district to district, and during each successive quarter, and well-nigh during every passing week, steadily gathers strength."

THE advancing year reminds us that the election of Councillors of the Royal College of Surgeons will again, in due season, be brought under the notice of the Fellows. We refer to the election at the present moment, simply to remind the country Fellows that, if they desire that one of their number should have a seat at the Board, they must not defer their efforts in that direction to the last moment. We must say, we think it very desirable that a gentleman—a country Fellow—who may be considered to have the confidence of the profession in the provinces, should have a seat at the Board. We, of course, are quite aware of the difficulties with which a country Fellow in practice has to contend in attending the meetings of Committees; but still it is reasonable to suppose that some worthy gentleman in the country may be found who is willing to make the sacrifice in return for the honour he receives, and the good he may do. It is clear to demonstration that, as the election is now carried out, the country Fellows are virtually excluded from recording their votes. It is, indeed, we confess. necessary and expedient that the large body of the Council should be men resident on the spot—in London; but also for this very same reason is it most unfair that the country Fellows should be virtually prevented (by the mode of election) from exercising their choice. In our opinion, the country Fellows are much more likely to take the right measure and value of a London candidate than the London Fellows are; and, most assuredly, they are much less likely to be biased by personal and local feelings in the recording of their votes. We believe it would be impossible to give one single sufficient reason why country Fellows should not vote at these elections by proxy, beyond the fact, that the Charter does not allow of such proxy-voting. But, on the contrary, it may be shown that proxy voting by the country Fellows would be of very great advantage to the College, and would tend to purify the elections. Simple justice, indeed, demands that this power should be given to the country Fellows. The body of Fellows was created, let it be remembered, for the very purpose of carrying out these elections; but under the present system, the largest number of its Fellows—the country Fellows—are excluded (by the force of circumstances) from exercising the function which they are especially called upon to exercise. We must still hope that the College will do this act of justice, even though it should require on their part the obtaining of an alteration of their present Charter. If country Fellows cannot sit on the Council, at least let them have a word in the election of Councillors.

IN a case lately tried in the Divorce Court, the Judge Ordinary made the following pertinent remarks touching the pay and the labour of a medical practitioner.

> "It seemed a small sum; but they did not know the amount of the petitioner's income. They did, however, know that he had six children, and that he was a medical man practising in a small country village; and perhaps there were few situations in which industry and intellect were so badly remunerated. Much was asked and expected of a man in that position, and much was freely given."

DR. SEMELEDER has been appointed physician to the future Emperor of Mexico.

A commission at Versailles, appointed to investigate the statement made by Professor Nussbaum—viz., that the chloroform anæsthesia may be prolonged by subcutaneous injections of morphia-salts—have themselves experimented in the matter, and have arrived at the conclusion, that the statement may be accepted as a positive fact acquired to medicine.

The correspondent of the *Vienna Medical Journal*, writing from Schleswig, says that, at the commencement of the war, the sick and wounded of the Austrian army were most ill-cared for, but that things are now getting into better order. Wounds, for the most part, heal favourably; and few deaths, comparatively, even after severe wounds, have occurred. Pyæmia has not shown itself; but six cases of tetanus have proved fatal. We conclude from the letter, that the Austrian sick and wounded would be in an evil case, were it not for the attentions they receive from Schleswig-Holsteiners. The Prussian army is, we also read, in no better condition in its sanitary arrangements than the Austrian. Doctors are as scarce, and doctors are as powerless in the administration of their department, in the one as in the other army. Doctors, instead of receiving some attention during war-times, are as much snubbed as ever. They are scarcely recognised as belonging to the army, although they share on the battle-field the dangers and honours of the combat. Another correspondent writes from Apenrade a sad account: The soldiers lying for two and three days in slushy snow, after long marches, were also half-starved. Even officers, with money in their hands, were scarcely better off. "Besides the horrors of a winter campaign, we have had the martyr-scenes of wounded lying two or three days in the open air, helpless, without food, without attention, and yet brought still living into hospital. I saw between Selk and Schleswig, in a field, two wounded Danes and two Austrians, who must have lain there two or three days. Their first word was 'hunger.'" The French campaign in Russia has been repeated here in a small way. The health of the troops is on the whole, nevertheless, satisfactory.

Mathieu de la Drôme, of weatherwise celebrity, is in high spirits at the occurrence of the late inclement weather. He has written to the Marseilles papers, to remind and prove to them how true a prophet he has been.

"In the autumn of 1835, I met in the street Nélaton, who said to me, 'If you will meet me in the Hôtel Dieu, M. Roux's ward, I will show you something pretty.' I asked him to tell me what it was; but he refused to do so if I did not come. I came, therefore; and he showed me 'the last load of the extraction operations of M. Roux' (*fournée*, a load, Roux used to call the operations which he performed on one occasion or on two successive days). The *quelque chose de joli* was eleven eyes, of which nine—that is, more than eighty per cent.—were in a most complete state of purulent destruction. Such was the result of the much vaunted compression bandage of M. Roux." (Siebel, in *Deutsche Klinik*, No. iv, 1864, p. 39.)

Scottish Weather Returns. The mean of observations at fifty-five stations of the Meteorological Society of Scotland shows that, in the year 1863, 42·11 inches of rain fell. There were in the year 1,711 hours of sunshine, which would have given an average of above four and a half hours a day. The mean temperature of the year was 46·8. These figures are all above the average of the last few years, more especially the rainfall. The range of temperature was from 85·2 to 12 degrees.

Army Sanitary Commission in India. The Viceroy of India has appointed a Sanitary Commission to consider all matters relating to the health of the army, and to supervise the gradual introduction of sanitary improvements in barracks, hospitals, and stations, etc., in Bengal. The president and secretary will be required to devote their whole attention to the work of the commission; but the other members will serve on it in addition to their other duties. The members are: *President*, J. Strachey, Esq., C.S.; *Members*, Dr. C. A. Gordon, C.B., Deputy Inspector-General of Hospitals; Major C. K. Crosse, 52nd Light Infantry; Dr. J. P. Walker, Bengal Army; and Captain E. C. S. Williams, Royal Engineers. *Secretary*, Dr. J. P. Walker. Similar sanitary commissions will be formed in the presidencies of Fort St. George and Bombay.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

Within the last few days a new hospital has been virtually opened in Edinburgh. Virtually, I say, and not formally opened; as the ceremony of inauguration has yet to take place. It is one of the characteristic traits of the English character to wish to be constantly founding new charities. We are undoubtedly the most charitable people in the world; yet we allow motives of charity to persuade us to commit acts which are charitable only in name, and which militate strongly against the public good. The foundation of new hospitals is one of the forms in which, in my opinion, charity has often been misdirected; and old and efficient institutions, which with difficulty struggle against constant monetary difficulties, are often weakened by the opposition of new hospitals, founded for the alleged purpose of treating some special complaint, or of benefiting some special class of the community, when they in reality have often been originated by the supporters of youthful aspirants in medicine and surgery, anxious to see their names enrolled on the list of hospital physicians and surgeons. In Edinburgh, we have been specially exempted from special hospitals. With the exception of the Dispensaries, the Maternity Hospital, the Eye Infirmary, and the Royal Hospital for Sick Children, no institution of any importance has vied with the old Royal Infirmary in the treatment of the poorer classes. The institutions above named, of obvious utility, have cooperated, not vied, with the Infirmary; and the good which they have conferred upon the public is undoubted.

The Royal Hospital for Sick Children, founded only four years ago, has, thanks to the admirable management of its board of directors, and the ability and attention of its medical officers, already attained a prominent position amongst our charitable institutions. Opened for the reception of patients in 1860, the original building soon became too small; and, a few months ago, the patients were removed to a new building situated between Lauriston and the Meadows, where, at the present time, forty-five little sufferers are receiving all the care which skill and kindness can bestow upon them. The good done by this institution may be judged of by the fact that, in 1863, the number of out-patients treated in it amounted to 4,075.

The hospital which has just been opened differs from the above mentioned institutions, as it is a general hospital. It is called Chalmers's Hospital for the Sick and Hurt, and is situated in Lauriston Place, nearly opposite the Cattle Market. No better site could, in my opinion, have been chosen. Situated in an elevated position, the hospital commands an extensive view of the Meadows and surrounding country. Before describing the arrangements of the new hospital, I may inform the reader how it came to be founded. Many years ago, a person of the name of Chalmers, by trade a plumber, left a sum of money to the Faculty of Advocates, for the foundation of a hospital, to bear his name. The money has been long accumulating, and it is only a few years since the foundation-stone of the institution was laid. This is not a fit place to criticise the motives of testators who leave their money to found institutions for the perpetuation of names which would otherwise have found a place in no more permanent record than the *Street Directory*. Whatever may have been the motives of the testator, the learned body into whose charge the money was left appear to have acted with the greatest prudence and wisdom. The hospital is a very neat building, and stands in an inclosed space of ground. The entrance is in the centre, where are situated the offices and the staircases, which lead to the two lateral wings of the building, in which the wards are situated. The number of wards is four; of these, two are to be devoted to male, two to female cases. Each ward accommodates twelve patients, the space allowed to each being very large. Each ward is furnished with a bath-room and lavatory, water-closets, and a nurse's room. The arrangements of the kitchen, rooms for the resident medical officer, operating theatre, appear excellent. The whole building, indeed, appears admirably adapted for the purpose for which it was erected, and has an air of comfort, almost of elegance.

If the Faculty of Advocates have been judicious in selecting the site of the building for the new hospital, and in superintending its construction, their judgment in the choice of medical officers has been no less wise. Professor Miller has been appointed surgeon to the hospital, and Dr. Halliday Douglas physician. The position which the first of these gentlemen occupies in connexion with our University has made him so well known, that it would be superfluous to suggest any reasons for his appointment to Chalmers's Hospital. Dr. Halliday Douglas also is well known in Edinburgh as an accomplished physician. Formerly one of the physicians to the Infirmary, he discharged the duties of his office in a manner which secured for him the approbation and esteem of his colleagues, and of the students attending the Infirmary.

That there was any need for Chalmers's Hospital, I of course cannot admit. That it would have been a wiser and more useful act, had the founder Chalmers made over the money to the Royal Infirmary, I am sure. It is said that, in the course of time, the hospital will be reserved for the use of patients who are to pay a certain sum; and that the medical officers will receive a salary.

I cannot at present help fearing that the necessity under which the directors of the new hospital will feel themselves placed, of soliciting the aid of the public, may prove detrimental to the institution which has so long and so admirably ministered to the wants of the sick poor of Edinburgh: I allude to the Royal Infirmary.

A short notice of a famous Edinburgh trial appeared a short time since in these columns. The pursuer, Angus Mackintosh, Esq., sued Dr. Smith and Dr. Lowe, the proprietors of the lunatic asylum of Laughton Hall, for having wrongfully and illegally confined him in the said asylum, he being of sound mind. After a trial which lasted seven days, the jury returned a verdict for the defenders. It appears, however, from a letter written by Mr. Mackintosh to the *Scotsman*, that an attempt is to be made to obtain a fresh trial.

There have lately been no meetings of the Medico-Chirurgical Society. At the last meeting, Mr. Spence read a very interesting communication on Tracheotomy in Diphtheria and Croup. Mr. Spence is so well known as a good surgeon, and cautious and judicious reasoner, that an account of the results of his operations was listened to with great interest. Mr. Spence has arrived at the conclusion, that tracheotomy is a perfectly justifiable operation, not only in cases of advanced croup, but also in cases of diphtheria, where the life of the patient is threatened by asphyxia. Mr. Spence has operated on eighteen cases of diphtheritic croup, the disease being in every case very advanced, and the operation being only resorted to as a last chance. Seven of the patients recovered. I have myself been present at many of these operations; and can testify that, in every case of which I was a witness, the patient appeared in a hopeless state at the time of the operation.

On Wednesday last (March 2nd), Mr. Syme performed excision of the knee-joint, in a case of old-standing disease of that articulation. Although more than thirty years have passed since this distinguished surgeon last excised the knee-joint, he has for a long time expressed his willingness to have recourse to the procedure again, if a suitable case presented itself. The case operated upon appeared admirably adapted to it. The patient was a young woman, of apparently good constitution, who was the subject of ulceration of the cartilages of the joint, with disease of the bones. Mr. Syme performed the operation in the usual way, making a semilunar incision. Since the date of the operation, everything has proceeded admirably; and already (six days after the operation), I believe, the lips of the wound have united throughout the whole of its extent, except at the corners.

Since the date of Mr. Syme's operation, excision of the knee-joint has been performed in the Royal Infirmary, by Mr. Spence and Dr. P. H. Watson. The patients have, in both cases, been adult females; and the affection of the knee-joint has been of long standing. Dr. Watson's case was operated upon on Thursday, March 3rd; and Mr. Spence's on Tuesday, March 8th. I am informed that Dr. Watson's patient is progressing satisfactorily. In my next communication, I shall revert to the history and progress of these three cases.

UNIVERSITY COLLEGE, LONDON. The Prince of Wales has intimated to the Council of this College his acceptance of the office of vice-patron of the hospital, vacant since the death of the Duke of Sussex.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
NORTH WALES. [Intermediate.]	Dr. Davies's House, Holywell.	Tuesday, March 22nd, 1 P.M.
BATH AND BRISTOL. [Ordinary.]	York House, Bath,	Thurs., March 24, 8.15 P.M.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Saracen's Head, Ashford, on Thursday, March 24th, at 3 P.M.

Dinner will be ordered for 5 o'clock.

THOMAS BOYCOTT, M.D., *Hon. Sec.*

Canterbury, March 9th, 1864.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE next meeting will be held at the Old Falcon, at Gravesend, on Friday, April 1st, at 3 P.M.

Dinner will be provided at 5 o'clock.

Tickets, 5*s.*, exclusive of wine.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, March 8th, 1864.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 23RD, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

As soon as the Honorary Secretary had read the minutes of the preceding meeting of the Society,

Mr. HULKE said that he wished to enter his protest against a proceeding which had taken place at the last meeting. His paper had then been read out of the order which had been announced in the journals and elsewhere, and without any notification of the intention to do so having been made to him. He had no personal feeling in the matter; but as a principle it was bad to read a paper in the absence of the author when it could be avoided. Had he been informed that his paper would be read, he might have illustrated it by diagrams; and he thought some law should be in force on the point, and that it was the duty of the secretary to acquaint authors when their papers would be read.

Mr. BIRKETT explained that the paper was read to suit the time of the Society. He was not aware that there were any illustrations to it; and his notice to an author was not obligatory, but merely one of courtesy.

The PRESIDENT remarked that the custom of the Society was to read the papers in the order announced; but the secretary could not, of course, determine how long the paper might take to read, or how far the discussion upon it might extend. Under these circumstances, it might occasionally be necessary to substitute a short for a long paper.

After a few more observations, the subject dropped.

ALOPECIA. BY GEORGE NAYLER, ESQ.

Alopecia circumscripta, or areata, is a disease little noticed by any author except Cazenave, who confounded it with vitiligo of the scalp. It is far more frequent in the female than in the male, the relative proportion being that of seven to four between the two sexes; and it is chiefly observed about the period of puberty. It is a non-contagious disease, and may be represented by almost any number of circular bald patches on the scalp; very protracted in its progress, and tedious to heal. Alopecia is often associated with headache, especially in the female, or with some disorder of the catamenia; and in children, with ascarides or some gastric irritation. No pain or any previous symptom indicates the disease, which is generally unperceived for some time by the patient. The patch is of ivory smoothness, and ends in a circumference of sound unbroken hair.

When recovery takes place, the new hair is finer and softer than the old, and in some instances perfectly white. (The author had recently seen a patch in a lad of eighteen years where the new hair was quite white.) A microscopical examination shows the hair-bulb to be reduced to a fine point, or the bulb to be slender, and sometimes ending in brush-like filaments. In the stages of recovery, the bulb by degrees assumes its normal shape and size; but the hair itself for a long time retains its fineness and lighter colour.

Alopecia is regarded by most French writers as a parasitic disease, as by Bazin, Harding, and others; but no instance of a parasite has been found by Mr. Startin or the author. Mr. Hutchinson once detected it; but this may have been a case of tinea tonsurans or pityriasis versicolor of the scalp.

The prognosis is favourable, particularly when the disease is recent and the patient of early age or below puberty.

The treatment consists in attention to the general health, and in giving steel. The local treatment is of much importance. The surface affected should be painted from time to time with some blistering fluid, and in the intervals with some form of mercury or sulphur, either as an ointment or a lotion, or a lotion of the tincture of cantharides. In protracted cases, mercury and arsenic in *small* doses may be given internally.

In general alopecia the prognosis is less favourable, and when the disease is of long standing no good result can be expected. This form of alopecia differs from alopecia areata only in involving a greater extent of surface.

ON THE ABSORPTION OF DEAD BONE.

BY WILLIAM SCOVELL SAVORY, ESQ., F.R.S.

Can dead bone be absorbed? This question still awaits a satisfactory answer. For while careful and accurate experiments have furnished only negative results, there are unquestionable facts which compel us to admit the possibility of the occurrence. One all important consideration seems to have been hitherto neglected in the inquiry—the influence of pressure in determining the result. Thus, in the experiments which have been performed on the subject, and which have naturally led to the conclusion that dead bone may be kept amidst living tissues for weeks or months without losing the merest fraction of its weight—in these experiments the dead bone was kept in simple contact only with living parts. It appears that no considerable pressure was maintained; whereas, when ivory pegs are driven into bone, extreme pressure is of course produced. In order to test this view, some experiments were performed which were related in the paper. It appeared to the author that the only explanation which could be offered of the results of these several experiments was that the absorption of dead bone, when in contact with living bone, is determined by the *pressure* to which it is subjected.

Correspondence.

IRIDECTOMY.

Letter from J. R. Wolfe, M.D.

Sir,—"Disease does not add any new element to the organism, but is merely a modification of the phenomena of life, produced by an exaggerated or perverted action of the nervous system." This doctrine of Claude Bernard is nowhere more applicable than to that department of ophthalmopathy, which forms the subject of the present controversy. Before entering, therefore, upon the consideration of iridectomy, I shall premise a few remarks on the physiological action of the organ of accommodation, in order to illustrate its perverted or pathological state in irido-choroiditis, and in the morbid phenomena called glaucoma.

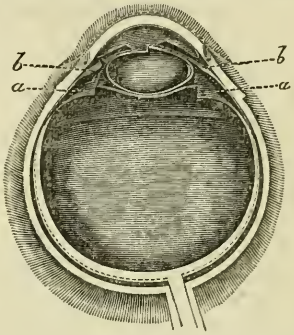
1. The iris consists of two sets of muscular fibres, sphincter and dilator iridis. They are animated by the following nerves; viz., *a*, motor oculi; *b*, trigeminus; *c*, pneumogastric and sympathetic. These anastomose and communicate with the Casserian and ophthalmic ganglia. The motor oculi furnishes the ophthalmic ganglion its short root, which goes to supply the sphincter iridis; whilst the cephalic filaments of the sympathetic and pneumogastric supply the dilator iridis. The trigeminus supplies the eyeball with general sensibility, and its ganglionic root imparts to it tactile sensibility.

This is established by the following experiments. When we expose the oculi motor, and irritate it mechanically, or by the application of the Calabar bean, the pupil contracts; when we cut it, the pupil dilates by the action of the antagonists (pneumogastric and sympathetic). On the other hand, when we irritate the pneumogastric and sympathetic mechanically, or by the application of atropine, the pupil dilates; cut it, and the pupil contracts by the action of the motor oculi. Hence contraction as well as dilatation of the pupil may be the result either of irritation or of paralysis of the corresponding nerves. So much, then, for the separate action of these nerves; but they anastomose, and the network which they form must necessarily give rise to complicated physiological action; *e. g.*, irritation of isolated branches of the trigemini may be reflected upon the ciliary nerves coming from the sympathetic, causing dilatation of the pupil, or upon the oculi motor branches, causing contraction. This complication will be rendered more complex, when some of the nerves are affected at the same time, as by intraocular pressure.

2. The iris regulates the quantity of light to be admitted to the retina. According to the susceptibility of the latter, the impression is conveyed to the sensorium by the optic nerve, and thence reflected, through the motor oculi and ophthalmic ganglion, to the iris. Accordingly, in paralysis of the retina, the pupil remains widely dilated. It may also be dilated by pressure upon the motor oculi, or by irritation of the sympathetic.

3. At its origin, the iris is intimately connected with the ciliary muscle, which is supplementary to it; and both together constitute the organ of accommodation—an apparatus which serves to adjust the optical mechanism of the eye for vision at different focal distances. This muscle, like the iris, consists of two sets of fibres (called two muscles), circular and radiating. The radiating are attached anteriorly to the pillars of the iris, and posteriorly to the choroid; whilst the circular (the punctum mobile) extends inwards towards the optic axis, as far as the tips of the ciliary processes.

The circular muscle (musculus compressor lentis accommodatorius of Langenbeck), or sphincter capsulæ (H. Müller), compresses the rim of the lens, thereby lengthening its antero-posterior diameter, accommodates the eye for near vision. The radiating withdraws the ciliary processes from the circumference of the lens, causing its flattening surface—accommodates the organ to distant vision. The nervous supply will be the same; viz., the circular is animated by the third nerve, and the radiating by the sympathetic. (See Henke's article in *Archiv für Ophthalmologie*, vol. vi, Part III.) The diagram will show the action of the iris and ciliary muscles. The right half of the figure shows the action of the iris, ciliary muscles, and state of the lens in viewing distant objects; the left, in viewing near objects.



a. Ciliary processes reflected downwards to bring into view
b. Ciliary muscles.

4. Seeing, therefore, what takes place in the adaptation of the eye to near vision, we may easily understand the state of those parts during an inflammatory process, and how iridectomy acts as a modificator. Suppose we have before us a case of chronic irido-choroiditis not amenable to medical treatment. The iris has become permanently contracted; the uvea thickened by exudations, which threaten to extend to the media; which at best will terminate in a false cataract. Ciliary muscles strongly contracted; lens bulging forward; sclerotica softened by pressure of the choroid (commencing staphyloma); or eyeball softened by pressure of the ciliary muscle from without inwards: can there be any doubt that iridectomy is the only rational treatment indicated? Its action is simple enough. It relieves stricture of the iris and compressor lentis, and the whole organ of accommodation is put into a state of quiescence. Is it surprising, then, that an eye in process of disorganisation by an inflammatory action should at once be relieved of its distressing symptoms and resume its natural elasticity after iridectomy?

5. I said before, that I consider the ciliary muscles as subservient to the iris, and supplementary to it; that the nerves which supply the one supply the other. The iris acts first; and, continuing to act, the ciliary muscles are stimulated to action, whether to contraction or dilatation. My reason is drawn from the pathological condition of these parts; and here my observations are fully borne out by no less an observer than Mr. Walton, who says: "Iridectomy destroys the integrity of the eye by interfering with refraction, adjustment, and the regulation of light to the eye. I never saw perfect vision after the operation; that is, no person so mutilated could see small things and different degrees of light equally well with one of the same age whose eye might be called normal and healthy," etc.

If the ciliary muscles were independent of the action of the iris, we might have accommodation perfect, or nearly so, after iridectomy, especially when it is done (as I am in the habit of doing) upwards, the coloboma iridis being hid under the upper eyelid. We know that accommodation is tolerably good in some cases after extraction of cataract. Whether, in young subjects, the external muscles may after a time supply in some degree the function of the ciliary muscles, is a question which I am unable to answer for the moment. Indeed, there is still diversity of opinion with regard to the office of the six muscles in the process of accommodation. In the meantime, I must put my humble veto on the side of Mr. Walton, in saying that (in old persons, at least) we sacrifice the organ of accommodation in iridectomy.

But I maintain further, as a corollary from these data, that it is just the sacrifice, called by that distinguished surgeon "mutilation", which is the saving of the precious organ, in arresting its disorganising process, or in warding off a condition less favourable than want of adjustment.

6. This is the starting-point of Von Gräfe, who, finding that iridectomy produced good results in chronic iritis, in irido-choroiditis (as long practised by my excellent teacher, M. Desmarres), and in certain forms of sclerotico-choroiditis, tried it also in glaucoma with the best results.

Glaucoma, according to that author, is "a kind of choroiditis or irido-choroiditis, with effusion, by endosmosis, into the vitreous and aqueous humours, the augmentation of which causes intraocular pressure, producing excavation of the optic nerve and iridoplagia. The latter is caused by pressure upon the ciliary nerves, in their passage to the iris; hence also anæsthesia of the cornea," etc.

It is not necessary to enter at any length into a consideration of this subject. I shall merely repeat the objections which I urged against this doctrine in my letter referred to (*Lancet*, 1859); viz., that there is no trace of iritis in typical glaucoma; the iris, on the contrary, is shrunk and reduced to its minimum. Nor is there choroiditis, strictly so called; for then we would have a contracted pupil. The reason assigned for the iridoplagia, as caused by pressure of the hypertrophied humours upon the cilairy nerves, might pass, in chronic glaucoma, but is inadmissible in the acute form of that affection. We can understand how chronic choroiditis may be confined to that membrane, and yield exudations to compress the ciliary nerves; but that acute inflammation of that membrane should run its rapid and destructive course (sometimes in twenty-four hours) without affecting the iris, is far from probable.

7. On the other hand, it appears to me that the whole range of glaucomatous symptoms, may be accounted for on the hypothesis, that it is the result of perturbation of the ciliary nerves.

Bearing in mind that a dilated pupil may be caused either by paralysis of the retina, or by pressure on the motor oculi, or by irritation of the sympathetic, now, by excluding the two former alternatives, we are shut up to the latter. Moreover, Claude Bernard has established by experiment, that the sympathetic is the only vaso-motor—*i. e.*, the only nerve which presides over the process of circulation; that it can produce changes in the local circulation of an organ, by which the blood, as well as the temperature, may either be increased or diminished. These experiments suggested to me the possibility that all the appearances of a glaucomatous eye may be the result of hyperæsthesia (rheumatic?) of that nerve within the orbit.

When we put the diseased state of the sympathetic as the centre, all other morbid phenomena of glaucoma will naturally radiate from it.

First and foremost, the dilated pupil caused by irritation of that nerve. Now, simple irritation would rather contract the muscular coats of the vessels, and produce atrophy of the organ, just as paralysis would, on the contrary, cause engorgement not only of the choroid, but also of the iris and the other tissues. But we have to do with hyperæsthesia, where the irritation is spasmodic, and its physiological action deranged or perverted. Hence we have engorgement of the choroid and humours, which give rise to pressure or dragging upon the filaments of the trigeminus, which in their turn produce anæsthesia of the cornea and the vitiated nutrition of the organ, tension, etc., rendering the phenomena more complex, and the *ensemble* tending to the inevitable termination so well described by Mr. Critchett.

8. The cure of glaucoma by iridectomy is somewhat analogous

a. To the section of the affected nerve in epileptiform neuralgia. My excellent teacher, M. Nélaton, obtained even more satisfactory results in tic douloureux, in removing a part of nerve thus diseased, than by mere division. Iridectomy, therefore, is strictly a *neurotomy par excellence.*

b. By removing a large portion of the iris, we relieve the constriction which it and the ciliary muscles cause round the zonula of Zinn upon the protruding lens, keeping up the disease.

c. The evacuation of the aqueous humour has undoubtedly its share in relieving the over-distension of the eyeball and allowing the parts to resume their healthy functions, although in itself it has proved ineffectual to arrest the progress of the disease.

9. Owing to the satisfactory results of iridectomy in a disease which had formerly been considered incurable, we have too long been satisfied with its efficiency, irrespective of the *modus operandi;* but the discussion in your columns will tend to direct more attention to the pathological anatomy of that affection. Already we see in the last number of the *Annales d'Oculistique* (page 343), reference made to the opinion of Professor Donders that "we must seek the proximate cause of glaucoma in hyperæsthesia of the fifth pair." This fragmentary reference to the more recent doctrine of that eminent physiologist shows that we are approaching nearer the truth. And I doubt not that Mr. Bowman, than whom none is better qualified for such investigations, has not said his concluding word on the subject. *It would be unreasonable, however, to demand a more minute analysis of that affection than the complexity of the organ admits of.*

But whatever be the *rationale* of iridectomy, one thing is evident, that its therapeutic merits can never be determined by surgeons who do not practice that operation.

In conclusion, I beg to thank you most sincerely for the manner in which this controversy has been carried on in your JOURNAL. The opinions of those distinguished men who have taken part in it, whether for or against the operation, cannot but be interesting to the profession at large in stimulating a spirit of inquiry into this and kindred subjects.

I am, etc., J. R. WOLFE.

Aberdeen, Feb. 17th, 1864.

LETTER FROM WILLIAM BOWMAN, ESQ., F.R.S.

SIR,—Dr. Browne says (*ante* p. 273), that I have omitted to notice some portions of his letter. I took what seemed to me the main points; but my patience will not tire so long as there are still any difficulties in the minds of able workers in this subject, which I am at all capable of removing. I will, therefore, now endeavour to meet his remaining objections, so far as

I can give them definite shape. I will summarily recite them, with my reply to each.

Dr. Browne. The use of iridectomy in glaucoma is not to be adopted, because "the so-called glaucoma has not yet been accurately defined, nor has the operation for its 'cure' been yet based on the recognised principles of scientific surgery."

Answer. It has been very precisely defined, both in its symptoms, diagnosis, *rationale* of treatment, and results. See Von Gräfe's memoirs, and Mr. Hulke's paper (British Medical Journal, last vol., p. 564.) The "recognised principles of scientific surgery" is here a sounding phrase, and nothing more. (See British Medical Journal, last vol., p. 535.) That is scientific in surgery which is based on exact observation of the manifestations of disease, and which contrives and applies to the relief of disease so discriminated an adequate method of treatment. The discovery or contrivance of such a remedy, in the case of a previously incurable malady and one destructive of sight, is a high evidence of science and one of its brightest results.

Dr. Browne. "There is not yet any settled understanding in the school of the iridectomists; no determinate principles upon which its disciples fully agree."

Answer. There is a *remarkable consistency* in their conclusions, as to *the main points both of doctrine and practice*, among those who advocate iridectomy. Seldom has it happened that the views of competent observers in different countries have come so soon or so completely into unison upon a subject embracing a complete revolution in opinion on a large and important branch of our art. And not only is the fact so (see Mr. Critchett's testimony, British Medical Journal, *ante* p. 20), but the reason for it is obvious. The revolution has occurred at an epoch when ophthalmic science, both physiological and pathological, has been making immense strides; when diagnosis has consequently been advancing with unprecedented rapidity and certainty, especially since the great invention of Helmholtz; and when not only has it become possible to propound new views on many old subjects, but to test them speedily by the searching scrutiny of a large number of able coadjutors in various countries. It is quite true that there has been much opposition to iridectomy. This was inevitable. But it is also true, that this opposition has proceeded much from men who have not moved forwards promptly on this subject with the age, and some of whom have also opposed other improvements when first propounded. Further, the opposition of these men is everywhere rapidly yielding under more exact, and in some cases more dispassionate, observation and inquiry.

But, surely, the differences on minor points which are to be found among the advocates of iridectomy, are but proofs of their independence of thought, of their not being mere blind followers of a master, and of the widening scope of their inquiries as the subject has expanded, as every advancing subject must do, with the increase of real knowledge. I regard the subordinate discussions between those who have adopted iridectomy, as the most healthy symptom of their competency as witnesses on those larger points whereupon they are agreed.

Dr. Browne says I have misinterpreted him as to the cases of glaucoma which he selected for operation and in which the operation failed.

Answer. If he will give the particulars of the cases in which he performed iridectomy, so as to let them tell their own story, he may help to elucidate what is now obscure in regard to his published results.

Dr. Browne. "Does Mr. Bowman consider himself, and those of his school, to be the only ophthalmic surgeons who are competent, careful, and truthful observers?"

Answer. I regard Dr. Browne as all these; and, therefore, expect that, ere long, *when he has carried his observations further*, he will reach the same conclusions as others not less competent, careful, and truthful.

Dr. Browne. Mr. Bowman has to reconcile the fact, that *acute glaucoma* has been frequently recommended as that in which the happiest results might be apprehended from iridectomy, with the statement, that the operation is especially valuable in the *premonitory period* before the severe inflammation sets in, which is attended by its own special hazards of spoiling the structures it involves.

Answer. When the operation *is done in time* in acute glaucoma, the happiest results may be anticipated, supposing the eye not to have suffered previously in structure during a premonitory stage; that is, supposing that, previously to the acute attack, the visual field have not been narrowed and the retina and optic nerve in any degree structurally deteriorated. Then the results are more satisfactory than those obtained in the slower long-standing forms, as the simple and subacute glaucoma of Donders, and the chronic glaucoma of Von Gräfe; because in these, structural damage has almost always occurred before relief is attempted. But if the premonitory stage has become well marked, the field of vision restricted, the iridisations and obscurations frequent, the remission of symptoms never complete, the congestion of the intra-ocular vessels constant, or an acute attack imminent, it is far better to anticipate this attack by an iridectomy at that stage, than to allow it to become developed, with all its attendant risks. For who shall tell how acute it may prove, or what help may be at hand, when a few hours may make an important difference in the result?

Dr. Browne. "The operation in the premonitory period would be the certain method of 'spoiling' the eye. The recommendation, in fact, amounts to this: *Mutilate* the eye that has only slight 'premonitory signs' of glaucoma, in anticipation of the hazard that might possibly spring from the 'spoiling' process of inflammation—inflammation that may never arise!"

Answer. The operation is *not* recommended when there are *only slight* premonitory signs of glaucoma; see my last answer. That an eye otherwise doomed to certain destruction by glaucomatous disease can be rightly said to be "spoiled" or "mutilated" by the iridectomy which saves its sight, I cannot admit, however often the objection may be repeated by those who oppose this sole remedy in such a case. (See my reply to Mr. Walton, *ante* p. 167.)

Dr. Browne. "How does Mr. Bowman discover (in a case of acute inflammation of the deep tissues of the eye, choroiditis, iritis, etc.) when 'glaucomatous complications' exist, and when they are not present?"

Answer. The augmented tension, as discoverable by touch, is the principal means, and a sufficient one. But in these cases, as well as in the typical forms of glaucoma, the surgeon of course employs all the diagnostic means at his disposal, and his sense of touch is but one of these. When the media are clear enough, the ophthalmoscope offers the most precise and conclusive evidence; the course of symptoms—the iridisations, the obscurations, the peculiar limitation of the field—may contribute further proof. When the hard glaucomatous state comes on in the course of those diseases specified by Dr. Browne, and which were not originally or essentially glaucomatous (*i. e.*, attended by hardness), we have often to rely chiefly on the touch for detecting it; also on the limitation of the field, as well as on the bulging of the iris, when total posterior synechia exists. I propose to speak further next week on this most important subject of the eye-tension, in reply to Mr. Dixon; meanwhile, I am sorry that Dr. Browne should not only repeat the confession of his own inability to make the above discrimination by estimating the tension, but should also express his belief that *no other person* can do so. I can assure Dr. Browne, nevertheless, that there is hardly a young surgeon in attendance for a month at our hospital who has not made himself master of the very simple method of conducting the slight and rapid, though delicate, examination necessary for determining the tension of an eye.

Lastly, Dr. Browne still complains of my "tone" and "style." I am sorry they do not please him; particularly as I am sure his object has not been to misrepresent me. Yet as this is so, it would have been more satisfactory to have found in his second letter a candid admission that his first contained animadversions on my previous writings, which, as I showed, were quite unwarranted by anything they contained.

He asks for "a *plain, brief, unequivocal description* of the exact pathology of glaucoma." The *a b c* of the subject has been repeated often enough. The last excellent summary, with cases, was by Mr. Hulke in your own pages (BRITISH MEDICAL JOURNAL, last vol., p. 564, under date of Nov. 21st, 1863), and to that I can with great pleasure refer him. I must not weary your readers by tedious repetitions. I am, etc.,

WM BOWMAN.

5, Clifford Street, March 7th, 1864.

THE PLEA OF INSANITY.

LETTER FROM G. BODINGTON, L.R.C.P.ED.

SIR,—In reference to your leading article in the JOURNAL of the 20th instant, headed "Experts and Criminal Lunatics," I would offer a few observations, especially bearing upon the case of the convict Townley.

In the first place, allow me to relate a case or two of murder, or attempts to murder, by madmen, about whose mental condition there could be no question; and then, by a comparison of their conduct on such an occasion with that of Townley, we may draw conclusions which may possibly throw some light on the subject.

Many years since (more than twenty), in a large private asylum kept by a layman—that is, a non-professional proprietor, and situated within the precincts of the town of Birmingham, two maniacal patients were placed in confinement in one room, one of them being placed in a "restraint" chair, and duly fastened therein. In that position they were kept by the keeper. and the door of the apartment closed upon them. Well, there was the victim tied and bound; and there was a chair ready at hand; and then came the maniacal impulse at once upon the unrestrained patient, to take up the extra chair and break it into twenty pieces about the head and shoulders of his bound and unresisting companion.

Now, there was no explicable motive for this assault; no hatred or ill-will, no premeditation or malice aforethought, no preparation of means; but there was the chair, and there the victim ready bound; and mad impulse said "kill him", and of course the attempt was made.

I was called in to attend to the injured lunatic, whose skull and relative powers of endurance fortunately exceeded the destructive strength of the weapon with which he was struck, and which lay on the floor at his feet broken into many fragments. The numerous scalp-wounds were dressed; there was no fracture of the bones; and the patient ultimately recovered.

Another case occurred more than twenty years ago; and the crime was committed by a man who had been discharged from my own establishment, in which he had been treated for mania; and from which he had been, after some months, removed at the instance of his own friends, as I had declined that responsibility; for, although he had apparently perfectly recovered his reason, I could not but entertain an opinion that he was an unsafe man. Soon after his discharge, he married a young woman to whom he had been previously engaged; and who had herself visited him in the asylum, and knew all about his malady, and yet had the infatuation to accept him as her husband. They got on very well together for some months; until at length his malady returned very suddenly, inasmuch as, in the night, he jumped up, seized the razor which he ordinarily used for shaving, and therewith attacked his wife, inflicting upon her many wounds. Her screams, however, brought aid, and his hand was arrested before he had quite completed his purpose. He was tried, convicted, and detained as a madman during the pleasure of the Crown. Here, as in the other case, a momentary impulse impelled to the deed. There was no apparent anticipation of it; no preparation with regard to the weapon or the time of doing it. But there was the mad impulse; and there was the weapon at hand, as if by accident—an old razor.

What a contrast do these cases present, to the deliberate murderer, who, having his senses about him, prepares his weapon, forecasts the time, fixes the meeting, and, to sum up, prepares himself for the final blow, by swallowing several glasses of brandy and soda-water? This last circumstance constitutes a marked distinction from the madman-type of murderers, who never dream of the necessity of such a stimulus in aid of such a crime. "The fever of the brain, doth from the senses take all feeling else, save what beats there."

But it was said of Townley, that he was of sound mind when he committed his crime; but that he became unsound at the time of his trial, or after conviction and condemnation. That is a very convenient plea, indeed, for a criminal to set up, if he can succeed in it as Townley has done. It may be affirmed that no man, after such a crime, can be said to be of sound mind subsequently to its perpetration, and especially after conviction and condemnation; for all such, almost without exception, are sufferers under that form of mental depression or malady, which we distinguish by the term *melancholia*. Their condition partakes of all the characteristics of that form of mental derangement, and to an intense degree. But can this be put in as a plea for arrest of judgment? To allow this, is to make a loop-hole for the escape of great criminals; to strike a blow at the root of justice and law; and to expose society to great dangers. There is such a broad distinction between the types of madmen-murderers and those who commit the crime impelled by the prevalence or predominance of their passions, as to make it plain that, as regards the latter, after detection and conviction, the question as to the soundness or otherwise of the mind is admissible, and never ought to be entertained at all; or, if exceptions be possible, they would be very rare indeed.

But the law has been flustered and frustrated, as regards the Townley case, by a theory put forward by an eminent physician (I do not like the term "mad doctor"), respecting the existence of certain obscure diseases of the brain of a nature to render the subjects of them irresponsible for their actions. Well, this is an obscure theory; so much so, indeed, that it is, in fact, unintelligible, baseless, and dangerous to the best interests of society.

We may, for practical purposes, divide society into three classes, all alike endowed with passions and intellect or intelligence. The first class are they whose passions do not carry them to the length of committing heinous crimes, because restrained by conscience. These are they who may be entrusted with any amount of "untold gold," or with the lives or persons of the most helpless; and, irrespectively of the law, they would be safe, because conscience rules. Some might call it honour, or morality, or religion; but I think the word "conscience" the more suitable. We hope, and presume, that society, for the most part, is constituted of this class. The next class are they who are restrained from crime by the fear of the law and its penalties, but are not held back by "conscience"; and some of these, thinking to escape the fangs of the law by cunning, venture to commit crime under that delusion or presumption. Such was Palmer; and there have been many more of the same stamp, some of whose effigies are to be seen at Madame Tussaud's exhibition. Lastly, there is a third class, who having fairly weighed in their own minds all the consequences and legal penalties, are neither restrained by conscience nor by fear of the law; but who boldly elect to commit the worst of crimes, and declare at once their readiness to pay their quittance by suffering the punishment allotted for it. Such was Townley; and there have been many such.

In the first class, the will is exercised to control passion or appetite, from conscientious motives. In the second class, the will is exerted to commit crime, and the intelligence exercised to evade the penalty. In the third class, the will determines to indulge the passions in the commission of crime, and also to endure unflinchingly the legal penalty. A man's mind may be said to be unhappily constituted which does not belong to the first class here enumerated; but then this has nothing whatever to do with the question of mental derangement; for, if this plea were allowed, a fatal blow would be struck against all law, and order, and safety, in society.

Even whenever the plea of insanity may be allowed to be set up on behalf of great criminals, the inquiry into the question ought rather to have reference to the antecedents and previous history and conduct of the accused himself, and that without reference to an assumed theory respecting the blood of his great-grandmother or other remote ancestry, which can have but little to do with the matter; and with but little regard to the state or conduct of the criminal subsequently to detection, conviction, and condemnation, when his mind can scarcely be expected to be otherwise than in a morbid condition after undergoing so terrible an ordeal as that implied in the commission of the crime and its consequences.

I am, etc., G. Bodington.

Driffield Asylum, Sutton Coldfield, Feb. 22nd, 1864.

MERCURY IN SYPHILIS.

Letter from George Gaskoin, Esq.

Sir,—Owing to various engagements, your number of February 6th, has but now attracted my attention. It contains a review of Dr. Drysdale's work on the *Treatment of Syphilis and other Diseases without Mercury*. In this review a reference is made to Sir Benjamin Brodie's teaching on the use of mercury in syphilis. As none of Sir B. Brodie's pupils attended to his remarks with greater assiduity than myself, perhaps I may be permitted to state what we derived from him in the way of instruction on this subject towards the close of his career.

In one of the last of his lectures, delivered less than twenty years since (the only lecture, by the way, which I ever heard him give on the subject of syphilis), he prefaced his discourse by saying, with great impressiveness of manner, that natural science and the arts had in our epoch generally been progressive in improvement, but that this fact was not without occasional exceptions; and that the treatment of syphilis was, in the science of medicine, an instance of such exception; for, of late, this treatment had been simply retrograde. So far from advancing we had gone backwards; the disease being far more mismanaged than in years long gone by. This reflection was aimed at the non-mercurial treatment. He then went on to recommend the work of Pearson to our perusal, as calculated to bias us in a right direction. This was the only book I personally ever heard him recommend students to read; for Brodie's was entirely bed-side teaching.

Is it not, sir, beyond a doubt that a non-mercurial or nitric acid treatment received a full trial both on its first introduction and subsequently during the present century? and that it brought discredit not only on the practice of Rose, but on the first surgical names in England and Ireland?

It will ever exceed the power of argument to displace a conviction formed upon a close observation of facts. I am unable to dismiss from my mind cases which, I believe, have been victims to the non-mercurial system of treatment, and those which, after long torture and disfigurement, have recovered health under the employment of mercury. Is such subserviency required of us, that we must altogether disallow the experience of Mr. Lawrence, when he says there is a phagedæna which is benefited by mercury, if we have witnessed accordant facts in hospital wards? In practice, instances will occasionally occur of patients with remote symptoms of syphilis getting steadily and permanently well after using mercury, who had for months previously suffered from periosteal agony and other complications, unalleviated by any possible remedy. Such have been excellently described by Mr. Collis, in a recent number of the *Dublin Quarterly Journal*.

It was the frequent practice of Sir Benjamin Brodie, I believe I may say, to employ in extreme broken-down cases of secondary and tertiary syphilis, small doses of hydrargyrum cum cretâ, and with a remarkable degree of success.

In concluding these remarks, I may observe, that no one is more convinced than myself of the high merit of modern investigators, and of the important additions that have been recently made to the pathology of this disorder, and particularly in the diagnosis of its forms; but much remains requiring further elucidation. I would merely express a conviction, that the usefulness of mercury in some of these forms of syphilis rests on too strong a foundation of experience for it ever to fall into disuse; it will always vindicate itself. I am, etc.,

George Gaskoin.

3, Westbourne Park, February 1864.

Munificent Gift. Mr. S. Howard, of Stanley, near Perth, late of Burnley, has placed in the hands of trustees, for the use of the town of Burnley, sixteen acres of land whereon to erect an infirmary, to be called "The Howard Institution". The land is valued at £16,000. The land not necessarily required for the institution is to be let for building sites, the proceeds of which are to go towards its endowment.

Medical News.

Apothecaries' Hall. On March 3rd, the following Licentiate was admitted:—

Lloyd, Edward Sydney, Pill, near Bristol
Powdrell, John, Farndon, near Chester

APPOINTMENTS.

Squire, Balmanno, M.B., F.L.S., has been appointed one of the Lecturers in St. Mary's Hospital Medical School.

Poor-Law Medical Service.

Morris, Wm. Whytehead, Esq., to the Clun District of the Clun Union, Shropshire.

Richards, D., Esq., has been appointed Medical Officer of Workhouse and Industrial Schools, Brighton.

Army.

Crocker, Surgeon A., 3rd Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

Lewis, Staff-Assistant-Surgeon J. H., to be Staff-Surgeon, *vice* H. Huish, M.D.

Waters, Staff-Assistant-Surgeon J. M., to be Assistant-Surgeon 62nd Foot, *vice* J. Niven.

Royal Navy.

Breakey, John, M.D., Surgeon, to the *Bulldog*.

Courtney, Joshua P., Esq., Assistant-Surgeon (additional), to the *Cumberland*.

Johnston, Duncan M'N., Esq., Assistant-Surgeon, to the *Hogue*.

Lambert, John, Esq., Assistant-Surgeon, to the *Implacable*.

Lawrenson, Richard C. P., Esq., Assistant-Surgeon (additional), to the *Wellesley*.

Mitchell, Alexander, M.D., Acting Assistant-Surgeon, to the *Excellent*.

Mockeridge, John, Esq., Assistant-Surgeon, to the *Boscawen*.

Moss, E. L., M.D., Acting Assistant-Surgeon, to the *Bulldog*.

Parker, James, Esq., Assistant-Surgeon, to the *Cambridge*.

Pickthorne, Geary B., Esq., Acting Assistant-Surgeon, to the *St. Vincent*.

Power, W. M., Esq., Acting Assistant-Surgeon, to the *Euryalus*.

Purcell, Thos., Esq., Acting Assistant-Surgeon, to the *Euryalus*.

Redfern, Thos., Esq., Acting Assistant-Surgeon, to the *Euryalus*.

Militia.

Bulley, F. A., Esq., to be Assistant-Surgeon Royal Berkshire Militia.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Anderson, J., M.D., to be Assistant-Surgeon 5th West Riding R.V.

Denton, E. R., Esq., to be Assistant-Surg. 4th Leicestershire R.V.

Down, H. W., Esq., to be Honorary Assistant-Surgeon 19th Somersetshire R.V.

Ely, J. J., Esq., to be Assistant-Surgeon 9th Kent R.V.

Furse, E., Esq., to be Honorary Assistant-Surgeon 6th Devonshire Mounted R.V.

Macquibban, C. M., Esq., to be Assistant-Surgeon Royal Aberdeen Highlanders.

Malton, F. L., Esq., Honorary Assistant-Surgeon, to be Lieutenant 19th Somersetshire R.V.

Phillott, J. S., Esq., to be Assistant-Surgeon 9th Surrey R.V.

DEATHS.

Carlyon, Clement, M.D., at Truro, aged 86, on March 5.

Cotton, Thomas A., M.D., aged 71, on February 29.

Mason, George, Esq., at Deal, aged 50, on March 2.

Morrison, James G., Esq., Surgeon, at 121, Edgeware Road, aged 59, on February 19.

The Crawley Trial will cost the country upwards of £18,000.

Galen was born at Pergamos 131 years after the birth of Christ.

Death of a Medical Practitioner in the Snow. Dr. Gallice, a French doctor, lately perished in the snow, whilst engaged in his country practice.

The Metrical System. Mr. Ewart's Bill for making use of the metrical system of weights and measures has been read a second time in the House of Commons.

The Cattle Diseases Prevention Bill has also been read a second time, and referred to a Select Committee.

New Hospital at Shoreditch. A number of gentlemen have met and appointed a committee for the purpose of establishing a hospital in the neighbourhood of Shoreditch.

Professor Caspar of Berlin died on February 24th. The third volume of the translation of his work on *Forensic Medicine* has just been issued by the New Sydenham Society.

Statue of Sir James Macgrigor. A deputation has waited on the Commissioner of Public Works respecting the fixing of a site for the statue of the late Sir James Macgrigor, Bart.

A Good Example. The funds of the Cork Fever Hospital being exhausted, an anonymous "Friend" dropped a letter into the box of the *Constitution*, containing a £100 note for that institution.

University of London. The Senate of this University have intimated their intention of proceeding to the election of examiners on April 27th. There are amongst others vacancies in the examinerships for chemistry, botany, and vegetable physiology, and surgery.

Bequest. Mr. J. M. Oppenheim has bequeathed legacies of £100 to each of the five following institutions: the London Ophthalmic Institution, St. Thomas's Hospital, Royal Free Hospital, Society for the Relief of Foreigners in Distress, and to any hospital in Hamburg the executors may select.

Royal College of Surgeons. At a special meeting of the Court of Examiners on the 3rd inst., Mr. James Alexander Grant, of Ottawa, Canada West, having undergone the necessary examination, was admitted a member of the College. This gentleman had previously been admitted a Doctor in Medicine of McGill College, Montreal, his diploma bearing date May 4th, 1854.

The Lingen Testimonial. From the circular forwarded to each subscriber to the Lingen testimonial we copy the following:—*Receipts:* Subscriptions, £439 : 4. *Payments:* To Messrs. Bodenham and James, legal charges £286; postage, printing, advertising, etc., £50 : 4; plate and book for Mr. Lingen £103; total £439 : 4.

Royal College of Surgeons. The next primary or anatomical examinations will commence respectively on the 9th, 16th, and 30th of April; and the surgical or pass examination on the 23rd of April and 7th of May. The preliminary examination for the fellowship will commence on the 26th of April, and the professional examination on the 31st of May.

Passing the Lines. There is a novelty in "underground travelling" from Richmond. Dr. Maclure has for some time been engaged in the business of disinterring and embalming the dead, preparatory to transportation to the homes of their families. He has just been arrested while driving a waggon in which were two coffins, supposed to contain the remains of dead Federal soldiers, but found upon examination to be occupied by two live Jews, who, it is believed, paid high fares for their conveyance.

Testimonial. Dr. Hawkins of Hitchin has been presented with a splendid silver salver and a thousand guineas by his friends, in token of their appreciation of his long and great services to the poor. Dr. Hawkins, in 1820, established a dispensary at Hitchin; and, through his efforts and energy, this dispensary was in 1842 expanded into an infirmary. Dr. Hawkins continued physician to the institution up to the autumn of last year, when he was struck down with paralysis. Deeply gratifying to him, under such circumstances, must be this token of his friends' appreciation of his services.

Sarracenia Purpurea in Small-Pox. The sarracenia has finally been submitted to a trial, which would seem to prove conclusively that it has no specific virtue in small-pox. It is time the profession put an end to the pretensions of those persons who are endeavouring to palm upon the community a remedy of no value. (*American Medical Times.*)

Danish Sick and Wounded. It would be impossible to deny the Danish sanitary department of the army the praise of great skill and care in the treatment of the sick and wounded. Almost all the poor sufferers I have seen give proofs of that calm and silent endurance which is characteristic of all Northern races. The wounded, especially, are invariably cheerful and sanguine. (*Times.*)

Sanitary Condition of Liverpool. Notwithstanding the great improvements which have taken place in Liverpool of late years in the way of widening lines of thoroughfare and constructing larger and finer buildings, it is estimated that about one-fifth of the population are still housed in wretched and ill-ventilated courts and alleys. The Corporation are about to apply to Parliament for powers to open up or abolish these courts, for it appears that the rate of mortality is greatly increasing in the town.

Consumption of Spirits, etc. The quantity of home-made spirits retained for consumption in the United Kingdom as beverage only, in the year 1863, amounted to 19,118,092 gallons; in 1862 the quantity was 18,836,187 gallons. The quantity of brandy imported and entered for home consumption in 1863 was 1,916,434 proof gallons; in 1862, 1,700,156. Of rum the quantity was 3,419,756 proof gallons; in 1862, 3,320,356. Of foreign and colonial wine 10,478,401 gallons in 1863; 9,803,028 in 1862.

Health of the Metropolis. In the week that ended March 5th, there was an increase of nearly a hundred on the number returned for the week immediately preceding. The successive numbers for the last three weeks are 1,586, 1,677, and in last week 1,766. The 1,766 deaths now returned constitute a very heavy mortality for the beginning of March, for they exceed the estimated amount by 346. Last week, the births of 2,139 children were registered in London. In the ten corresponding weeks of the years 1854-63, the average number (corrected) was 2,071.

The late Surgeon of St. Mary's Hospital. Mr. William Coulson was entertained at a dinner at Penzance, on Friday week, as a mark of public satisfaction at the manner in which he had discharged the duties of High Sheriff of Cornwall during the year. The mayor, who presided, in proposing the health of Mr. Coulson, entered into an account of that gentleman's eventful and prosperous career, eulogised his professional abilities and private character, and dwelt on the services he had rendered to the people of the county of Cornwall, rich as well as poor. Mr. Coulson replied in a speech of considerable length, in the course of which he took a review of the progress, in point of population and general prosperity, of his native county since 1821, the date of his departure from it.

Alleged Poisoning by a French Medical Practitioner. The evidence against Dr. Couty de la Pommerais, accused of having poisoned more than one woman, in order to obtain from an insurance company large sums for which their lives were insured, is complete, and the trial may take place next month. The magistrate having carefully examined the bedchamber in which the last of the doctor's alleged victims expired, remarked several stains on the floor near the bed. Having been informed that these stains were caused by natural causes, he had the floor scraped. The scrapings having been collected, a pigeon which ate a portion died very quickly. Experiments were likewise made upon frogs. The heart of a frog was exposed to view, and, the operation having been carefully performed, the frog lived for a long time without the appearance of any disturbance of its vital functions. A second frog was operated on in a similar manner, and a drop of digitaline was let fall on its heart, that substance having been found in the stomach of the last person supposed to have been poisoned. The movement of the frog's heart diminished gradually, its pulsation became slower, and it very soon died. A very small portion of the scrapings on the floor were placed on the heart of a third frog, and the result was the same. Death ensued almost immediately. The two last frogs died while the first was living, nor did there appear to be any derangement in the pulsation of its heart. It is said that these experiments are to be repeated in presence of the jury summoned to try this mysterious affair.

The Herbalists Again. Joseph Levy Markuss was indicted for the manslaughter of Jane Sumby, at Sunderland, on September 9th last. The prisoner kept a shop in Sunderland, where he passed as a herb doctor, or "herbalist," The deceased complained to him of pains in her back, and appeared to have been ailing for some days. The prisoner volunteered to prescribe for her, and sent her daughter for sixpenny worth of pale brandy in a six ounce bottle. Into this he put about an ounce of colchicum seeds, first bruising them, giving directions to place the bottle before the fire for two hours, and then shake it up and give the patient a tablespoonful. The daughter gave her mother a tablespoonful about two o'clock on Monday, the 7th. The deceased became ill and sick shortly after, and, after taking some tea at four o'clock, vomited violently, and continued at short intervals vomiting and retching till she died exhausted at ten o'clock on Wednesday morning. Dr. Nattrass was called in on Monday night, and prescribed opium, prussic acid, and soda to allay irritation, but her stomach was so irritable it would retain nothing. While attended by her daughter and neighbours it appeared that she had several times taken small quantities of brandy neat to try and stop her sickness, and had also taken some "nerve powder," which a neighbour recommended. This powder, when analysed, was found to consist of valerian, skunk-cabbage, gentian, ginger, and some other ingredients, harmless in themselves, and which would act as a stomachic in ordinary cases. On *post mortem* examination the organs were found healthy, but the internal coat of the stomach was of a violet colour. She died from gastritis, which the medical men who attended her attributed to the overdose of colchicum. A teaspoonful of the mixture would contain eighteen grains, and was a fatal dose, and a tablespoonful contained eighty grains. This was a highly poisonous and fatal dose, the drug being a narcotic irritant poison. In the judgement of the medical men this was the cause of death. The learned counsel for the prosecution, in his opening, drew attention to the law, which made no distinction between regular practitioners and quacks, both being responsible for culpable and gross negligence. The defence urged was that when analysed the infusion of colchicum had become stronger than when administered, and that it was the continued doses of brandy, and the nerve powder, acting on a stomach attacked by gastritis from cold, which had increased the disease, and had thus caused death. The jury returned a verdict of *Not Guilty*.

EXAMINATION AT THE ARMY MEDICAL SCHOOL. The following were the questions put at the recent examination of candidates for the Army Medical Service, held from February 1st to February 6th, 1864. A. *Written Questions.* I. *Hygiene.* 1. What are the special circumstances in the life of the soldier at home which are unfavourable to health? Enumerate the chief diseases causing admission into hospital and mortality. How would you prevent the development of these diseases? 2. What are the effects of the inhalation of sewer-air? State the various means of removing sewage from dwellings. What are the principal disinfectants of air and sewage? 3. What are the general principles of clothing? Describe the accoutrements of the infantry soldier of the line, and discuss their effects on health. II. *Military Medicine.* 1. Phthisis pulmonalis being a fatal disease in the army, you are required to give (*a*) its place in the official classification of diseases; (*b*) the causes which appear to operate in its production and propagation in the army; (*c*) the most judicious means of counteracting them; (*d*) the symptoms, constitutional and physical, of the first stage, assigning to each its diagnostic value. 2. Define leukæmia, and give (*a*) the causes which appear to induce this condition; (*b*) its diagnosis; and (*c*) the most rational treatment. 3. Give an accurate definition of dysentery. Describe the symptoms and treatment (*a*) of the sthenic and (*b*) of the scorbutic types of this disease. III. *Military Surgery.* 1. Enumerate the several varieties of wounds of the head which may be caused by musket-bullets, specifying the chief features which distinguish them from each other, and the influence of these features on your prognosis. Sketch, generally, the treatment to be adopted in each variety, and particularly mention what circumstances in any case would induce you to resort to the operation of trephining. 2. Give a description of the nature and consequences of endostitic inflammation, or osteo-myelitis, as observed after gun-shot injuries of bones of the extremities, or after amputations consequent upon them; the treatment you would adopt; and the reasons for your practice. 3. A soldier is reported by the instructor of musketry to be incompetent for rifle-practice on account of defective vision, the nature of the defect being unknown. You are required to state whether the man's vision is defective or not; and, if it be so, to name what defect it is. On examination, the man is proved to be neither myopic, hypermetropic, nor presbyopic; but is found to be amblyopic. Describe the course of optical examination by which the diagnosis in this case is arrived at, explaining what sources of fallacy may be met with in the successive steps of the examination, and by what means you guard against them. IV. *Pathology.* 1. Name and define, as concisely as possible, each of the several forms of continued fever which can be clinically recognised; and describe the anatomical signs which are peculiar and characteristic of typhoid and typhus fever, on examination of the body after death from these diseases. 2. Mention the usual temperature of the body at completely sheltered parts of the surface (say axilla); and give a concise account of the value or significance attached to continuous thermometric observations in cases of acute diseases. 3. Mention the circumstances under which you would expect cases of (so-called) pyæmia or phlebitis to occur; explain the nature of such cases, and their *post mortem* appearances. B. *Practical Examination.* I. *Hygiene. First Day.* 1. Examination of water; its physical character; determination of amount of chloride of sodium and organic matter contained in it. 2. Examination of water; temporary and permanent hardness; amount of lime. 3. Microscopic examination of adulterated flour. *Second Day.* 1. Examination of adulterated beer. 2. Examination of adulterated milk. 3. Microscopic examination of adulterated coffee. II. *Pathology.* 1. Examination of fluid containing parasitic remains. 2. Examination of morbid tissues. 3. Description of morbid specimens from the Pathological Museum. 4. Give the names of the parasites on the table. 5. Determination of the powers of lenses.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.

FRIDAY....... Westminster Ophthalmic, 1·30 P.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M.

TUESDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Statistical (Anniversary).—Pathological.

WEDNESDAY. Meteorological.

THURSDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Harveian Society of London, 8 P.M. Dr. Camps, "On Some Points in the Pathology of Convulsive Diseases."—Zoological.—Royal.—Linnæan.—Chemical.

FRIDAY. Royal Institution.

SATURDAY. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Association Medical Officers of Health.

TO CORRESPONDENTS.

⁎ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE PARTRIDGE FUND.—A correspondent complains that he has received no acknowledgment, public or private, of a subscription which he forwarded for the benefit of the family of Mr. Partridge, whose case was alluded to in the JOURNAL of the 20th ult. We are sure that the Treasurer of the Fund will at once remedy this mistake.

POOR-LAW MEDICAL REFORM ASSOCIATION.—Mr. Griffin begs us to announce that within the last few days he has received the following subscriptions, in aid of the funds of the Association.

Horton, H., West Bromwich, 5s.; Reid, R. B., West Derby, £1; Jardine, J. L., Dorking, 10s.; Gaye, W. T., Williton, 10s.; Brett, A. T., Watford, 10s.; Hubert, W. A., Hemel Hempstead, 10s.; Perry, C. H., Aylsham, 10s.; Black, W. S., Freebridge, Lynn, 10s.; Brewer, J., Newport, £1; Phillips, G. M., Hitchin, 7s. 6d.; Hair, J., Sudbury, 2s. 6d.; Brine, J. E., Shaftesbury, £1:1; Bennett, W. H. R., Shaftesbury, £1:1; Miles, E. J., Shaftesbury, £1:1; Griffin, R., Weymouth, £1:1; Blenkinsop, W. H., Easthampstead, 10s.; Smith, H. B., Ticehurst, 7s. 6d.; Clouting, J., Milford and Launditch, 10s.

ASSURANCE COMPANIES AND FEES TO MEDICAL MEN.—Mr. Sladden has forwarded us a copy of a string of seventeen questions, sent to him by the Indisputable Assurance Company of Scotland, touching the health of a person proposed for assurance. Mr. Sladden very properly refused to answer any such questions without receiving his fee. We can hardly believe that any Assurance Company at this time of day would ask such questions of a medical man without paying him his fee.

F. T.—Medical men are exempted from serving on juries by reason of the nature of their occupation, and on the theory that the public health would suffer if the doctor were thereby prevented from attending to his patients. Butchers are not *exempted*, but are *forbidden*, to serve on juries; and we believe on the theory, that the nature of their business is such as to render them callous to the call of mercy! No doubt such an outrageous pretence, if it were discussed at the present day, could not stand good for a moment. Butchers are, we suppose, willing to put up with the imputation, on account of the relief which they thereby gain from the performance of an onerous duty.

Freeman's Chlorodyne.—Sir: Having not only written to Mr. Freeman and to the various medical journals in which his advertisement has appeared, to the effect that "*Freeman's* Chlorodyne" is not used at this hospital, but also having had a interview with Mr. Freeman, in the presence of Messrs. Foster and Marriott, the house-surgeons of this hospital, on which occasion I told him that his (Freeman's Chlorodyne) was never used here by any member of the medical staff, I take the present opportunity of asking your kind insertion of this letter. I may further add, Dr. Irwin is not resident medical officer at this hospital. I am, etc.,

John D. Hill, Resident Medical Officer.

Royal Free Hospital, Gray's Inn Road, W.C., Feb. 26, 1864.

Advice Gratis.—Sir: I was very much pleased with the very able article on advice gratis, in the Journal of February 13th. In a neighbouring town to where I am practising, the principle is carried on by a general practitioner (who is in aristocratic practice) on market days. The gentleman to whom I allude is M.D., and occupies a good social as well as professional position.

Some years since, a gentleman who practised purely as a physician in the same town, carried on the same style of practice, on market days at first, and at last things got so far, that he was often called out of bed to attend people even in comfortable circumstances; and, having no horse, was compelled to hire a horse and gig, if the patient lived in the country. This gentleman, who was much respected, lived to a good old age, and was at the latter part of his time living upon a fund raised by public subscription for his support. He was, poor man, a friend to the public, but an enemy to his professional brethren and himself.

I wish you could, by your powerful pen, abolish all advice gratis, public and private; it would be better for the patients, as they would have their cases more fully investigated; and it would raise our noble profession in the estimation of the public.

February 1864. I am, etc., Anti Advice Gratis.

Medical Education.—Sir: Pray spare me a corner in the Journal to protest against the untrue and illiberal sentiment which a F.R.S. concludes his letter last week. It is downright ingratitude to write in that way, when so much has been done in late years to raise the preliminary education of the medical practitioner, and to lift him from the mechanical level of a drug-vendor and a pulse-feeler. F.R.S. ought to have discovered, long before he won the honoured title which he wears, that there is no antagonism between science and letters; and that the lettered man even makes the best man of science. Both help to elevate and refine the mind, and to discipline the intellectual faculties; each without the other is to that extent maimed and useless.

So far from medicine having nothing to do with Greek and Latin, there are few practical arts in which a knowledge of at least Latin is so essential; and, like most other sciences, the terminology of medicine and surgery is built up largely with words having a classical origin. But the bare utility of a classical education is a poor ground to argue upon; I would rather fall back upon the old-fashioned but true dogma, that a fair knowledge of Greek and Latin is an element of a refined and liberal education; and that it is disgraceful for a member of a learned profession to be ignorant of languages which have been such noble instruments in the mental culture of the human race. If the advice of F.R.S. were followed, medical men would soon be unfit for the society of gentlemen; but, fortunately, there is no fear of our Medical Boards pursuing such a narrow and retrograde course.

Bath, February 29th, 1864. I am, etc., J. K. S.

COMMUNICATIONS have been received from:—Dr. William Addison; Mr. R. S. Fowler; Dr. Routh; Mr. Christopher Heath; The Honorary Secretary of the Harveian Society of London; Dr. O. von Franque; Dr. G. M. Humphry; Mr. T. Churton; Dr. T. M. Rooke; Dr. Samuel Martyn; Mr. William Bowman; Dr. Richardson; Dr. Wade; Dr. Kidd; Mr. R. B. Reid; Dr. Flaxman Spurrell; Dr. Gibb; Dr. W. Tilbury Fox; Mr. W. C. Burder; Dr. Wolfe; Mr. Stone; Dr. Thomas Laycock; Dr. F. J. Brown: Dr. G. Bodington; Mr. Richard Griffin; Dr. J. W. Ogle; Dr. Thomas Boycott; Dr. William Ogle; Mr. Lawson; Meta; Senex; and Dr. J. D. Rendle.

BOOKS RECEIVED.

1. A Vindication of the Present State of Aural Surgery. By A Member of the New Sydenham Society. London: 1864.
2. Biographical Sketch of Sir Benjamin Brodie. By Henry W. Acland. London: 1864.

ADVERTISEMENTS.

Prize Designs.—"As affording the most striking contrast, Mr. Benson shows with these a fresh exhibition of modern watches, with cases made from Prize designs at the South Kensington Museum, some of which are fine specimens of engraving."—*Times*, Sept. 15, 1862. Chronometer, duplex, lever, horizontal, repeaters, centre seconds, keyless, split seconds, and every description of watch, adapted to all climates. Benson's Illustrated Pamphlet on Watches (free by post for two stamps) contains a short history of watchmaking, with prices, from 3 to 200 guineas each. It serves as a guide in the purchase of a watch, and enables those who live in any part of the world, to select a watch, and have it sent safe bypost. Prize Medal and Honourable Mention, Classes 33 and 15. J. W. Benson, 33 and 34, Ludgate Hill, London. Established 1749.

Watch and Clock Maker by Special Warrant of Appointment to H.R.H. The Prince of Wales.

Just published, Second Edition, 12mo, price 4s. 6d.

The Principles of Agriculture. By WILLIAM BLAND, M.R.A.S., Author of "Principles of Construction in Arches, Piers, Buttresses, etc."

London: Longman, Green, and Co., Paternoster Row.

Reigate Union.—To the Medical PROFESSION.—Notice is hereby given, That the Guardians of the Reigate Union in the County of Surrey, are prepared to receive Proposals in writing from persons willing and properly qualified (according to the qualifications specified in article 168 of the Consolidated Order of the Poor Law Board) to undertake the Office of Medical Officer of the SOUTHERN DISTRICT, comprising the Parishes of Charlwood, Horley, and Leigh, containing an area of 17,640 acres and a population of 3634, at the Salary of £100 per annum, and the usual Extras for Midwifery Cases, Operations, and Vaccination, etc.

The person appointed will be required to reside in the Parish of Horley, and the duties to be performed will be those defined in Articles 205 and 206 of the said order, and such other duties as are or may be directed by the Poor Law Commissioners or Guardians.

Applications, accompanied by Testimonials as to character and ability, to be forwarded to me at my office (postage free, on or before Tuesday, the 15th of March instant, and the Candidates are required, at their own expense, to attend the Meeting of the Board, at the Workhouse, Redhill, on Wednesday, the 16th March, at 12 o'clock at noon. By order of the Board,

G. CARTER MORRISON, Clerk.

Reigate, 3rd March, 1864.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

Brown's Cantharidine Blistering TISSUE, prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ P. L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent practitioners in the kingdom.—In tin cases, containing ten feet, 6s. 6d.; and small cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, Burns, etc., and may be called a companion to the above. In tin cases, containing twelve square feet, 1s. 6d. each.

Sole Inventor and Manufacturer, T. B. BROWN, Birmingham. Sold by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

TO ADVERTISERS.

British Medical Journal.—Office, 37, GREAT QUEEN STREET, LINCOLN'S INN FIELDS, LONDON, W.C. Published every Saturday.

Scale of Charges for Advertisements.

	£	s.	d.
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Each additional line	0	0	6
Each ten lines	0	4	6
A whole column	1	15	0
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Advertisements ought to be delivered at the Office on or before the Thursday preceding publication; and, if not paid for at the time, should be accompanied by a respectable reference.

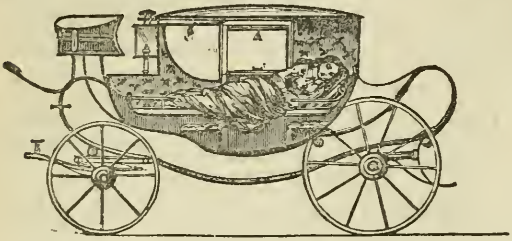
Post-Office Orders are to be made payable at the Western Central District Office, High Holborn, to Thomas John Honeyman (the Publisher), 37, Great Queen Street, Lincoln's Inn Fields, London, W.C.

To the Surgical and Medical Professions.—W. F. Durroch, Manufacturer

of SURGICAL INSTRUMENTS to the Royal Navy, Greenwich Hospital, Guy's Hospital, &c. &c., begs to inform the Profession that he continues to manufacture SURGICAL INSTRUMENTS of every description, and that he has attained the highest reputation by the approval and patronage of the most eminent Practitioners and Lecturers for the improvements made in various articles. Gentlemen favouring him with their orders may rely on having their Instruments finished in the best and most modern style. Surgical Instruments made to Drawings and kept in repair. Established 1798.

NOTICE OF REMOVAL.—W. F. Durroch has removed from No. 28, St. Thomas's Street East, to No. 3, St. Thomas's Street, near the Hospitals in Southwark. Late Manufacturer to the leading Houses in the Trade.

READING'S IMPROVED INVALID CARRIAGES.



The greatest Luxury and Comfort ever introduced for removing Invalids, being fitted with the

PATENT NOISELESS WHEELS.

These Carriages may be engaged on moderate terms for any journey, on application to

H. & J. READING,
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Also, a good assortment of New and Second-hand Broughams and other Carriages for Sale or Hire.

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Prices for Diſpenſing—1 oz., 9s.; ¼ oz., 3s. 4d.

OF KNOWN COMPOSITION.

TOWLE'S CHLORODYNE.

For Formula, &c., see back Numbers.

Extract of Letter from Dr. C. KIDD (Author of standard works on Chloroform): "Sir: Of the value of Chloroform given internally I have no doubt, it appears to me in that form an anodyne *sui generis* that no other anodyne can approach. I have resolutely opposed the use of *secret* compounds of Chloroform, and, in every way I can, encourage the 'Chlorodyne' (if we must have it at all) that is made by you, as you state that its composition is known. Many medical men think with me and recommend your compound, but will never prescribe a *secret* remedy.

(Signed)

"Sackville Street, Piccadilly, London. April 1862." "Chas. Kidd, M.D. and Surgeon."

Letter from ALFRED ASPLAND, Esq., F.R.C.S. Eng., J.P. Chester and Lancaster, Surgeon 4th Cheshire Batt. V.R., Surgeon to the Ashton Infirmary.—"After an extensive trial of your Chlorodyne in Hospital, Infirmary, and Private Practice, I am able to state that it is a valuable medicine. I have found its action peculiarly serviceable in Bronchial, Spasmodic, and Neuralgic Affections. I have never found it produce headache or feverish disturbance, results which not unfrequently occur from other forms of Chlorodyne. As a sedative to allay excitement arising from the abuse of intoxicating drinks, so commonly witnessed in our Barrack Hospital, I have been perfectly satisfied with it. Its known composition will doubtless prove an additional recommendation to the Profession."

In bottles, 1 oz., 1s. 6d.; 2 oz., 2s. 6d.; 4 oz. and 8 oz., 8s.

LIQ. CHLOROFORMI CO. (TOWLE'S).

This preparation is identical with "Towle's Chlorodyne," *sine* Ol. Menth. Pip. (dose, 5 to 20 minims. as in Chlorodyne).

The Proprietor having for some time past, at the request of several members of the Medical Profession, made a preparation of Chlorodyne without peppermint, has lately, on account of the frequency of these demands, prepared the same for more general use, under the designation of Liquor Chloroformi Co., which, possessing the Medical properties of Chlorodyne, may be prescribed in all cases where the Ol. Menth. Pip. is disapproved, and overcome the objection so generally felt to the use of the term "Chlorodyne."

May be obtained, as an introduction, from the following Wholesale Houses, in 2 and 4 oz. bottles, at 2s. 6d. and 4s. each:—London:—Barclay and Sons, 95, Farringdon Street. Birmingham: Southall, Son, and Dymond. Liverpool: Clay, Dod, and Case. Edinburgh: Duncan, Flockhart, and Co. Glasgow; The Apothecaries' Company. Dublin: Bewley, Hamilton, and Co. Manchester: Jas. Woolley; and the

Manufacturer and Proprietor of these Preparations, A. P. TOWLE, 99, STOCKPORT ROAD, MANCHESTER.

Price's Glycerine, its Uses and Purity.

See "De la Glycerine, de ses Applications à la Chirurgie et à la Médecine," by the eminent French Surgeon, M. Demarquay. pp. 240. Paris: P. Asselin. 1863. Or, "On Glycerine. and its Uses in Medicine Surgery, and Pharmacy." By Dr. W. Abbotts Smith. London: H. K. Lewis.

Surgical Instruments.—Arnold & SONS

continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

ARNOLD & SONS, 35 and 36, West Smithfield, E.C.
Established 1819.

Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE X.
ON TORTICOLLIS, OR WRY-NECK.

WRY-NECK is occasioned by structural shortening of some of the cervical muscles; but especially of the sterno-cleido-mastoid muscle, through which the head is twisted to one side; the ear being approximated to the shoulder, and the chin being projected in the opposite direction. Other muscles, as the trapezius, the platysma myoides, and the scaleni, may subsequently become affected. Not only is the head drawn down to the shoulder, but the shoulder is raised; and through the traction which is made upon it by the sterno-mastoid muscle, the clavicle may even become deformed. The face on the side of the contracted muscle appears to be smaller and less developed than on the opposite side; the eye is lower; and the mouth is depressed. This tension which is kept up on the face causes the muscles on the affected side to be nearly or entirely inactive; and an inexpressive and almost idiotic appearance is thus given to the countenance.

Through this muscular contraction, the head is almost immovably fixed; and it consequently becomes necessary to turn the whole body when the patient desires to look at an object which is not immediately in front of him.

This subject naturally follows that of lateral curvature of the spine, since wry-neck is one of the many causes of spinal curvature.

One of the worst forms of lateral curvature of the spine that I have seen lately, was induced by wry-neck of a singularly severe character. I saw it together with my friend Mr. Mould. In this instance, the entire sterno-mastoid muscle of the left side was contracted; the convexity of the cervical curve was on the same side, and the dorsal curve was on the right side, while the lumbar curve was formed on the left side. It was necessary, in this instance, to divide both the sternal and the clavicular portions of the muscle, as well as some tense bands of fascia.

The effect of section of the muscle in lowering the left shoulder, and in tending to reduce the dorsal curve, was extraordinary; so that, although the distortion was of some years' standing, it was removed without much difficulty, and in a short time, after the tense muscle had been divided.

This affection occurs more frequently in the female than in the male. It occurs both as a congenital and as a non-congenital affection. The former is not common. But as a non-congenital affection, it may be seen at any period until middle age; especially it is found to occur in children between the ages of 2 and 12.

Figure 28 represents the congenital form of the distortion in a boy, 12 years of age, who was sent to me by my friend Mr. Hodgkinson.

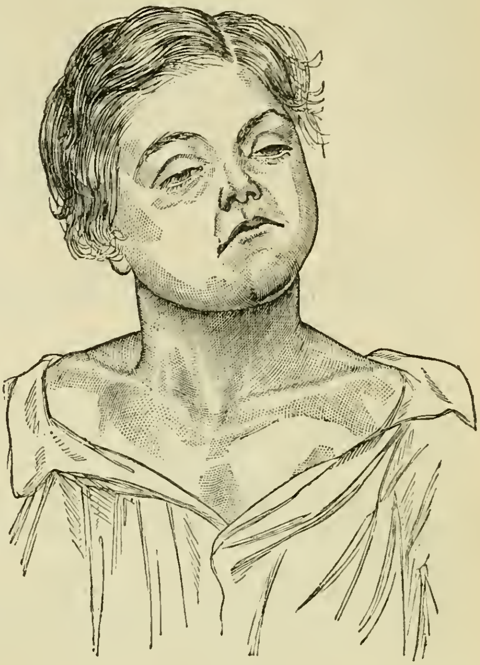
Fig. 28.

The *Causes* of congenital distortions which depend on muscular retraction are veiled more or less in obscurity. Many theories have been advanced, which need not here be mentioned. One, however, is especially worthy of notice; namely, irritation of the nervous centres; and it is probable that, in a large number of instances of congenital distortion, this is the cause of muscular retraction.

It is unnecessary to say, that this is not the only cause of congenital distortion. Some distortions arise from injuries to, or malformations of, the bony skeleton; others from imperfect development of the muscular system; while others, again, are occasioned by affections of fascia or of skin. These last mentioned causes of distortion, however, are comparatively rare. The usual cause of congenital muscular retraction giving rise to distortion is, as Rudolphi stated, "morbid nervous influence acting on the muscles." This fact was, at a later period, developed into a system by Guérin. He, however, having adopted the teaching of Rudolphi, generalised too freely, and was at length led beyond the truth.

It is known that, where some destruction of the nervous centres has occurred, or where marked change of structure from the normal condition of brain or spinal cord has been induced, every variety of muscular distortion may be found. But, it is said, when the brain and spinal cord are wanting, similar muscular retractions are found to exist. And, again, without appreciable nervous lesion, muscular retraction is found equally. Is it possible to reconcile these several cases?

Perhaps, this question is less difficult to solve than would at first appear. Notwithstanding that the brain and spinal cord are absent, nervous irritation may yet remain, portions of nervous matter being still undestroyed; irritated meninges and hypertrophied nerves, also, being present to produce perhaps not less distortion than would be induced by the irritation of larger masses of nervous matter. Again, our means of examining nervous structure are yet very imperfect; so that it is impossible to say where healthy structure terminates and where disease commences. We are compelled, therefore, to admit, that every form of muscular retraction may be induced by nervous irritation. And by exclusion it may be proved, that congenital distortion is due either to malformation, occurring, as it then does, in the germ; or to inflammation and destruction of tissue; or to nervous irritation.

Wry-neck, then, being a congenital affection, and being occasioned by muscular retraction, owns nervous irritation as a cause.

The *Causes of Non-congenital Wry-neck* are injury at birth, inflammation, paralysis, and spasm.

When the sterno-mastoid muscle and the parts around are bruised at birth, or when the muscle is lacerated, either by the application of the forceps or other cause, an effusion of blood takes place, which may be followed by inflammatory retraction. And when inflammation of the muscle occurs, from whatever cause, the fibres of the muscle become shortened and unyielding.

But the most frequent cause of wry-neck is paralysis, occurring perhaps after fever, or from cold, or from disease of the nervous centres. The muscle of one side being paralysed, that of the other side contracts upon itself, and becomes rigid and cordlike.

Again, spasm in the muscle exists together with disease of the nervous centres. Brodie relates a case where spasm of the sterno-mastoid muscle alternated with insanity. Two very extraordinary examples of this affection have come under my own care; in both of which death has been occasioned by disease of the brain. Figure 29 was taken from one of these cases.

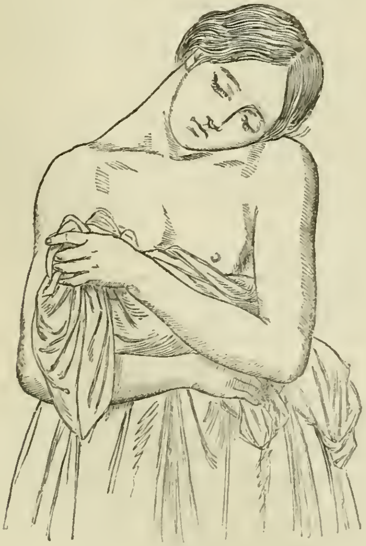
Fig. 29.

In severe cases of spasmodic wry-neck, disease of the cerebro-spinal axis is perhaps always present.

Treatment of Wry-neck. In the earliest infancy, mechanical means will sometimes be sufficient to overcome retraction when it is not severe. When, however, the distortion is not removed during the earliest years, section of the retracted muscle becomes necessary. This muscular retraction occasionally arises from temporary irritation, as in a case which I lately saw; where the irritation caused by cutting a molar tooth seemed to be the cause of retraction. In such a case, when the offending cause is removed, the distortion also quickly disappears.

After structural shortening of the muscle has taken place, subcutaneous section of the entire muscle, or perhaps of its sternal attachment only, will be necessary.

The patient should be seated, his head being supported by an assistant and slightly inclined forward, while a tenotome is carried behind the muscle from within outwards. The muscle should be divided in withdrawing the knife. The section of the muscle should be made there where the tendon stands out most prominently—from one to two inches above its insertion. By some, this operation is looked upon as dangerous; and instructions are given how to avoid the carotid artery and the jugular vein. This notion, however, is simply absurd. In the division of this muscle, as with every other retracted structure, there is no danger of wounding vessels, if the knife be used with moderate ability, and the blade is kept close to, and is not allowed to pass beyond the retracted tendon.

Some, as Stromeyer, seem to prefer to perform this operation from before backwards. The risk of wounding vessels is greatly increased by dividing the tendon in this manner. Not only this, but every other tendon, when section is required, should be divided by first passing the knife beneath the tendon. The section is thus more easily performed; and it is done much more satisfactorily. Instead of the operation being bloodless, as these subcutaneous operations should be, there is great danger of wounding veins if the edge of the knife be not turned upwards towards the tendon and the skin. Re-union is impeded by the effusion of blood, and abscess may very likely follow.

It is seldom necessary to divide more than the sterno-mastoid muscle. Other contracted structures will probably relax before a well-adjusted instrument. Yet it may be necessary to touch bands of fascia with the knife, or even to divide other muscular fibres.

The patient should be kept quiet in bed, with the head supported, until the wound has healed. An apparatus may then be applied for gradual extension. When the position of the head has been restored, the opposed or paralysed muscle may be stimulated with liniments, galvanism, and the like. And until the two muscles are again of equal power, or nearly equal power, the head will require to be supported, that retraction may not again take place.

Trichina Spiralis Poisoning. During the past week, an instance of the poisoning of a whole family, and the death of one member, caused by eating a ham, was reported in the city papers. The case was investigated by Dr. Schnetter, who found the ham full of the trichina spiralis, and did not hesitate to attribute the poisoning to this parasite. (*American Medical Times.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

WESTMINSTER HOSPITAL.

CALCULUS IMPACTED IN THE URETHRA OF A CHILD: ENORMOUS DISTENSION OF BLADDER: REMOVAL: RECOVERY.

Under the care of Christopher Heath, Esq.

[*Reported by* Mr. Watts, *House-Surgeon.*]

February 5th, 1864. Richard P., aged 3¼ years, was sent to Mr. Heath by a practitioner a few miles from town, suffering from retention of urine. For three weeks his mother had noticed that he had complained of pain about the bladder and penis, particularly when passing urine. On the 2nd (three days ago), she found that he could not pass his urine at all; and since that time he had been unable to do so, but a small quantity had constantly dribbled from him. He had been constantly crying and pulling his penis; and on the day before admission, she took him to a practitioner, who only ordered a powder; and afterwards, to the medical man who sent her to Mr. Heath.

On admission, the lower part of the abdomen was distended by the full bladder, which formed a distinct prominence as high as the umbilicus. There was some œdema of the scrotum, but no appearance of extravasation of urine. Mr. Heath, who was in the hospital when the child arrived, had him put under chloroform, and then examined the urethra externally to see if there was an impacted calculus, but failed to find one. He then proceeded to pass a catheter, which struck against a calculus immediately within the meatus, which was concealed by a congenital phimosis. Mr. Heath therefore at once performed circumcision; and on exposing the glans penis, the calculus was seen slightly projecting from the meatus, from which it was easily extracted. It proved to be an oval calculus, broken at one end, and weighing four grains. The outer coat was uric acid; but at the broken end could be seen an inner layer of phosphates; and probably there was an inner nucleus of oxalate of lime, as is frequently the case in these small calculi of renal origin. A catheter was passed, and a very large quantity of urine evacuated.

February 7th. The boy was quite comfortable; but appeared unable to hold his urine, large quantities of which had been passed under him.

February 9th. The thread was removed from the foreskin, which was healing. The incontinence of urine continued.

February 11th. The boy was up to-day, and able to hold his urine. Nitrate of silver lotion was applied to the foreskin.

February 23rd. He was discharged. The boy has quite recovered the control of his bladder, and the foreskin is all but healed.

In some clinical remarks upon this case, Mr. Heath explained to the pupils that retention of urine in children was almost always associated with calculus, and that the early recognition and treatment of the case was most essential. In this boy, the calculus had passed through the whole length of the urethra, and was only obstructed by the narrow meatus, from which it was readily extracted; but calculi not unfrequently became impacted in other parts of the urethra, and if permitted to remain there, gave rise to fatal extravasation of urine. Fortunately, this boy was seen in time to prevent such an accident; but the bladder was in a dangerous state of over-distension.

The treatment of this case was simple enough; but had the stone become fixed further back, it would have been necessary to open the urethra at that point. Mr. Heath said that he agreed with Mr. Cooper Forster, in believing that there was no more danger in opening the urethra in front of the scrotum than behind it, if the calculus were impacted in the anterior part.

Original Communications.

THE NATURE OF SO-CALLED "PARASITES" OF THE SKIN.

By W. Tilbury Fox, M.D.Lond.; University Medical Scholar; Physician to the Farringdon General Dispensary.

In the *British and Foreign Medico-Chirurgical Review* for January 1864, is an elaborate article by Mr. Erasmus Wilson, *On the Phytopathology of the Skin and Nosophytodermata, the so-called Parasitic Affections of the Skin*, in which an attempt is made to overthrow the almost universally accepted view of modern authorities, in regard to the nature of "parasitic" bodies. The vast influence which the name of Mr. Wilson exercises in dermatological matters, must alone guarantee an acceptance of the doctrines put forth in the essay referred to, by those not well versed in the special literature of skin-diseases. Now, of late years, several questions relating to parasitic diseases have been centres of the most opposite opinions. Are the "parasites" the result of spontaneous generation? Are they produced by a transformation of the molecules of a higher into a lower state of life? Are they vegetable in any degree in their nature? Are they the *vera causa* of disease, or only secondary products? In my work on *Parasitic Diseases*, an attempt has been made to satisfactorily determine most of these queries, but no discussion is contained therein touching the exact nature of so-called parasites, because almost every authority admits absolutely their *vegetable* nature. The essay of Mr. Wilson necessitates a detailed examination of the question; for, indeed, if the more prevalent view be erroneous, and that of Mr. Wilson correct, the whole of our pathology and treatment is bad in the extreme.

Speaking generally, the article is a representation of the views of MM. Robin, Bazin, and Hardy. The original matter relates more particularly to the origin and nature of the parasitic germs; there is scarcely more than a passing notice of the question pressing now-a-days most strongly for solution: viz., the *identity* or *relation* of parasites, a part of the subject which contains the most telling arguments *against* the doctrine advanced by Mr. Wilson.

The present remarks will be directed especially to the examination of the opinion advanced by Mr. Wilson, touching the nature of the so-called parasites. I may first call attention to the very elaborate and complicated nomenclature introduced into the article, forming a total sufficient to bewilder and reduce to despair not only the student but the more learned practitioner. The following may be quoted:—Phytopathology; Nosophytodermata; Phytiform; Porrigophyton; Aphthophyton; Mentagrophyton; Porrigo tonsurans; Porrigo decalvans; Alopecia areata; Phytodermic; Chromatogene-

sis; Epidermophyton; Mucedinales; Dermophyton; Mycodermis; Trichosis furfuracea tonsurans; Tinea pelada; Tinea mentagrophytes; Furfuræ dermophyticæ; Lichen annulatus serpiginosus; Herpes circinatus pustulosus; Herpes esthiomenos; Pelada decalvans; Tinea achromatosa; Tinea pelada simplex; Area alopeciata; Trichosis area ophiasis; Dyschromatogenous; Furfuræ parasiticæ; Dermopathology; Trichosis maxillaris; Trichosis corporis seu lichen annulatus; Phyticides.

It is a matter of no denial, that these "hard names" are very obstructive to the advance of knowledge. Take one general term: be it porrigo or tinea, and then particularise each variety by appropriate additions: Tinea favosa; Tinea tonsurans; Tinea decalvans; Tinea circinata; Tinea sycosis; Tinea versicolor; and the result will be materially the better, in that we may reject, *in toto*, all sources of confusion in nomenclature. Why cannot we use the term Parasitic Diseases instead of Nosophytodermata? Indeed, if the latter be not produced by "vegetable growths" then is the term Nosophytodermata in every way incorrect. It is much more desirable to employ names which are "easy to read and write," and which "convey quite as correct a notion of the characters of the disease," even "in preference to the more lofty-sounding" ones.

It is a fair criticism, to say that the article "Phytopathology" in the *British and Foreign Medico-Chirurgical Review*, does not deal with the subject in a liberal manner. The arguments contained in it, cannot be fairly said to be a "total" of *pros* and *cons*; indeed, the data which form the basis upon which the vegetable nature of parasites rests, are not refuted—not examined. True, the history of their discovery, their outward resemblances, and their microscopic appearances are discussed; but the arguments derivable from analogy, the vital and chemical behaviour of the "parasites," the effect of treatment and the like, are not noticed. Mr. Wilson details very clearly and forcibly the mode in which he conceives the parasitic bodies to be produced by a "granular degeneration" of normal tissues, and refers for corroboration to the instances of the development of "mucus and pus" to be noticed presently; but it seems to me that the whole point has been examined by an anatomical eye and anatomical ideas, without any reference to the *botanical* view of the case. "More than twenty years since," says Mr. Wilson, "after a careful microscopic investigation of the pathological elements of which they are composed, we came to the conclusion, that they resulted from an aberration of cell-formation; that this aberration consisted in the growth and proliferation of the primary granules of which epidermic cells and hair-cells are normally constituted; that this growth and proliferation had the effect of arresting the granules at their embryonic stage, and in the performance of their embryonic functions, and, as a consequence, that the cell-tissue (epidermis and hair) composed of these embryonic granules and imperfectly elaborated cells, was, upon desiccation by the air, dry, spongy, friable and brittle; that, in trichosis, this change alone existed in the hair and epidermis; whereas, in favus, the granules composing the yellow disk around the mouth of the follicles passed through a pustular stage, the consequence of a higher degree of inflammation, and, in their pustular condition, obtained their peculiar yellow colour. We called this morbid alteration of the primary granules of the epidermis and hair-tissue 'granular degeneration', and subsequent experience has not altered our opinion."

As regards the mode of increase and production: "the granules are nucleated separate or in groups, or adherent in moniliform strings of two to four, or five in length. The greater number of the granules are uninuclear; some, however, are binuclear or trinuclear. The binuclear granule is in process of proliferation; the original nucleus has split into two, each moiety has become a separate nucleus, the space between them has increased, a septum has arisen in the interval, and the cell has become oblong—an oblong cell with two nuclei, or rather two independent but adherent cells; cells that may subsequently divide and become separate unities. This is the mode of cell-proliferation." At an early stage, and in near contact with the vital tissues, the tendency is to the formation of granules; but, "removed from the source of nutrition proliferation weakens, the divided cells remain adherent, and either retain their globular and embryonic shape, and give rise to moniliform filaments, or they grow in length at the expense of their contents, and form cylindrical and transparent filaments divided by septa, each intermodial segment representing a single original globular granule or cell." They lapse, in the latter case, "into an irregular and filamentary proliferation, giving rise to an inferior form of organisation neither so complete nor so permanent, and which converts the higher animal organisation into a lower and phytiform organisation—an animal tissue into one which might be likened to a vegetable tissue." These quotations give us as the source of the so-called fungus-elements, the normal tissues (epidermic granules); the nature of the disease pathologically as a "granular degeneration;" the mode of increase by the division of the nuclei of the cells, and the secondary division of the cell itself; the formation of so-called mycelium by the division of the nuclei, but the non-separation of the binucleated cell into separate unities. These stages are best seen in favus. The granules are globular, uninucleated, bi- and trinucleated; the mycelial forms are moniliform and opaque, cylindrical and transparent, with a branched and ramified filament. "In the case of the trinuclear cell a bifurcation is effected, and the proliferation of each part of the tissue-cell lays the foundation of a branched and phytiform growth." The peculiarity of favus "is due to a pustular complication;" the layer of the favous mass next the basement membrane of the derma is made up of pus-globules; "these pus-globules contain from four to seven or eight well-formed nuclei; and these nuclei, on their escape from the cell-membrane of the pus-globule, become the nucleated granules which are the chief constituent of the pathological product." The moniliform thread is produced by the coalescence of these escaped nuclei. We have, then, a further proposition to notice; that in favus the "phytiform" elements are derived from the nuclei of pus-cells. Mr. Wilson interprets the term "granular degeneration," by "the idea of an arrest of development of the cell-tissue of the epidermis at its embryonic stage, and the production of a tissue constructed of crude and imperfect materials, which represent an earlier period of cell-generation than that which Nature intended, and which, in consequence, is truly in a state of degeneration from the perfect type."

Now, it is impossible to overrate the immense importance of the opinions contained in the quotations given; for, seeing that they differ in *almost every particular* from the opinions of our great dermatologists and botanists, a considerable check must be given to the advancement of the study of Parasitic Diseases, until the conflicting opinions of high authorities are harmonised, or the one or the other is shewn to be untenable. The whole matter rests upon the solution of two questions. The one is, Are the so-called parasites vegetable in their nature? The other is, Can an animal by a retrograde metamorphosis ever become converted into vegetable tissue? Then comes the subsidiary question: What are the effects of the growth of parasites?

First, then: What are the grounds upon which the opinion of the vegetable nature of parasites rests? Speaking generally, we find that the existence of vegetable growths is very general in the hard external covering of living beings; and not only this, but there is a complete similarity between the unicellular plants found upon man, and those found on animals. They have been observed, especially by Kölliker, in sponges, foraminifera, corals, bivalves, brachiopods, gasteropods, annelids, cirrhipeds, fish, etc. A very familiar instance is that of the silkworm and caterpillar disease of parasitic nature.

We should be led, then, to expect the occurrence of vegetable parasites upon the outer covering of man; and the attributes possessed by so-called parasites are sufficiently distinctive of vegetable bodies: they are, briefly, *structural*, *chemical*, and *vital*.

a. Structural. We are able to distinguish the presence of cellulose externally, and internally the primordial utricle coloured by iodine; also the *tubed* mycelial form and fructification; the latter being unrepresented in animal structures.

b. Chemical. Ether, chloroform, and spirit of wine render epithelial tissues transparent, and dissolve all fatty substances; whilst vegetable parasites remain unchanged. Ammonia dissolves animal products, *ex. gr.*, pus, puriform secretion, "crusts, etc., converting them into a gelatinous mass"; and caustic potash behaves in like manner.

c. Vital. These are by far the most important to notice here. Something may be learnt from a consideration of the localities in which parasites grow, as follows; on the skin generally; in depressions of the derma (follicles); on the epithelial tissues, in the case of the Madura foot or podelkoma; a wound is often followed by the development in it of fungus elements; in the stomach, intestines (hence in the stools); in the œsophagus, vagina, uterus, pleura, cavities in the lungs, urine, the wax of the ear, etc. Now, in the vast majority of cases, it is clear that the external air has free access to those situations in which fungi are wont to occur. The exceptional cases admit of very considerable doubt. For example, in the interior of the egg a fungus has been found, but has been supposed to obtain an entrance before the formation of the shell, when there can be no difficulty in accounting for its presence through the medium of the external air. The fluid of the ventricles of the brain, the kidney, and the bladder, have been stated as places where the elements of a fungus may spring up without communication with the exterior. The evidence, however, is open to grave negation. It is quite possible that the development, rapid as it has been, has taken place after the removal from the body or the exposure to the air of the fluids in which it is found. The most notable case of the kind is recorded by Dr. Begbie in the *Edinburgh Medical Journal* for April 1856, in which sarcinæ were found in fresh urine, immediately after micturition, upon two occasions. Can air enter the bladder from without? Another explanation has been offered, by supposing the "germs" of the entophyte to be taken up by the blood, and deposited in the kidney or bladder, as the case may be; reasoning from analogy, it appears most likely that the "germs" are derived *ab externo* in some way as yet unexplained. At any rate, we may reasonably conclude that, in the great majority of cases, there is the greatest facility for the introduction of parasitic elements from without; and that the occurrence of parasites in certain internal parts of the body directly militates against the theory of Mr. Wilson, inasmuch as their presence is unaccompanied by any change of tissue, especially such as would lead us to imagine anything like "granular degeneration" of the epithelial linings. To argue in this case from a narrow limit of observation, *ex. gr.*, the parasitic tineæ, must inevitably lead to error and misinterpretation.

The argument which determines the whole question at once is the fact that parasites (or Mr. Wilson's "granular degeneration") will grow when removed from the influence of living tissues, and away from the influence of the blood—a property which no one will accord to animal tissue. The most casual experiment will convince any one of the truth of this assertion. If a piece of favous matter, a hair from tonsurans or "herpes circinatus", be "put up" and kept in a warm place, in a short time the *growth* of the fungus will be noticed; not so that of the animal tissues present. The stromal (nuclear) will develope into the sporular form; the sporules will increase in size, join together, bud, or produce mycelium. I have seen in the trichophyton a most luxuriant crop of mycelial threads sprout away from a diseased hair, while the sporules in the interior became chained and moniliform, while not a particle of fungus could be found in any other part of the field, to suggest an origin from any other source. These artificial germinations are not always successful, and require care in their manipulation; in them we see another very important argument militating against the "granular" theory, and confirming in strong terms the vegetable nature of parasites—viz., the pathological tendencies. After a time, these artificial preparations exhibit a great contrast. The spores become chained, double-contoured, large, forming a mass of slightly squared cells, chained and linked in all directions, mostly in the axis of the least pressure—viz., longitudinally, or rather parallel to the long axis of the hair; mycelial threads sprout away from the side of the latter, and now and again attempts at fructification are observed; but, inasmuch as the influence of the external air is withdrawn, it cannot be perfected. In contrast to this state of growth is the fatty degeneration of the animal structures—hair, epithelial cells, and the like. I remember to have shown some of my friends a most charming specimen of the kind in perfect preservation (a hair loaded with the trichophyton tonsurans), in which these changes were as marked as possible; the fibres of the hair had degenerated, and their place was supplied by beautiful tufts of crystallised fatty matter; while the fungus itself was freely growing and encroaching upon the space occupied by the hair-fibres. Originally, the shaft of the hair was perfect in its structure, only freely infiltrated with sporules. A prettier object for the polariscope could not be imagined.

Now, if the parasite were a lower form of animal life, a degeneration of the normal structures, surely it should first of all undergo that kind of degeneration so characteristic and cardinal in, as they may be called, dead or dying tissues of the animal body; whereas, in the case in point, we find a positive divergence, a development of the vegetable and dissolution of the animal tissue. It avails nothing to argue here, that there is a conversion of the one into the other; because, leaving out of view the different kind of metamorphosis going on, there are no transitional stages; and the perfectly formed structure of the hair disintegrates by a chemical process, its vital life being wholly null and void; and, according to Mr. Wilson's theory, the "granular degeneration" is a vital process, of course. The only vital process present is the growth of the parasitic vegetation. Hence there is a further point to notice. The change in the animal structures is a chemical, that in the parasitic a vital one in addition—a distinctive difference, which needs no further consideration. The chemical destruction of the animal, no doubt, helps the development of the vegetable; but the one is not produced by a transformation or modification of the molecules of the other. The same kind of independent existence of parasites is seen in those cases in which the shaft of the hair is retained in the follicle, while its root is totally disconnected with the formative process. The hair is in this case, to all intents and purposes, a dead structure, yet the parasitic vegetation luxuriates; and other cases might be quoted. The existence of budding is another feature of distinctive significance as to the vegetable nature of the parasites. This will be referred to again.

The occurrence of an union of cells as an active process may be mentioned. This is a fact which every one will admit. Hebra, Mr. Wilson, and others seem to recognise, as the universal mode of the production of sporules, the constriction of filaments, and separation of the constricted portions, as well as the bidivision of free cells. This is surely an error of observation. The sporules are primary in point of existence, therefore cannot be formed by division of the mycelial cells. Besides, the larger are seen to be produced by the enlargement of the smaller cells. In the case of the torula, this is seen to an extreme degree in its endogenous growth. Saving in the fructification, which is rare in human epiphytes, the most usual process is an increase by endogenous formation, and also the formation of the mycelium by a union of cells (with superadded budding); and in the mycelium the same endogenous growth obtains. Now, nothing of this complete kind exists in the epithelial tissues: endogenous growth, yes, but not a true junction and union of cells. I refer now to the epithelial tissues only, which are those concerned in the discussion.

Parasitic disease can undoubtedly be produced by the introduction of the germs from without, provided there exist a suitable soil. The experiments of various observers will occur to the memory of most readers. In accordance with all that is known of fungi generally, it must be accepted as certain that vegetable growths arise in the case of "porrigo", of favus, and such like, "as they do if a piece of melon or a bit of cheese, not over dry, be placed in a cupboard"; that is to say, in accordance with the same general laws; or, in other words, they never flourish upon "*healthy*" surfaces, though it is difficult to define clearly the exact state of pabulum by external manifestations; but that some favourable condition of soil, some deviation of the nutritive process, exists, must be admitted. Well, then, introduce the sporules of a fungus to a person so nutritioned, and parasitic disease will result. Does not the contagious character of tinea make a dead stand against the acceptance by us of the theory of "granular degeneration"? Mr. Wilson states that, in a certain sense, "mucus may be viewed as a *parasite* receiving nutriment from the body, but not shape, nor claim to vitality"; and adds, in a foot-note: "In this sense, we are willing to accord to the nosophytodermata the title which has been assumed for them of parasitic diseases, but not as organisms originating from without, and intruding upon the tissues of man, as the phytopathologists claim." Yet he does not notice the bearings, upon this question, of artificial inoculation and contagion. It has been pretty surely shown that, in the instance of Madura foot, which presents a larger amount of fungus than any other disease, the germs are derived through wounds in the feet; and it may not be uninteresting to observe here, that Mr. Wilson's theory could not explain the development of the chionyphe Carteri in the carious bones of the foot. Looking for a moment to the applicability of the word parasite to the case of mucus (pus), these latter have most special and useful functions to perform, without which nature would suffer very materially. The term parasite, as given to them, leads one to form by far too low an estimate of their nature and worth, and detracts from the beauty and perfectness of conservative nutrition.

[*To be continued.*]

RECENT INTUSSUSCEPTION.

By E. Cousins, Esq., F.R.C.S.

On December 13, 1862, a male child, aged 21 months (the same patient whose case in a former illness is reported in the British Medical Journal for June 21, 1862), came again under my care. The child was said to have had diarrhœa for the last day or two, supposed to be connected with teething. At 1½ A.M., the nurse gave it two teaspoonfuls of castor oil, which acted before 3; giving a not unhealthy-looking liquid evacuation, on which oil floated. The child, however, strained much in passing it, and seemed faint. He then had frequent paroxysms of pain and slight tenesmus, during which he writhed much, and then fainted, remaining pale and more or less unconscious till fresh torminia appeared to rouse him. He occasionally vomited a few teaspoonfuls of serous fluid with greenish flakes. At 3½ A.M., he passed about half an ounce of bright blood *per anum*, with tenesmus, and then fainted (as usual after each fit of pain). At 4 o'clock, I found him in a state of syncope, with the pulse barely perceptible, even during the fits of restlessness. These occurred every ten minutes; in the intervals between them, the abdomen was soft and flaccid, and free from tenderness or from any discoverable tumour; and the right iliac region and hypochondrium were sensibly full; the epigastric, umbilical, and left iliac regions, were depressed; the space from the umbilicus to the pubes was moderately full. Whilst palpating, the transverse colon was felt to harden under the hand, and formed a well-defined hard tumour, which could be traced, though less hard, through the region of the ascending colon to the cæcum. Evident distress began after this; the rectus muscle hardened so as to obscure the tumour; and the child writhed severely. Laudanum was given, with a little sal volatile. The fit of pain passed off; and during the subsequent syncope the tumour again became perceptible, and then gradually became less and less defined, and nearly ceased at last to be distinguishable, until the approach of the next paroxysm.

The diagnosis was, intussusception of the ileum through the ilio-cæcal valve, reaching half-way along the tract of the colon. Some brandy being given, inflation *per anum* was performed with the stomach-pump at seven o'clock. The abdomen was rendered very tense with air, which in about three minutes was heard suddenly to escape with a gurgle into the small intestine; and on examination, the tumour was found to have disappeared, while the small bowels were discoverable as an elastic mass surrounded by the easily traced colon. It was interesting to note the remarkable change in the feel of this organ, during an ordinary peristaltic contraction of it which followed in a few minutes after the operation. The pulse recovered its tone and fulness instantly afterwards, and the cheeks regained some colour. The child seemed to rest for about a quarter of an hour, and then showed indications of returning playfulness and interest in those around him. He was ordered rice or barley-water with cream as an exclusive diet.

1 P.M. He had had a quiet sleep; after which he craved for food; then had a bloody stool.

8 P.M. He had had two evacuations; the last was

said to contain a small particle of fæcal matter. There was no pain nor tenesmus, nor tenderness of the abdomen. The child was playful all the afternoon, and now fast asleep; having had a powder of hydrargyrum cum cretâ and Dover's powder, of each a grain, and a linseed-meal poultice.

Dec. 14th. He had had a good night, and had passed two evacuations; the first fæcal, but loose, with a patch of mucus tinged with blood; the second devoid of blood, and with abundant bile, but still relaxed. He was ordered to have a grain of extract of logwood, and five minims of ipecacuanha wine, with some syrup, in half an ounce of aniseed water, every four hours, and to repeat the powder.

8½ P.M. He was comfortably asleep; he had been full of play all day, and hungry. He had had one semisolid evacuation.

LARGE CALCULUS IMPACTED IN URETHRA: REMOVAL.

By T. Morley Rooke, M.D., Cheltenham.

The following case presents some features of interest. I was called one evening, two or three weeks since, by a gentleman, to see his stable lad, who, I was informed, was suffering from retention of urine. I found the patient, a small sized but healthy youth of 18 years of age, in considerable suffering, with his bladder distended up to the umbilicus; he had passed very little urine for thirty-six hours. The retention had been at first partly overcome by strong expulsive efforts and the aid of a warm bath, but more lately it had been complete; there was no history of gonorrhœa recent or old, nor of anything likely to cause stricture. On proceeding to explore the urethra with a catheter, the instrument immediately struck upon something hard and perfectly resisting; and on opening out the lips of the meatus, I could plainly see, about half an inch within the canal, what looked like an urinary calculus. I could also feel a hard rounded body, on pressing the glans, conveying the impression of something of the size of a small marble. I at first endeavoured by external manipulation to press the substance forward; but, this totally failing, I passed the blades of an ear-forceps with broad concave-flattened points on each side of the stone, and was enabled firmly to grasp it; but, although I used for more than half an hour every effort of force and cunning to extract it, so firmly was it wedged, that it would not move a hair's-breadth; indeed, the stone at length broke under my forceps. I finally saw no other plan than to slit up half an inch of the mouth of the urethra; this I accordingly did, and then, though still not without some difficulty, extracted the calculus. Of course, the bladder was immediately relieved. The wound of the urethra was nearly healed in five or six days, its urethral edge having adhered by the morning after the operation.

The stone was of an ovoid form; but, it having broken, I cannot give its exact dimensions; the main fragment, probably a little more than half, measures exactly half an inch in its transverse diameter, but the bossed character of its surface no doubt much aided its impaction. The weight of the same fragment is thirteen grains; I should estimate the whole as having been about twenty-two grains. According to my analysis, the composition is oxalate of lime with a little carbonate.

Looking to the age and the small make of the patient, I should think a similar case of a calculus of such dimensions being forced so far along the urethra must be extremely rare. I cannot myself find one on record.

Reviews and Notices.

Excision of the Scapula. By James Syme, F.R.S.E., Surgeon in Ordinary to the Queen in Scotland, etc. Pp. 35. Edinburgh: 1864.

Every one has had personal experience of the truth of the old adage, "A great book is a great nuisance." We are glad, therefore, to be able to tell our readers that Mr. Syme's volume is small, and its value great. It contains the history of three cases of excision of the scapula; and the value of the history is shown in the fact that it establishes a new operation in surgery. These cases prove that the entire scapula, either with or without the arm, may be removed without much difficulty, and without dangerous loss of blood; that the wound will heal quickly and well; and that the arm, if preserved, may be strong and useful.

Mr. Syme first performed this formidable operation in 1856, the patient being an old woman seventy years old. The tumour appears to have been of a cerebriform kind. In this case, the wound healed; and the patient died, not from any of the ordinary results of operations, but apparently from natural decay. She survived the operation two months and a half, and lived long enough to establish, in Mr. Syme's mind, the propriety and feasibility of the operation.

In the next case, in 1861, Mr. Syme removed the scapula in a man forty-three years of age. He had previously removed, in 1860, the diseased head of the humerus in this man; and, a year aftewards, observed a tumour over the shoulder, which gradually enlarged, and became eventually the subject of his second excision of the scapula. The tumour weighed between four and five pounds, and was of a suspicious nature. The man completely recovered, and was able to lift heavy weights with his arm; and, fifteen months after the operation, was in perfect health, and engaged as a letter-carrier.

In the third case, Mr. Syme in 1862 removed a fibro-cartilaginous growth of the head of the humerus, which did not affect the joint; and the patient rapidly recovered. Some months later, a fibro-cartilaginous cyst, of the size of a walnut, was removed from under the cicatrix. Shortly after this, a swelling commenced in the scapular region, which was rapidly developed, extended into the axilla, and overlapped the humerus. In this case, the arm could not be preserved. The tumour, which was removed with the scapula in May last, was of exactly the same character as the morbid growths previously excised. No fewer than nineteen ligatures were required to secure the blood-vessels in this case. The patient recovered completely; and, the last time Mr. Syme heard of him, he was out with the hounds.

An operation of this kind may be truly called a triumph in surgery. It manifestly is a means of prolonging existence, and of snatching man from the immediate prospect of a certain and very painful death. The profession has to thank Mr. Syme for having once again widened the domain of surgery. The details of his cases will, no doubt, be carefully studied by all surgeons.

AN ESSAY, HISTORICAL AND CRITICAL, ON THE MECHANISM OF PARTURITION. By WILLIAM LEISHMAN, M.D., Fellow of the Faculty of Physicians and Surgeons of Glasgow, etc. Pp. 129. London: 1864.

THE mechanism of parturition—of childbirth in its ordinary and normal forms—is a subject that is not yet thoroughly understood, if one may judge from the occasional appearance of essays and treatises on the subject, containing views more or less diverging from each other. Dr. LEISHMAN, an obstetrician of some eminence in Glasgow, has now added his contribution to our literature of parturition, in the form of an historical and critical essay.

The book consists of five chapters. In the first chapter, the author makes some remarks as to the practical importance of a knowledge of the subject on which he writes; arguing "that a man can no more be a thorough accoucheur without this knowledge as his guide, than he can treat disease without recognising a standard of health." He then goes on to state, that the object of his essay is "far more a plea for the study of nature than to introduce any new theories, still less to induce others to view the art in a light too exclusively mechanical." He then gives a historical survey of the doctrines held by the principal writers on midwifery, from Hippocrates (or whoever it was that wrote the works on parturition which are attributed to the Father of Medicine) down to Sir Fielding Ould and Smellie.

In the second chapter, Dr. Leishman first notices the views of Rœderer, Puzos, and Levret. The last named obstetrician founded what Dr. Leishman is inclined to term the "obstetrico-mathematical" school. "L'accouchement," he wrote, "est une opération naturelle, véritablement méchanique et susceptible de démonstration géométrique." On Levret, and the mathematical theories of parturition prevalent in his time, Dr. Leishman observes.

"Among the errors into which, as the result of this tendency, this really able man" (Levret) "fell, I will instance only the geometrical fallacies into which he is led in his demonstration of the mechanism of the dilatation of the uterus, and the no less inaccurate manner in which he arrives at the *quod erat demonstrandum,* in shewing how, according to all known laws of geometry and mechanics, the uterus must empty itself of its contents.

"Nothing is clearer than that the writers of that day had taken up a false idea, which had a most pernicious effect on the progress of the art. They were in the habit of considering the act of labour as a mere form of ordinary mechanism, and they sought to assimilate to this position all that nature and the operator did. This false view led to another. They concluded that the operator must do more than nature. They indicated to nature the way in which the child should move, like the globe, in curves, which might be calculated with mathematical precision, according to the laws of gravitation; and, as they very soon concluded that nature could not confine herself to the prescribed path, they saw in each variation nothing but a fault which the operator in every case must remedy. The result was they infinitely multiplied these, and, according to endless genera and species, drew out rules for assistance. If they had in the infancy of the art trusted too much to the aid of nature, they now trusted to it too little." (Pp. 28-29.)

The appearance of Smellie's work, and its translation on the continent, led to the adoption of a course in which nature was studied in preference to mere theories, and ultimately to an attempt to determine the actual mechanism of parturition by observation, in which the continental authorities for some time took the lead, notwithstanding the prestige which the labours of Ould and Smellie had given to British obstetric science. It is the elder Naegele, whom we are accustomed to regard as the great continental authority on the positions of the child during delivery; but, according to Dr. Leishman, sufficient account has not been taken of the merit due to two obstetric writers, whose works have never been translated, and who are little known—Matthias Saxtorph of Copenhagen, and Solayrés de Renhac; and also Saxtorph's preceptor, Berger.

"The question with which the names of Saxtorph and Solayrés are more especially connected, is the discovery and announcement of the fact, that the head passes down into the pelvic cavity in a position which corresponds neither to the transverse nor conjugate diameters, but it is intermediate between the two, or oblique. But, while it is to the labours of these men that the general diffusion of this new doctrine was undoubtedly due, and while I am inclined to believe that the conclusions of Solayrés were the result of independent observation, yet there can be no doubt that this position of the head had been recognised and imparted to his pupils by Berger, whose pupil Saxtorph was at a period not later than 1759. Of this fact there is internal evidence in Saxtorph's works, and especially in a note to one of his papers, where he says—'In a similar manner Berger saw the true position of the head, and imparted it in his lectures.' But, while this makes it certain that the position alluded to was recognised by Berger, there can be little doubt that it would, but for Solayrés and Saxtorph, have remained unknown." (P. 31.)

Dr. Leishman then gives some copious extracts from the writings of Saxtorph and Solayrés. The latter described six positions of the head; which, briefly expressed in modern obstetric language, are the following:

1. Head in antero-posterior diameter; face backwards.
2. Head in antero-posterior diameter; face forwards.
3. Head in right oblique diameter; face backwards.
4. Head in right oblique diameter; face forwards.
5. Head in left oblique diameter; face backwards.
6. Head in left oblique diameter; face forwards.

The celebrated Baudelocque was a pupil of Solayrés, whose doctrines he promulgated and improved; acknowledging, indeed, his obligations to his master in such a way as, according to Dr. Leishman, detracted too much from his own merit.

In England, some attention was given to the mechanism of labour by Johnson and White; but, until the appearance of Dr. Rigby's translation of Naegele, little investigation was made in this subject. This was principally due to the influence of Dr. Denman, who, in his zeal against the tendency to regard parturition as a purely mechanical process, went altogether to an opposite extreme, and wrote:

"It does not appear that any ill consequences would follow an erroneous opinion of the manner in which the head of the child is protruded through the cavity of the pelvis, in a natural labour; for, no assistance being wanted, no principle was required for the regulation of our conduct."

While, however, obstetricians in England were taking little notice of the mechanism of parturition during the early part of the latter and the beginning of the present century, on the continent the question attracted the attention of many, among whom Dr. Leishman specially mentions Bang and Professor Boer of Vienna, Stein and Schmitt, and especially Naegele of Heidelberg, whose essay appeared in 1819 in Meckel's *Deutsche Archiv.* The author gives an outline of Naegele's views, and notices also the criticisms passed on his doctrines by more recent writers, especially Dr. Halahan of Dublin and Dr. West of Alford, who are selected as "representing the most diverse and extreme views of the case."

In the third chapter, Dr. Leishman leaves the historical and enters on the practical part of his subject. His subject here is, the Head in the First Position. Before proceeding, however, to offer the remarks which he has to make, he calls attention to the "want of proper definition, and the lack of scientific accuracy in the use of certain terms." The terms to which he specially alludes are "vertex", "presentation", and "at the brim". He then proceeds to comment on the first position—that in which the forehead is turned to the right sacro-iliac synchondrosis, and notices at length the three kinds of obliquity which are described as occurring here.

"The first is that described by Saxtorph and Solayrés, according to which the long diameter of the head occupies the oblique diameter of the brim; the second is the obliquity described by Naegele and most of his followers, by means of which the right parietal eminence enters the brim before the left; and the third is that by means of which the great occipito-frontal diameter accommodates itself in almost all cases to the brim, by the occiput preceding the frontal bone in its descent." (P. 60.)

The chapter is concluded with some remarks on the manner on which rotation of the child's head is effected after its escape from the brim of the pelvis.

In the fourth chapter, the Head at the Outlet is the subject discussed; and here we have a notice of the debated question of "supporting the perinæum". Dr. Leishman recapitulates, from a paper published by him in the *Glasgow Medical Journal* for January 1860, the principal historical points in relation to this practice, which, he believes, was first taught as a part of the duty of obstetricians in all cases, by Professor Hamilton of Edinburgh. He considers fully the views of Drs. Tyler Smith, Graily Hewitt, etc., on the subject, and gives the following as the result of his own observations.

"Having been long convinced of the utter uselessness of a systematic support of the perinæum, I am, however, strongly impressed with the idea, that the practice actually in some cases brings about the very evil which it is intended to prevent. No one, I presume, attempts to deny that there are certain cases where rupture will take place, do what we may to prevent it. . . . . . If there is any truth in the statement that support prevents laceration, it follows that I, who *never* support the perinæum, must meet with laceration more frequently than those who do. So far, however, from this being the case, I am pretty well convinced that, the more assiduously the perinæum is supported in natural labour, the greater is its danger of rupture; and I am perfectly certain, that in my practice a severe laceration is quite as rare as it is in the hands of those of much greater experience and ability who support the perinæum. I am glad, however, that the truth of my assertion does not rest on my own limited experience, but is amply confirmed by men of such undoubted talent and vast practical experience as Tyler Smith, Swayne of Bristol, and West of Alford." (Pp. 91-2.)

He then notices the causes which are assumed to produce laceration of the perinæum; viz., deformities of the pelvis; deformity or malpresentation of the fœtus; rigidity of the perinæum and *ostium vaginæ;* too rapid labour; injudicious or unskilful use of instruments; persistence of the hymen; and mechanical support of the perinæum—which Dr. Leishman regards as "a possible cause, if mechanical support is carried to an extreme." As a summary of his views on supporting the perinæum, he gives the following as the terminating words of the chapter.

"While I am quite aware that 'support', as usually practised, is harmless, I am most firmly convinced that it is useless. I am scarcely less firmly persuaded, moreover, that in many cases the result is the reverse of beneficial, and I can bring myself to look upon it in no other light than as a barbarous relic of 'meddlesome midwifery'." (P. 100.)

In the fifth and last chapter, the author comments on the other Cranial Positions, noticing the well known discrepancies as to their relative frequency found in the writings of Naegele, West, etc.

Dr. Leishman's *Essay on the Mechanism of Parturition* is a book that will doubtless be read with pleasure and instruction by many obstetric practitioners.

Progress of Medical Science.

SURGERY.

Foreign Bodies in the Ear. Dr. Voltolini observes that the first thing we have to do is to assure ourselves that a foreign body really is within the ear, for it by no means rarely happens that persons apply under the belief that an insect or other body is within the ear, which the most exact inspection fails to discover. In some cases, inflammation of the membrana tympani is the cause of the deceptive sensation, and this becomes aggravated by the unsuccessful searching for the foreign body. On the other hand, persons sometimes have foreign bodies in the ear without being the least aware of it. The author removed a rolled-up, hairy leaf from the bottom of the meatus, in the case of a lady, who had not the slightest idea how it came there, and who consulted him for deafness of the other ear. In another case, a hexangular glass bead was removed, the patient being entirely ignorant that she had any foreign body in the ear. We should always make a very careful examination, and, when possible, by aid of the direct rays of the sun. No artificial or reflected light is a substitute for this; but where it is not attainable, Dr. Voltolini employs an apparatus of his own invention, which is also serviceable in laryngoscopy. The simplest means of all, however, is to fasten a wax-taper to the handle of a bright spoon in such a manner that the flame exactly reaches to the bowl of the spoon. Taking the spoon by its handle, and holding the light against the ear, by looking over it we are not dazzled, and can explore at our leisure. While in some cases the symptoms caused by foreign bodies in the ear are of a frightful intensity, in others they are wholly insignificant, and do not attract attention to the seat of mischief. For want of due examination of the ear, many patients complaining of giddiness, stupor, singing in the ears, etc., are sent to Carlsbad, Kissingen, or the sea-side, when all the mischief is due to a foreign body in the ear. Distant organs of the body may exhibit more or less considerable symptoms without, in some instances, the foreign body in the ear giving rise to any peculiar sensation, so that its presence remains unsuspected. For the removal of foreign bodies we should first employ only the gentlest means, such as syringing the ear with warm water; and by this substances of the most different form and composition—even lead-pencil—may be removed. Beyond a bent forceps, an ear-scoop with a long handle, and a small corkscrew, almost all the instruments recommended for this purpose are more or less toys, or dangerous. By means of the corkscrew, wadding and similar soft substances may be easily drawn out; and in many cases we can remove bodies by passing the ear-scoop behind them. We should never employ force, and never should pass any instrument a line farther into the meatus than we can follow it with the eye. For want of such precaution, many a patient has lost his life or his hearing. The first effect of rough procedures is to make matters more obscure, the bleeding and swelling which ensue rendering complete inspection impossible. If the gentlest endeavours (or syringing), during which the eye guides the hand, do not succeed, the body should be left at rest in the ear—aye, even were it a dagger's point; and strong as the expression seems, the author justifies it by reference to cases on record in which pointed bodies have remained for years in the ear with impunity. It is not meant to be said that bodies should in general be left in the ear, but that matters should not be made worse than they are by violent manipulations. Leaving the body in the ear, then, warm water syringing and soft poultices, are to be daily resorted to, until the ensuing suppuration loosens it and gives it a new direction. *(Brit. and For. Med.-Chir. Review.)*

PENETRATING WOUNDS OF THE CHEST AND ABDOMEN. Dr. Howard, of the United States Army, states, that the right way of treating gunshot and penetrating wounds of the chest and abdomen is by "hermetically sealing" the opening. The custom of leaving the wound open is objectionable because it affords an outflow, and thus favours the continuance of hæmorrhage. It allows the force of atmospheric pressure upon the lungs, and necessitates dyspnœa. It admits continually air, ensuring decomposition of the clot in the pleural cavity and suppuration. By closing the wound, hæmorrhage is controlled. The blood lost after the operation cannot be more than would suffice te fill up the unoccupied space in the pleural cavity; the elastic clot furnishing a styptic for the vessels. Dyspnœa is immediately relieved upon removal of the atmospheric pressure. The inclosed volume of air being absorbed, the lung can expand, limited only in proportion to the size of the clot in the pleural cavity. Suppuration, if not prevented, is diminished by shutting out air.

The operation is as follows. All accessible foreign bodies having been removed, introduce the point of a sharp-pointed bistoury perpendicularly to the surface just beyond the contused portion, and with a sawing motion pare the entire circumference of the wound, converting it into a simple incised wound of an elliptical form; dissect away all the injured parts down to the ribs, then bring the edges of the wound together with silver sutures deeply inserted, at no more than a quarter of an inch apart; secure them by twisting the ends, which are then cut off short and turned down out of the way. Carefully dry the surface, and with a camel's hair pencil apply a free coating of collodion over the wound; let it dry, and repeat it at discretion. For greater security shreds of charpie may now be arrayed crosswise over the wound after the manner of warp and woof—saturate it with collodion, and when dry repeat the process until the wound is securely cemented over; as a still greater protection a dossil of lint may then be placed over the part and retained with adhesive straps. The sutures must not be removed until healing by *first intention* is complete. Should suppuration occur so as to occasion distressing dyspnœa, proceed to treat it in all respects as a case of empyema, introducing the trocar at the most dependent point, and taking special care to avoid the admission of air.

ANATOMY, PHYSIOLOGY, & PATHOLOGY.

PHYSIOLOGICAL EFFECTS OF EXERCISE UPON THE HUMAN BODY. The conclusions of Speck upon the influence of exercise on the human body are as follows. Corporeal exercise diminishes the weight of the body. The use of water during corporeal exercise appears to act differently than during inaction. During rest the use of water diminishes the weight of the body; on the contrary, during action the drinking of water is accompanied by an augmentation of the body's weight, the water being probably retained to compensate for the loss of fluids, which otherwise ensues. Muscular exertion constantly diminishes the quantity of urine; during action the quantity may be reduced to two-thirds, or even one-half of the normal amount. The cause of the diminution of the quantity of the urine during action is, that there is, during exercise, an increased cutaneous transpiration; hence, during exercise, the urinary excretion contains more solid materials than usual, so that in this respect muscular activity becomes an important agent in promoting renal elimination. During labour the skin and the lungs become the main excretory outlets; the excretory processes are more active at the close of the afternoon than during the forenoon. During active exercise the perspiration may be increased to threefold its usual amount; after the exercise has ceased, the perspiration is rapidly reduced or may wholly cease.

The fæcal evacuations are, as a rule, less during exercise than during repose. Food of the same kind appears to be alike digested during repose or muscular activity; it is probable that the less weight of the excrements during exercise is dependent upon the want of the aqueous element. Intestinal peristalsis occurs more slowly during violent exercise. There has been observed no perceptible alteration in regard to the quantity of urea which is eliminated during active bodily exercise. Physical exercise increases to a great extent the amount of uric acid that is discharged. As the use of water diminishes the relative amount of the uric acid in urine, so free perspiration increases it. Since the perspired matter contains a considerable quantity of chloride of sodium, when the transpiration is profuse, the chloride of sodium in the urine is lessened.

All researches indicate a considerable increase of sulphuric acid in the urine during exercise. The perspiration seems to remove little or no sulphuric acid. Phosphoric acid is also considerably augmented in the urine, both during and after exercise; the quantity of this acid which is excreted during free perspiration appears less than that during diminished perspiration, hence the inference that there is a portion of phosphoric acid excreted also through the skin. . . . . The quantity of the air which tranverses the lungs is gradually increased from morning until evening, so that in the evening, from eight to nine o'clock, the maximum is attained. Exercise very notably augments this amount; the augmentation is manifest even when the number of respirations remains the same. The quantity of carbonic acid which is eliminated is more increased than the amount of air: for example, during gentle exercise the elimination of this gas becomes double the normal standard, and during violent exercise the quantity of carbonic acid excreted is augmented to threefold the usual amount. The heat of the organism is somewhat increased by exercise, though soon after the exercise has ceased the temperature rapidly sinks, even to a point below the normal degree. The production of the perspiration appears to be accompanied with an increase of bodily heat. The lowest temperature of the body is in the morning, the highest at midday, and in the evening there occurs a diminution again. (*San Francisco Medical Press.*)

British Medical Journal.

SATURDAY, MARCH 19TH, 1864.

MEDICAL EDUCATION IN GERMANY.

NO. III.

THE organisation of medical instruction is, as we have seen, tolerably uniform in the German universities; but considerable difference exists in the different faculties respecting the examination for the doctorate. In Austria, the students undergo no examination during their studies. When the ten required semesters of study are finished, the student is admitted to examination, called *examen rigorosum*, which is strictly oral. This examination is divided into two parts, several days intervening. Since 1849, the thesis has been abolished.

M. Jaccoud enumerates the subjects which compose the examination. Having passed this examination, the student becomes Doctor of Medicine; but this does not give him the right to practise surgery. To obtain this privilege, he must go through another *examen rigorosum* on matters special to surgery. Doctors of Medicine in general, and especially those living in Vienna, undergo both examinations; so that, in truth, the separation of the two studies is rather nominal than real.

M. Jaccoud takes a serious objection to these examinations. It is this: that, notwithstanding all the excellent organised systems of clinical and practical instruction, the candidate is not put through any practical clinical or anatomical test of his knowledge. Rokitansky, the present Dean of the Faculty, he says, agreed with him that, in this respect, the French system is superior.

In the Prussian faculties, one diploma only is granted; viz., that of Doctor of Medicine. The examination, properly so called, is preceded by two preliminary examinations, one of which may be passed at the end of the first or second year of study, and the other not before the end of the fourth year. The first is called the *tentamen philosophicum;* and the second, the *tentamen medicinale.* The last consists of a written and a *vivâ voce* trial, both in Latin, the Dean alone being the examiner.

The *examen rigorosum*, which leads to the doctorate, is preceded by certain singular preliminaries. The candidate gives an abridged history of his life, written in Latin, and setting forth his religion. The examination is composed of an oral questioning on the different branches of medical instruction; and of a Latin thesis, to be defended in public, under the presidency of the Dean, against, in the first place, three opponents named by the faculty, and, secondly, against any one present who is a member of the university, and ready to do battle.

M. Jaccoud severely reprobates the tests of knowledge required in Prussia, and declares that they are even worse than those in Austria.

In Saxony, things are managed differently. The Leipzig student, for example, must undergo fourteen examinations, three during his scholastic life, and eleven in obtaining the title of Doctor, the last of the eleven being the disputation of a thesis.

Other degrees besides that of Doctor of Medicine are conferred by the German universities. We have already spoken of the doctorate of surgery; and we have to mention three other degrees: *Magister Obstetricæ, Magister Oculisticæ, Magister Dentiastiæ.* These special degrees, however, can only be taken by those who are already Doctors of Medicine.

Other inferior titles, such as the *Wundarzt*, have been abolished in many states of Germany, and in all the states are being gradually done away with.

M. Jaccoud, in conclusion, considers that the medical instruction in France has need to borrow from Germany only two things; viz., its organisation of clinical instruction, and the institutes of pathological anatomy and legal medicine.

GRATUITOUS SERVICES: THEIR REWARD.

LAST week, a woman died at Birkenhead from hæmorrhage after delivery. An inquest was held upon the body, and coroner and jury took the occasion of displaying their humanity and cheap virtuous indignation at the expense of the medical profession of that district—accusing them, in fact, of neglecting their duties and the interests of humanity. The woman, it appeared, had engaged no doctor to attend her; and when, therefore, the moment of delivery was come, several doctors, who were applied to, very naturally refused to have anything to do with the case. One gentleman, himself ill in bed at the time, did, however, obey the urgent call, and is therefore made a butt of by the coroner and his jury. The coroner, in fact, brought a wholesale charge against the doctors of Birkenhead, stating that it was a constant subject of complaint that they did not attend when called upon to do so. Now, we sincerely trust that what the coroner says is strictly true; for, if it be so, we have hopes that the principles so often laid down in this JOURNAL touching gratuitous medical services are at last beginning to be actually brought into play in the profession. To suppose that doctors will not attend upon patients, if they are paid for their services, is, we beg to tell Coroner Churton, mere nonsense; and, as we read the case between him and the profession at Birkenhead, it simply amounts to this, that the doctors there are resolved no longer to do the work of the public for nothing. One of the sapient jurymen actually cried out: "There ought to be a law to make the doctors go when they are sent for." Now, if this highly indignant baker, or cordwainer, or brandy merchant, or whatever he is, wish to display his virtue in something beyond mere words, we will tell him how to do it. Let him get up a fund to insure the payment of the doctor in such a case as this; and we will venture to say that never again will he have need, on this score, to let his virtuous indignation rise. We would also ask him, as a man of business, this question: Suppose the deceased woman's husband had called upon him, the brandy merchant, for brandy to sustain the sinking wife, would he have descended into his cellars at the middle of the night, and given out his precious stores? Would he have given this sort of attendance on the woman, if the husband came with no money in his hand? But why, then, in the name of common honesty, is he to expect the doctor to give his *eau-de-vie*, his services, and time, and all for nothing? Why, it is only a few weeks since that we were recording the case of a medical union officer who was actually refused payment by the parish for attending a woman in childbirth, after he had received the order so to do from the parish officer. The county court judge told him he had no business to attend such cases; for if he did, and the parish paid him, all the vagabond women in England would be coming to lie-in in that parish!

We must say that we rejoice to see the profession at Birkenhead in so healthy a state. It is clear that our brethren there know the value of their services; and that they are going the right way to work to make the public learn their value too, by refusing to work without being paid. In the name of the profession, we indignantly reject the accusation of inhumanity of this coroner and his jury, and tell him and them that if, in this case, there were neglect at all, the neglect lies at the door of *society*, and not at the door of the *doctor*. High time, indeed, is it that the profession should cease this senseless and thankless task of doing society's work gratis. This, indeed, is a specimen of the thanks our profession get for their gratuitous medical labours!

Let the medical men of Birkenhead seize upon this case, and argue it out with the coroner and the jury and society. Let them say to society: We are perfectly ready to make our share of sacrifice to humanity in cases of this kind, but we are determined no longer to be made the scapegoat, and to bear the whole of the burthen upon our shoulders—the burthen which manifestly belongs to society at large. Instead of letting forth this cheap sort of wordy sympathy with the poor, come forward like honest men, and share in the labour which you are endeavouring yourselves to shirk, and are so desirous of throwing upon the generosity—the weak, the foolish noble-heartedness—of the medical profession.

A CORONER AND A JURY.

THE conduct of Mr. E. Hooper, coroner, at West Bromwich, towards Mr. Manley, seems to us to be wanting in common sense and common courtesy. A woman is suddenly taken ill. Mr. Kite was sent for by the friends, but could not attend. The messenger then calls upon Mr. Manley, who is also out; but his pupil immediately obeys the summons. On his way to the sick house, however, he meets Mr. Kite, who has been there in the meantime, and who tells him that the woman is dead. The pupil, therefore, as every one else of sense would have done, turned back and went home. An inquest is held on the woman; and the jury, in the absence of all inquiry, ignorantly or unjustly express "strong reprehension at the conduct of Mr. Manley's assistant," who had, as they supposed, never attended the call to the dying woman. The coroner, who is supposed to have more brains than the ordinary run of jurymen over whom he presides, would, one might have thought, have inquired into the truth of the allegation before he accepted it as true. But nothing of the sort. He at once indites an indignant epistle to Mr. Manley, in the name of the jury. Mr. Manley, under such circumstances, very properly ignores the existence of both coroner and jury, but satisfies the public by sending the following note to the newspaper.

"*To the Editor of the Daily Gazette.*

"SIR,—In your report, on Thursday last, of an inquest held at West Bromwich on a Mrs. Collins, an attempt is made to blame my assistant. The information, which I decline to give to coroner or to jury, you will oblige me by giving to the public.

"My assistant did go 'within ten minutes'; and, within a few yards of the house of the deceased, met a returning medical man—Mr. Kite—who told him the woman was dead. "Your obedient servant,

"JOHN MANLEY.

"February 8th, 1864."

At the adjourned inquest, when the fact is told as above related, the coroner and the jury doubtlessly looked and felt very silly; but, instead of apologising to Mr. Manley, these egregious individuals make themselves still more unjust and ridiculous by endeavouring, through petty quibbling, to escape from the false position in which they had placed themselves. This coroner and this jury, therefore, stand in this position. They accept a false charge against Mr. Manley's pupil; without inquiry, they endorse it; they then pour forth their wrath through a coroner's epistle to Mr. Manley; they at length discover that Mr. Manley is as innocent as themselves of all blame; and then, instead of acting the part which is customary on such occasions amongst gentlemen who have a respect for themselves, they attempt to cover their retreat by a series of miserable petty quibblings. We rejoice to find that his profession, at all events, has done ample justice to Mr. Manley. He may well bear the petty doings of this Bromwich coroner and his jury.

MEDICAL EDUCATION.

Dr. Laycock, in accusing us of wanting to dispense with a classical education for the medical man, is drawing (as the old saying goes) upon his fancy for his facts. No one who has experienced the advantage of a classical education, would attempt to deprive others of enjoying a like benefit. Dr. Laycock's logic must be sleeping when he accuses us of wanting to dispense with a classical education, because our reviewer states that "Dr. Laycock is fond of introducing new names into medicine, such as trophesiæ, kinesiæ, parakinesiæ, etc."; and because he intimates a "fear that, though they may be very expressive, they will share the same fate that has befallen Piorry's and Dr. Mason Good's nomenclature." It beats our medical logic to understand how the expression of this opinion proves that we object to the advantages of a classical education. Perhaps, however, Dr. Laycock may be satisfied to hear that the reviewer of his work is an accomplished classical scholar.

As to our own views about medical education proper, they of course must pass for what they are worth. They, at all events, meet the views of highly educated teachers of medicine in London—Oxford and Cambridge men; and we shall be glad if Dr. Laycock, instead of simply denouncing them, will try to show our facts to be wrong, and our arguments founded in error. This Journal, we need hardly say, has given rise to many most highly important discussions; and, amongst other subjects, it has especially opened up that of medical education. Our pages are open to the freest discussion of the question; and, as Dr. Laycock may observe, all sides have a fair hearing. Surely he does not think that the present system of medical education in this country is perfect, or incapable of improvement. The Medical Council's chiefest function would be at an end, if medical education were perfect. What Dr. Laycock calls "the gross exaggeration of the difficulties of medical studies, lately current in the British Medical Journal", is (if he would take a broader view of the matter) simply the public expression of professional feeling on the subject. Both the parents and the teachers of students of medicine have long had a strong impression that our system of medical education is in some point or other very defective; and they are now beginning to give utterance to the feeling, and, with the aid of the Medical Council, to endeavour to discover and remedy the defect, if so it may be. It is useless to ignore the existence of this reforming spirit. Wise men will try and guide the movement in a sound direction by their advice and influence. No conservative opposition will be able to stop the current.

The main position in the matter which has been assumed by this Journal is, that a great many more lectures are forced upon the intellectual stomach of the student than are good for the healthy nutrition of his mind; that, instead of healthily disposing of the rich materials supplied for his repast, he is often troubled with severe indigestion—the food turning rather into ill vapours, and producing general confusion of intelligence, instead of mental vigour and a sound appetite. We believe that there are not, in London at all events, half a dozen medical lecturers who would refuse to endorse this position; and therefore we must suggest to Dr. Laycock, that his words "gross exaggerations" are somewhat stronger than the occasion requires, and do not fit the facts of the case. We would also suggest, that he perhaps hardly knows what are really the opinions on medical education of the gentlemen to whom he refers. He certainly can know little of our opinions (although he condemns them so strongly) on the subject, or he would have scarcely ventured to accuse us of objecting to what we consider essentially necessary to all properly educated students of medicine—viz., a sound preliminary classical education.

"Macte virtute, puer," etc., is excellent general advice to the rising generation; but we would suggest to Dr. Laycock, that it hardly fits the point in question. We think friend Horace gives a better hint for the occasion when he tells people not to swallow more intellectual food than they can digest, and to fit their efforts to their actual powers.

> "Sumite materiam vestris . . . . æquam
> Viribus, et versate diu quid ferre recusent,
> Quid valeant humeri."

"Give," he seems to say, "O ye professors, to the student matter suitable to his powers. Try hard to find out what his stomach can bear, and don't lay weights on his shoulders which will sink him."

◆

L'Union Médicale speaks of *Lord* Grey, in referring to Townley's affair; and a second time informs us of the difficulty in which *Sir* W. Hammond, late Surgeon-in-chief of the Yankee Army, is placed just now!

Professor Casper had professed legal medicine for thirty-five years. Last year, his thousandth autopsy was *fêted* at Berlin. He was the organiser of the system of public medico-legal autopsies for students. His chief works were: *Medical Statistics and Public Medicine; Practical Treatise of Legal Medicine;* his *New Considerations on Legal Medicine*, which appeared six months ago; and a work recently finished and which is not yet published, on *Poisoning by Strychnine.* Casper was also a distinguished *litterateur.* He has published accounts of some of his numerous journeys. He spoke French, English, and Italian as perfectly as his mother tongue. His drawing-room was celebrated at Berlin; it was the resort of magistrates, artists, diplomatists, and statesmen. He adds another to the list of high men of science who have lately passed away—Mitscherlich, Schönlein, Rose, Schroeder Van der Kolk, Casper.

M. Guersant has lately given a statistical account of tracheotomy in croup, performed at the Hôpital des Enfants. During eleven years, 783 operations have been recorded; and of these, 191 were successful. In all these cases, the double cannula has been employed, and the cravate placed over the cannula. In all the cases, the children had been ill several days, and had arrived at the stage of continued forced inspiration. In private practice since 1834, M. Guersant has performed tracheotomy 156 times, and has saved 28 children. His first 32 operations were unsuccessful, 2 only having survived; but at that time he used the single cannula, and no cravate. Of the 124 operated on afterwards, 26 recovered. During the past year, he has operated on 11 children, of whom 5 recovered.

One Lacroux, convicted of employing animal magnetism in the illegal practice of medicine, has been mulcted in three fines of fifteen *francs* each and the expenses at Evreux.

A Society of Climatology has been established at Algiers. Its object is "the study of geography, of topography, of meteorology, of statistics, and of the moral, natural, and physical sciences, from an Algerian climatology point of view."

L'Imparziale speaks in glowing terms of the festival held in Pisa for the first time to celebrate the third centenary of the birth of Galileo. "The feast was splendid and touching. Now, for the first time under the sceptre of *Re Galantuomo*, was celebrated with impunity a name glorious to Italy and to the whole world." The Minister of Public Instruction attended: and the French Institute was represented in the person of Count Lasterie.

The discussion on Vaccine, which has for some time past occupied so large a portion of the attention of the Academy of Medicine, has, we venture to think, added nothing to our knowledge on the subject. M. Dépaul started the discussion by pretending to show, that there is no such thing as vaccine-matter. His idea is, that man, cows, horses, sheep, pigs, etc., are all subject to an eruptive disease, which is variola. He has not, however, proved his idea to be a true one. Next he stated, that the variola could be communicated from animals to man; but all he showed was, that the inoculation of the eruption found on the horse and the cow produced vaccinia in man. Thirdly, he insisted that variola could be communicated from man to animals. But here, again, experiments were against him; and the few brought forward by him were unsatisfactory to everybody but himself. M. Dépaul winds up with the general conclusion, that facts, experience, and reason, prove that vaccine-virus does not exist as a species distinct from variolous matter. We are happy to believe, that every other Academician has come to the very opposite conclusion; viz., that facts, experiment, and reason, have up to this time proved exactly the contrary. Happily, however, whichever view men of science may take of the matter, their practice need not be altered. M. Dépaul had been accused of wishing to introduce inoculation; but against this insinuation, as the corollary of his doctrine, he energetically protested. Variola, he said, is the powerful variolous-virus; vaccine is the attenuated variolous-virus; and senseless, indeed, must he be who would prefer the powerful to the attenuated form of it. The question, therefore, which has been so eloquently and elaborately handled in the Academy, is really little more than a matter of curiosity—an interesting study in natural history. The sources of vaccine are now well known, says *L'Union Médicale*, and M. Dépaul may claim a large share in the discovery; but do not let us forget that the discovery was foreseen and pointed out by Jenner; and full of gratitude and admiration, let us place another crown upon the brows of this immortal benefactor of mankind.

A physician of Paris was accused on the 11th inst., before the French Police Court, of having revealed the "secret disease" of one of his patients, and to the patient's damage. He was found guilty, and condemned by the court to a year's imprisonment and to pay a fine of 500 *francs.* Moreover, at the expiration of his imprisonment, he was to remain for five years under the surveillance of the police, and to pay all the expenses of the trial. Besides this, having injured his patient's reputation, he was ordered to pay the patient 1000 *francs* as damages.

M. Tavignot tells the Academy of Sciences that he has been led, by observation of the success of punctures of the iris in ordinary iritis, and by the numerous happy results attending excision of the iris in glaucoma, to treat sympathetic iris by iridectomy.

Professor Chierici has established a Temperance Society in Italy, the first ever heard of in that land.

Association Intelligence.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham on March 10th, 1864.

Present—Sir Charles Hastings, M.D., etc., (in the chair); Mr. Bartleet; Mr. Clayton; Mr. Husband; Dr. Richardson; Dr. Roberts; Dr. Waters; Dr. Westall; Dr. Wilkinson; and Mr. Watkin Williams (Secretary).

The following resolutions were adopted.

1. That the Treasurer's Report be received, adopted, entered on the minutes, and published in the Journal.
2. That this Committee desires to record its sincere sympathy with the widow and family of the late Mr. Peter Martin of Reigate; and the deep regret which the members feel individually for the loss of their able, indefatigable, and highly esteemed colleague.
3. That the essay for this year be on Physiology.
4. That the Annual Meeting be held on the 3rd, 4th, and 5th days of August.

T. Watkin Williams, *Gen. Sec.*

13, Newhall Street, Birmingham, March 14th, 1864.

FINANCIAL STATEMENT FOR 1863.

Your Committee regret that the financial statement on the present occasion is not so satisfactory as that which was made last year to the Association.

Instead of a balance of £221 : 1 : 10½ being due from the Treasurer to the Association, the balance-sheet now submitted, and found correct by the Auditors, shews a balance of £8 : 3 : 0½ due to the Treasurer.

This excess of expenditure over income is mainly due to the issue of an extra number of the Journal, involving a cost of £134 : 10. The salaries, also, for the last year amount to a higher sum than for the previous year.

As these causes of increased expenditure are not likely to operate in the current year, your Committee have reason to believe that at the end of 1864 the income will be found equal to the expenditure.

1863.—RECEIPTS.

Balance from 1862	221	1	10½
Subscriptions	2118	9	0
Donation by Dr. Evans (Gloucester)	10	10	0
Advertisements	626	16	4
	2976	17	2½
Balance	8	3	0½
	£2985	0	3

1863.—PAYMENTS.

	£	s.	d.
Journal Expenses:			
Mr. Richards (Printing)	1784	9	0
Ditto (for Extra Number)	134	10	0
Mr. Richards (for Directing, etc.)	66	16	0
Mr. Honeyman (Sundries)	92	18	0
Mr. Davidson (Commission)	77	19	0
Mr. Orrin Smith (Engraver)	5	3	6
Editor of Journal	200	0	0
Dr. Henry	50	0	0
Contributions	301	8	0
Interest and Commission	3	16	4
Executive Expenses:			
Dr. Williams and Clerk	117	0	0
Mr. Williams	52	10	0
Dr. Williams (Petty Cash)	49	9	8
Mr. Williams (ditto)	8	5	11
Bristol Reporter	11	14	6
Birmingham Stationer	10	9	6
Sundries:—District Expenses; Post-Office Orders; and Collecting	18	10	10
	2985	0	3

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
North Wales. [Intermediate.]	Dr. Davies's House, Holywell.	Tuesday, March 22nd, 1 p.m.
Bath and Bristol. [Ordinary.]	York House, Bath,	Thurs., March 24, 8.15 p.m.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Saracen's Head, Ashford, on Thursday, March 24th, at 3 p.m.

Dinner will be ordered for 5 o'clock.

Thomas Boycott, M.D., *Hon. Sec.*

Canterbury, March 9th, 1864.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

The next meeting will be held at the Old Falcon, at Gravesend, on Friday, April 1st, at 3 p.m.

Dinner will be provided at 5 o'clock.

Tickets, 5*s.*, exclusive of wine.

Frederick J. Brown, M.D., *Hon. Sec.*

Rochester, March 8th, 1864.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: SPECIAL MEETING.

A general meeting of the above Branch was held in the Medical Department of the Birmingham Library on Thursday, March 10th, 1864; Alfred Baker, Esq., President, in the chair. There were also present seventy-five members. Mr. Manley, surgeon, of West Bromwich, attended as a visitor.

Charge of Neglect against Mr. Manley. Mr. Duncalfe of West Bromwich having brought before the meeting a recent case in which a charge of neglect of professional duty was preferred by the coroner for the District of West Bromwich, in the Southern Division of the county of Stafford, against Mr. John Manley, surgeon, the following resolutions having been put from the chair were unanimously adopted.

"The subject of the treatment of Mr. Manley, by the coroner for the District of West Bromwich, in reference to an inquest held on February 2nd on Mrs. Collins, having been brought before a numerous meeting of the Birmingham Branch of the British Medical Association;

"It is resolved unanimously—

"1. That on the occasion in question, when the coroner observed to the jury, 'that he should like to know whether the medical men had paid due attention to the deceased', it is the opinion of this meeting that the coroner was bound in common justice and fairness to have summoned the medical men called to the case, before implying a suspicion on their conduct.

"2. That the hour of attendance, as stated by Mr. Bindley, is conclusively borne out by the evidence of Mary Collins, the youngest daughter of the deceased.

"3. That Mr. Bindley, in accordance with the rules of medical etiquette, very properly retired from the case, on learning that the medical gentleman who had been first summoned had been in attendance.

"4. That Mr. Manley has been in no way guilty of contempt or want of courtesy, either to the coroner or the jury, but that he replied as soon as he was served with the coroner's summons; and that, if Mr. Manley had attended the inquest, subject to the coroner's letter, he would have lowered the dignity and sacrificed the interests of the profession."

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Annual Meeting, Tuesday, March 1st, 1864.

R. Partridge, Esq., F.R.S., President, in the Chair.

At the commencement of the meeting, the President declared the ballot open for the election of the Officers and Council for the ensuing year, and nominated Dr. Kirkes and Mr. C. H. Moore as scrutineers.

Report of the Treasurers. From this report, it appeared that the total ordinary income of the year had been £1352 : 12 : 9, which, with the amount of composition fees, £43 : 1, and a balance from the previous year's account of £357 : 19 : 9, gave a total of £1753 : 13 : 6; and against this sum the ordinary expenditure, inclusive of £181 : 14 : 6 on the library, and £202 : 16 : 3 on the *Transactions*, etc., was £985 : 5; the extraordinary expenditure (for alteration in the meeting-room etc.) £34 : 7 : 7, and the sum of £500 13 : 9 purchased into the funds; leaving a balance of £233 : 7 : 2 in the treasurer's hands. The total receipts of the Society for the last two years had exceeded its expenditure by about £700.

Mr. Arnott moved, and Dr. Webster seconded, the adoption of the report. Dr. Webster said that from the statement just exhibited, it appeared that the Society's rent amounted to £1 : 2 : 10 only.

Report of the President and Council. The total number of Fellows was 634—a slightly smaller number than in the previous report; but this was accounted for principally by the large number of deaths (16) which had occurred. The report referred in detail to the steps which had been taken by the Council since the last general meeting relative to the ventilation of the meeting-room, its appointment of a committee on the subject, and their recommendations. A portion of these only, owing to insufficiency of time during the ordinary closure of the library in the autumn, had been carried out, consisting of a window over the entrance-door of the room, and an apparatus for opening a portion of the skylight, by which it was believed a great improvement in the ventilation of the room had been effected at a small cost. The report also stated that 323 new works, exclusive of periodical publications, had been added to the library; and referred to the munificent donation of Mr. Soden, of Bath, of the collection of medical portraits formed by his late father, Mr. John Smith Soden. Other portraits had since been presented by Fellows of the Society; and in consequance of a letter from Mr. Propert, as executor of the late Mr. Squibb, and on the recommendation of the Library Committee, the Council had resolved to offer £70 for Mr. Squibb's well known collection—subject to the confirmation of the annual meeting. If purchased, the Society would possess a collection of considerably above 2000 engraved medical portraits, some of which were of great rarity and value. The report also referred to the photographic collection of portraits of Fellows of the Society in continuation of the above, and the collection of pathological photographs, further contributions to which were much desired by the Council. The committee appointed by the Council "On the Uses and Effects of Chloroform," were unable to conclude their labours last year; but their report would now shortly be presented to the Society, and would be published in the next volume of the *Transactions.*

PRESIDENT'S ADDRESS.

The President commenced his address by advocating the expediency, for communities as well as for individuals, of an occasional retrospcct of the past, with a view to the guidance of the future; to ascertain whether progress had been commensurate with opportunities, or whether there had not been seasons of indolence and inaction, the causes of which might be avoided in future. He reminded the meeting that the Medical and Chirurgical Society, like the "Royal," had its origin in a private meeting of a few scientific persons anxious for the promotion of knowledge, who held a preliminary meeting at the Freemasons' Tavern in May 1805, and (after the organisation of the Society) a first ordinary meeting in the December of the same year. The Society's first place of meeting was in Verulam's Buildings, Gray's Inn, then successively at two houses in Lincoln's Inn Fields, where it continued until its removal to Berners Street in 1835, in consequence (amongst other reasons) of its having been ascertained that a very large proportion of its resident Fellows lived west of the former locality. The first President, in 1805, was Dr. William Sanders, and the first volume of the *Transactions* was published in 1809, under the presidency of Dr. Matthew Baillie. In 1812 an ineffectual application was made for a charter of incorporation. Its importance, however, was felt to be so essential to the status an stability of the Society, that the application was renewed, and a royal charer obtained in 1834. On this occasion the bye-laws and other regulations of the Society were revised and adjusted. During the period of removal, the Society, through the kind liberality of the then President (Dr. Elliotson), held its meetings at his house. The first meeting in Berners Street was on February 10th, 1835. Since that time the Society had steadily advanced in reputation and usefulness, revising its laws from time to time, so as to adapt them to circumstances as occasion made it expedient, becoming more just and liberal in some of its regulations, adding largely to its magnificeut library, and of late increasing its utility by the frequent publication of abstracts of its *Proceedings*; and finally, by instituting, from among its Fellows, committees for the investigation of certain subjects of great general importance to the profession, such as the "Committee on Suspended Animation," and that on "The Uses and Effects of Chloroform," the report of which is nearly completed. The success of the labours of the Society is attested by the publication of forty-six volumes of its *Transactions*, forming a standard work of reference on the most important topics which have engaged the attention of the profession during the last half century, and by the formation of one of the largest and best-managed circulating libraries of medical books in the kingdom. Still (added the President) there remain great objects to accomplish, and foremost amongst them, the acquisition of a permanent residence, either in the shape of a freehold house, with some architectural pretensions as a public building, or of apartments in Burlington House, in association with other scientific bodies. The President then called the attention of the meeting to the very fine collection of medical portraits and autographs now in possession of the Society, comprised—1, in the Soden collection, recently presented by Mr. J. Soden, of Bath; and 2, by the purchase of Mr. Squibb's collection, just sanctioned by the present general meeting; both together forming a collection unrivalled by any in the kingdom. Notice was also taken of the rapidly forming series of photographs, commenced by Dr. H. G. Wright, of pathological specimens, and the Fellows were urged to contribute to these collections as opportunities offered. The Society during the past year had lost by death sixteen of its Fellows. This number, though double the average of the last ten years, was yet nearly equalled in two former years, and exceeded in two others of the same period (ten years). The President gave a short memorial of each of these sixteen Fellows. Amongst provincial Fellows, Mr. J. S. Soden, of Bath, Mr. W. J. Wickam, of Winchester, as hospital surgeons; Dr. E. Stephens, of Manchester, as an anatomist and teacher; and Dr. Carter, of Deal, as a physician in extensive practice, were the most conspicuous. Amongst resident Fellows was Mr. Henry Ancell, a gentleman largely engaged in general practice, and a man of much ability as well as of laborious research and learning, as is shown by his works on *Tuberculosis*, on the *Physiology and Pathology of the Blood*, and by his unpublished treatise on *Poisons of the Blood*. On Mr. J. H. Green he passed a high eulogium, commenting on the great position which he held in the profession and in the governing bodies and professional societies of the country; upon his high, chivalric, and truly Christian character, his eloquence, and his extensive and varied learning. He alluded to the long and laborious years of study which Mr. Green had given to the completion of a *System of Spiritual Philosophy*, originated by Coleridge. There is a prospect of the speedy publication of this posthumous work. Amongst the younger Fellows, the President especially noticed Dr. E. R. Harvey, Registrar of St. George's Hospital, as one who, already distinguished by his researches in physiological chemistry, promised, had he lived, to have left a mark on his generation. Mr. T. Davis and Mr. H. C. Johnson were gentlemen who, each in his time, had enjoyed large practices, and who, without having contributed to the literature of their profession, were, nevertheless, remarkable as skilful surgeons, possessing in a wonderful degree the confidence of their patients. Finally, he deplored, as a loss to the scientific world, a foreign honorary Fellow, in the person of Professor Vrolik of Amsterdam, whose works on the Chimpanzee, on Embryology, Teratology, etc., are so universally known and esteemed, and whose reputation seemed hereditary. His noble museum, collected by his father and himself, was always open to the scientific foreigner, and his genial manner and knowledge of our language were particularly agreeable to our own travelling countrymen.

At the conclusion of the address, the best thanks of the meeting to the President were moved by Mr. Fergusson, seconded by Dr. Wegg, and carried with acclamation.

It was also moved by Dr. C. J. B. Williams, seconded by Mr. Dixon, and carried unanimously:—"That the cordial thanks of the Society be given to the retiring Secretary, Dr. Sieveking, for his valuable and zealous services during the time he had been in office; and also to the retiring Members of Council—Dr. Hodgkin (Vice-President, Dr. West (Vice-President), Dr. Cotton, Dr. Gream, Dr. George Johnson, Mr. Holt, and Mr. Holthouse."

Superannuation of Poor-Law Medical Officers. We refer with pleasure to the resolutions adopted at a meeting of the medical practitioners of the Edenderry Union, with respect to the claims of medical officers to a superannuation allowance from the Government after they have become incapacitated by age or infirmity from efficiently performing their duties. Whilst the duties imposed on them are severe, their requital is measured too often in a grudging and parsimonious spirit. The wretched salaries usually granted to workhouse and dispensary medical officers are totally inadequate to enable them to make provision themselves. (*Irish Times*.)

Correspondence.

IRIDECTOMY.

Letter from William Bowman, Esq., F.R.S.

Sir,—The question as to eye-tension is one of far too great moment, in a practical point of view, to be allowed to rest in the unsatisfactory form it assumes in Mr. Dixon's letter of January 11th (*ante*, p. 80). I have already, at p. 107-8, in replying to Mr. Walton, adverted to this subject; but Mr. Dixon's strong reassertion of the correctness of his own views obliges me to meet his statements separately. If he be right in his observation, that the eye is hard in "very numerous cases of iritis, keratitis, etc.," "which can be perfectly and readily cured by judicious medical means," *undue hardness* ceases to be *a sign distinctive of the glaucomatous state*; the all-important indication it affords for other than medical treatment is delusive; the modern doctrine regarding glaucoma (resting, as it does, on this very basis) is shaken in a vital part; and we are thrown back towards the confusion in which the whole subject lay previous to 1856. Hence my strong desire that all practitioners, who have the responsibility of advising in cases which may prove to be glaucomatous, should look with interest on this cardinal and in general easily recognisable sign, *too great hardness of the globe, as estimable by the touch*; and that its extreme diagnostic value, as distinguishing between glaucomatous and non-glaucomatous diseases, should come to be understood and acknowledged. It is because the view of Mr. Dixon and others appears to me not only erroneous as a matter of science, but of perilous tendency in practice, that I am so anxious to have the facts clearly defined, and not obscured by any ambiguity of expression. This must be my excuse, if I occupy any time on verbal criticism.

Mr. Dixon says (British Medical Journal, last vol., p. 698): "We can only judge of *tension* by its phenomenon, *hardness*; and to say that all inflamed eyes which are harder than natural are to be subjected to iridectomy, will be to inflict that operation upon numberless cases of iritis, keratitis, etc., which can be perfectly and readily cured by judicious medical means." He now explains (*ante*, p. 80), that by "numberless" he means "very many" or "very numerous", which is quite the sense in which I understood his expression when I said, in opposition to his view (*ante*, p. 55), that "all *the ordinary inflammations of the internal tunics* are *not characterised, as a rule, by undue tension*; and that if, in their course, the eye becomes tense, a new element of danger is introduced, depending on a new order of conditions, to be met by treatment conducted on a new principle, *though not always necessarily by iridectomy*."

If such cases as Mr. Dixon alludes to are really "very numerous", surely they must be "ordinary", unless we are to employ common words in unusual senses, and thus needlessly confuse the discussion.

I have stated (*ante*, p. 55) that I am directly at issue with some esteemed colleagues on a plain and simple point of fact. Were it not a most fundamental one, it would not be requisite thus to revert to it. The real question of moment is this: Is hardness of the eye, when any of its structures are inflamed, a sign of value as regards treatment? Does it mark a typical distinction between two classes of inflammation, which in their general appearances, and under certain circumstances, may much resemble each other? Does not the question, whether a particular case of inflammation "can be perfectly and readily cured by judicious medical means," often turn on this other;

viz., whether the eye, as a matter of fact, has become too hard? and, if so, are the medical means used any longer judicious, after hardness has been once ascertained to exist?

Having already adverted to what seem to me the general facts on this subject (*ante*, pp. 106, 7, 8), I perhaps need not enter upon them at much length on the present occasion. I am persuaded that any practitioner who accustoms himself to estimate the eye-tension in all cases of impairment of sight, with or without serious inflammation, will soon arrive at the conclusion that it is a sign of indispensable value in diagnosis, and as an indication for treatment; and that, in the main, the facts as to tension in other diseases, as distinguished from the glaucomatous class, are as I have stated them. Stony hardness, T 3, *may* be present, and may last for weeks, as I have seen it do, without any redness, any pain, any discoverable opacity of the humours, and even with perfect power of sight; but a patient in this condition stands, as it were, on the brink of a precipice; he cannot continue long without the development of the secondary results of pressure. These will show themselves, at all events, by the impairment or loss of retinal function and structure; and, if inflammatory complication be superadded, perhaps by a frightfully rapid destruction of tissues, together with hæmorrhage from obstructed return of blood.

On the other hand, non-glaucomatous inflammation the most extensive, the most painful, the most intractable by all treatment, the most destructive to vision, may run through its whole course without our being able at any period to detect any undue hardness of the eyeball. *Amount of inflammation* and *degree of hardness*, therefore, are so far from being convertible terms, that they appear to have no more than an occasional, and as it were an accidental, sometimes a very transient, relation to each other. Common inflammation, even of the *internal* tunics, occurs without hardness; and hardness from disturbed balance of secretion, from derangement of that which normally controls the tension of the eyeball, may occur without any discoverable evidence of inflammation, unless we so refine our definition of inflammation as to reduce it to disordered secretory function. The presence of this hardness, however, by the secondary influence it exerts on the blood-vessels subject to the compression, not only seems to predispose them to congestive and inflammatory accessions, but tends enormously to aggravate the consequences of these when they arise. Hence the peculiar liability of glaucomatous states to become complicated with inflammation; and the exceeding gravity of congestive or inflammatory excitement, according to its intensity, when once roused in an eye already tense from the glaucomatous condition. Hence the anxiety that waits on the treatment of glaucoma, and the extreme importance of remedying the undue tension of an eye whenever it is ascertained to be permanently present. If tension come on intermittingly, as often happens, with complete remissions, during which the eye is perfectly normal to the touch, it is a threatening of danger. If, between the attacks of tension (marked, as they are, by their other proper symptoms, besides hardness), the remission be imperfect, and some residual excess of tension be distinguishable, the danger is more imminent. But if the hardness once become constant, and especially if it be also considerable, the greatest anxiety must be felt, since those ulterior consequences (as diminished sensibility of the retina, limitation of the visual field, vascular excitement) may be expected soon to manifest themselves, for which operative relief will become essential.

I pass to Mr. Dixon's views. He reaffirms in his second letter (*ante*, p. 80), not only that the facts *are* as he has stated them to be, but that they *must be* so. Not only, he says, are at least "very numerous cases of iritis, keratitis, etc., attended by hardness of the eyeball; but inasmuch as in the severer forms of what we, for want of a better word, term iritis, and in those inflammations of the cornea where the sclerotic and other tissues are implicated, *a considerable amount of hyperæmia of the globe is* induced, *it is impossible but that the hardness of the organ should be increased* beyond its normal standard. Is not this the case," he asks, "with every congested organ—with a swollen testis or a lymphatic gland?"

We have here, therefore, Mr. Dixon's meaning clearly expressed; viz., where there is "a considerable amount of hyperæmia of the globe"—where the blood-vessels of the globe contain considerably more blood than in health—"it is impossible but that the eye should be harder than natural," and, of course, it *is* harder than natural.

It is well that a disputed question of fact so important as this one in its practical bearings, and on which such diametrically opposite opinions prevail among men having, all of them, very large opportunities of observation, admits of such very easy settlement. It is important for the interest of their patients that all practitioners should entertain correct notions regarding it; and all that any one need do, who desires to satisfy his own mind upon the point, is to to take the pains to examine for himself *whether the eyeball is hard* in the next few cases of "iritis, keratitis, etc.," which he may happen to have under his care. If he be unused to this little investigation, let him practise himself in estimating the normal eye-tension in healthy eyes, or in the eyes of persons suffering from other affections than those now spoken of; and he will find some simple directions in aid of his inexperience in the JOURNAL for October 11, 1862.

I shall perhaps be asked to explain, if I can, how it comes to pass, if what I say be true, that men like Mr. Dixon, Mr. White Cooper, Mr. Walton, and others, are so at issue with me upon this easily settled question. It will be conjectured that there may be, after all, two sides to *this* shield, as to so many others which have formed the subject of disputes. My opinion, if I must state it candidly, is that its two sides are alike, and that the other side has been deemed to be different from mine only because it has not been accurately looked upon. In a word, so impossible do I regard it for competent observers to maintain two opposite opinions on this question of plain fact, that I am driven perforce to believe that the eye-tension has not yet been made the subject of exact and customary examination by these (I gladly admit) most able and competent and conscientious observers, in those ordinary cases of inflammation in which they *suppose it to be heightened*. If this be so, it is to be regretted that they should so incautiously have committed themselves to an erroneous opinion.

As regards Mr. Dixon, his remark as to what the tension *must be*, when hyperæmia is present, falls in with the above explanation, the correctness of which I think the issue of this little controversy will demonstrate. I expect that ere long these colleagues will candidly acknowledge that "in ordinary keratitis, iritis, choroiditis, retinitis, as well as in many other cases in which the *eye-vessels are manifestly overcharged with blood*, the eye, as a rule, *is not hard*." I must not be deemed arrogant in thus speaking confidently. I am only saying now what I said in the most express terms in 1862 (see BRITISH MEDICAL JOURNAL, Oct. 11th, 1862, p. 378, and last vol., p. 106); what I am continually pointing out, with the illustrative cases before me, to our students; and what every person affirms whom I happen to know to have paid close attention to this subject, both among my immediate colleagues at Moorfields and the young men who attend at that school.

But I have no wish to dogmatise. I will endeavour to contest the reasonableness of Mr. Dixon's view. I will at once admit it to be so far plausible, that it would probably be held, rather than its opposite, by many men who had not taken the pains to examine the actual state patiently and candidly for themselves, unbiassed by their own preconceptions. They might be ready to exclaim with him, "Of course, if the vessels are overfull, the eye must be hard. Is not this the case with every congested organ, with a swollen testis or a lymphatic gland?"

It can hardly be necessary for me to explain in detail, by a reference to the anatomical facts, how different is the structural condition, and how dissimilar would probably be the behaviour of the eye, as compared with the organs instanced by Mr. Dixon, under a like amount of inflammatory engorgement. Even in the case of a solid glandular organ, no doubt, the phenomenon of congestion or of inflammation, and the altered bulk or tension thereto pertaining, is not limited to the mere expansion,'more or less, of the blood-vessels concerned. With every moment of altered circulation come corresponding changes in the parts to which the vessels minister—morbid secretions, absorptions, alterations of tissues, etc. Whether such a solid organ is to become hard or not, will depend partly on the balance of bulk at any one time existing between the several elements which make up its entire mass; and partly on the extensibility of its investing capsule or its interior framework; for there may be much swelling of the substance of an organ (often much of the surrounding parts) without its becoming hard; or, on the other hand, much hardness with little augmentation of size. Every one acquainted with the anatomy of solid organs can readily apply this to special examples.

But the eye is not a solid organ, like the testis or a lymphatic gland; it is peculiarly constituted in many respects. The parts comprised within its containing capsule are highly complex. Doubtless, it would become harder under increased afflux of blood, if the augmented volume of its blood-vessels were the sole change occurring in the volume of the whole eye. But much more than this takes place; the phenomena of inflammation in it are not so simple. In particular, the aqueous humour, an important portion of the whole eye-contents, is peculiarly capable of augmentation or of diminution in quantity under abnormal conditions of the circulation, or otherwise. This humour admits of being rapidly secreted and and rapidly absorbed. Its speedy reproduction we observe when it has been evacuated by accident or design; and its lessened volume becomes immediately apparent when a swollen lens bulges with the iris towards the cornea without any increase of the eye-tension; or when, by undue repletion of a considerable portion of the intraocular blood-channels in the "ordinary" inflammations, the equilibrium of pressure is still found to be maintained within normal limits. The aqueous humour, by this remarkable facility of formation and absorption, serves, I have long thought, the purpose which the cerebro-spinal fluid appears to answer in the maintenance of the pressure-equilibrium within the head; in this way, at least, a reasonable explanation is afforded of the certain fact that, notwithstanding the impossibility imagined by Mr. Dixon, a *considerable, and even a sudden, hyperæmia* does, in "numberless" instances, occur within the eyeball, without (in Mr. Dixon's words) *"the hardness of the eyeball being increased beyond its normal standard."*

Indeed if, in an "ordinary" case of severe iritis—syphilitic, rheumatic, or idiopathic—with much redness, pain, lacrymation, and dulness of sight from effusion, the tension be critically examined, with the precautions lately described by me (at p. 107 of the present volume), the eye will be found impressible by the fingers; and, if not even slightly too soft, at least normally elastic, though perhaps very tender to the touch. The same will be found to obtain in "ordinary" corneitis, corneo-iritis, choroiditis, and retinitis; in which latter, with or without external redness, the deeper tissues may exhibit "considerable hyperæmia."

As regards frequency of occurrence, a normal tension in such inflammations is *the rule;* instances in which undue hardness is present are not "very numerous," but, on the contrary, comparatively rare and exceptional. If, in any such case, the eye inclines to be harder than natural, the hardness is to be carefully heeded, according to its degree and persistence. If slight and transient, it may be disregarded. If considerable, it assumes great importance, according to its intensity; since, if no special operative relief be afforded, it will scarcely subside under any mere medical treatment; but will continue and produce its proper ulterior or secondary consequences—the compression of the retina, and the deranged circulation through that structure consequent on the compression. If, therefore, undue tension exist, the disturbance of sight will probably be greater than the visible condition of the media would account for; and the relief of the tension by operation will probably improve sight in a double manner; viz., 1, by clearing the media through lessening inflammation; and 2, by moderating pressure on the retina. And conversely if, in a given case, the imperfection of vision be manifestly more than the opacity of the humours would explain (and especially if there co-exist other now well understood symptoms of typical glaucoma), this may often lead us to suspect, and on exact examination to discover, that the eye-tension is permanently more or less above the normal standard, and that a part of the imperfection is due, not to opacity, but to compression. The necessity then arises, perhaps has long existed, for surgical relief; possibly by puncture, much more probably by iridectomy. At all events, the conditions are present which render a reliance on medical means no longer judicious or admissible; because they cause the loss of precious time, foster delusive hopes, and, by taking the place of the indispensable operative relief, lead to the destruction of sight.

I think it unnecessary here to recall what I have so lately stated, as to the eye-tension being found within natural limits, or perhaps even too slack, in various other most serious and even destructive forms of internal inflammation, traumatic or otherwise; or to explain again the exceptions that occur in a certain stage of iritis, when glaucomatous hardness supervenes, and has to be met by appropriate operative treatment; or when glaucomatous complications arise in the course of affections not originally nor essentially glaucomatous, and where it is most important, in a practical point of view, to discriminate between the first affection and the second, so as to keep the indications for treatment distinct. It is an inestimable comfort in practice to have a clear conception of this distinction in the mind; since it serves to guide our treatment under mixed conditions of disease, often sufficiently perplexing, by giving us the positive testimony of a physical condition, estimated by our own touch, in place of a doubtful deduction from an assemblage of ambiguous and perhaps contradictory symptoms. It is because I am fully aware how difficult it often is, when we see for the first time a case of severe intraocular inflammation, to unravel its exact history, and to form a true conclusion as to the actual state of the affected tissues, that I am desirous of pressing this cardinal point on the attention of practitioners. I am sure it is worthy of being studied with the moderate care required to ensure confidence in the indications it will yield.

I would, however, by no means be understood to imply that, when we may have ascertained the non-existence, or the existence, of hardness in a badly inflamed eye, we may be at once at our ease as to the treatment, or may have no other difficulties or anxieties to encounter. Unhappily, there are many cases of internal inflammation, *unattended by any undue tension*, which are by no means to be "perfectly and readily cured by judicious medical means"; but which ultimately baffle the most approved remedies.

There are also unhappily other hæmorrhagic cases, *attended by hardness*, as I have myself pointed out (British Medical Journal, October 11th, 1862, p. 380), in which neither medical nor surgical aid can be always relied on. But this does not render it less our duty to ascertain the presence or absence of tension, since, *if the eyeball be found hard, as well as inflamed*, it must at all events be most satisfactory to know it, in order that the local surgical relief, apparently needed, may be applied if deemed fitting. That this relief may occasionally come too late—that the disease by its duration, its intensity, or its hæmorrhagic type, may still sometimes end unfortunately is no argument against a remedy which in general succeeds when used in time, for employing which there is a clear and rational indication discoverable by the surgeon's touch, and without which it is demonstrable that the eye must perish.

I return, therefore, always to the absolute necessity for ascertaining in every instance what is the state of tension in an eye internally inflamed, of always regarding the presence of undue tension as a character removing the particular case from the class of "ordinary" inflammations, and marking it as of the glaucomatous type. And I cannot too strongly insist on the doctrine (in direct opposition to Mr. Dixon's position) that when an inflamed eyeball is hard it can no longer "be perfectly and readily cured by judicious medical means," and therefore that no medical means can be judicious in such a case, which, by buoying up patient and practitioner with fallacious hopes, lead to the exclusion or postponement of the needful operative relief, until the time be past when it can benefit.

In what I have now said, I have purposely spoken of hardness of the eyeball apart from the several other proofs or indications of exalted tension, which in various degrees attend upon this one, and which are more or less useful to the surgeon in aid of his diagnosis. When the ophthalmoscope, owing to the dulness of the media, affords no view of the fundus oculi, and when, as very frequently happens, the history of the case is obscure, the actual state of the eye-tension at the moment of examination becomes all the more important, since it may chance, especially in hospital practice, that on it, almost alone, we may be compelled to rely for our diagnosis and the consequent treatment.

So much at present, upon the important subject of the eye-tension in disease. The remaining more distasteful topic introduced by Mr. Dixon into this discussion, that, namely, of the serious and reiterated moral charges brought by him against the conduct and motives of some of his brethren, I propose, with your permission, to review in a separate letter.

I am, etc., Wm. Bowman.

5, Clifford Street, March 11th, 1864.

MEDICAL EDUCATION.

Letter from Joshua Parsons, Esq.

Sir,—The object of medical education is to make medical practitioners. Now the business of a medical practitioner is, as we full well know, of a highly multifarious kind. To-day he has a problem to solve of the highest importance to his patient, his country, or his race, the solution of which requires extensive knowledge and a highly cultivated intellect; but every other day of this week he is occupied with cases and details, not one of which is of sufficient importance ever to have been mentioned in a lecture, or noticed by a hospital teacher. Yet these very details, trumpery as they may appear, and rightly too to the purely scientific eye, go very far to conduce to the success of the practitioner and the comfort of his employers. Woe betides both doctor and patient, if the former, with his high testimonials and college education, recognise in the latter only a diseased human body, without considering whether that body belong to a duchess or her washerwoman. These things are necessary, though in varying degrees, to be known by every man who would practise our art with comfort; yet, in the present fashionable mode of medical teaching, where or when is he to learn them? Certainly not in the lecture room, the hospital ward, or the dispensary; nor if he could, would it be right to distract his mind with these stray rudimentary gleanings while reaping his full crop of professional lore. This desideratum was supplied by the old fashioned system of apprenticeship; and, though I would by no means advocate all the details of that system, yet I say that in the main no better has ever been devised for introducing a man to the *work* of his profession. As a *paterfamilias*, I should feel that the medical supervision of my family was far more likely to be comfortably conducted by a young man who had been for two or three years engaged in the duties of actual practice, than by one who had spent this time in "walking hospitals" only.

Again, as to the student himself, he is a man of like passions with ourselves; and do we not know, for how much of that remembrance of cases which goes to make up our valuable possession of medical experience are indebted to the circumstances, local, domestic, pecuniary it may be, with which those cases were accompanied? How often do we find ourselves saying, "I never forget that case because my horse fell and broke my leg as I was going there"; or "because the patient was a good kind friend of mine"; or "because I never got a farthing for all my time and trouble"? Just so, I believe, will the student's after path be all the clearer, and more impressive for those way-marks of personal experience which tend to individualise his studies and shew him their practical bearings upon human happiness and his own well-doing. I readily concede that the old term of five years, or perhaps, even of three was too long to be expended on this initiatory experience; and that too often that time was spent in studies which could have been better pursued elsewhere; but there were exceptions. In climbing the difficult ladder of knowledge, it is surely well to get the foot firmly planted on the lower step before attempting to reach the higher; and I hold that no man is or can be so well fitted to wield the weapons of his art as he who has been familiarised with such by handling them in early life. I agree with Dr. Martyn that it is highly necessary there should be direct personal relation between the teacher and the taught; and I know men who, having since passed zealously and honourably through their academical course, still gratefully refer some of their most vivid and useful impressions to the colloquial instructions of their "master." But I quite differ from the supposition that a practitioner is fitted to give the elementary instruction I am advocating, because he is the physician or surgeon to an hospital. These great institutions tend to place the disease in far greater prominence than the man who suffers from it; and the error of our times in medical education seems to me to have been just this: cramming the student with abstract knowledge, and leaving him to pick up practical information as he best can.

I will not, sir, trespass further on your space; but I do hope that good will arise from the present discussion, and that in future curricula, such provision will be made for personal and practical acquaintance with the minor details of professional duty, that we shall no more see a man crowned with scholastic titles and honours, who cannot pick out a six-ounce phial or a half-ounce pill-box, or take his lancet properly in hand to open a common abscess.

I am, etc., Joshua Parsons.

Frome, March 1st, 1864.

Letter from Percy Leslie, M.D.

Sir,—As you have been floating in the regions of Utopia, in the matter of medical education, at present so much mooted in the schools, perhaps, in order that all sides of the question may be heard, I may be permitted, as neither teacher nor tyro, to express a few remarks, though from a lower round of your lofty pedestal.

It appears to me that the great object of reform in medical education should be to simplify the teaching without curtailing the material of the science itself To this end, many practical suggestions have appeared in your Journal; whereas the tendency to view medicine too much in the utilitarian light, as expressed by Dr. Latham, would lead to the encouragement of that false and pernicious system of education, the (I trust) fast expiring plan of apprenticeship, which, for its derogatory effect upon our profession, I would class with gratuitous service and pill-making, medicine-selling practice.

I would now suggest my Utopian curriculum. There should be a thorough preliminary examination in Latin, mathematics, arithmetic, and physical dynamics. Of the present professional chairs, let pathology and materia medica be excluded; impressing, at the same time, the importance of the former subject upon the professors of principles of surgery and medicine, and the latter upon the chairs of chemistry and botany, who should ever seek to dwell on those points most necessary for the medical student. The course of study should be the following.

First Year. Winter Session. Chemistry; Anatomy; Dissections; Clinical Surgery. *Summer Session.* Practical Chemistry; Dissections; Geology; Clinical Surgery.

Second Year. Winter Session. Dissections; Principles of Surgery; Physiology; Clinical Medicine. *Summer Session.* Dissections; Botany; Medical Jurisprudence; Clinical Medicine.

Third Year. Winter Session. Dissections; Principles of Medicine; Clinical Medicine; Midwifery. *Summer Session.* Zoology; Clinical Medicine; Ophthalmic Surgery; Surgical Operations on the Dead Body; Practical Dispensing; and attendance at a certain number of Midwifery Cases.

For some such course of study, provided uniformity of system be generally adopted, let the title of M.D. be given by all the licensing bodies in the kingdom, with a right to practise throughout the British empire. Should the graduate wish to attain honours, let another year be passed in his college, with an examination at its close in Greek, histology, and psychology; the same being signified by some appropriate title.

I quite second the suggestion of having all the examinations in and during the respective classes, and the clinical teaching tested by well examined and recorded cases. At the same time, the curriculum should be closed by a practical examination in medicine and surgery, conducted at the bedside, as well as oral and written. Not beginning medical studies proper until eighteen years of age, the student would in this way acquire a complete theoretical and practical knowledge of his profession.

I am, etc, Percy Leslie.

March 1864.

PROFESSOR LAYCOCK ON MEDICAL EDUCATION: REPLY TO A CRITICISM.

Letter from Thos. Laycock, M.D., F.R.S.E.

Sir,—I am always glad to be instructed by critics, whether they be competent or not; and am quite ready to submit in silence to reproof, whether just or unjust. There are, however, some opinions set forth in your criticism of my lately published work on *The Principles and Methods of Medical Observation and Research* (Journal, Feb. 13, 1864, p. 117), which appear to me to have a general application to medical education, and to be of mischievous tendency. Setting personal considerations aside, I, therefore, beg leave to express my dissent from them.

1. You give a decided opinion as to the at least doubtful advantage of classifications in medicine. "Can any one tell us" (you ask) "whether, at any time, and to what extent if any, medicine in its true sense—the science of healing—has been advanced one step by the elaborate systems of classification which nosologists have devised, and in the details of which no two of them thoroughly agree?" Now, I take exception to your definition of medicine as a science. It aims admittedly in modern times far more eminently at the prevention than the healing of disease; although the mere healing, because of the popular ignorance of medicine in the "true sense", is believed too generally to be the sole business of the physician. In my humble judgment, a teacher does only half his duty, and that half most imperfectly, if he only teaches how to heal. For, very often, the cure of disease needs the means necessary to prevention or removal of the causes alone; nature heals. Hence, a knowledge of causes of diseases is of primary importance to practical medicine. If this be true, I will beg of you to state by what other means better than a careful classification of diseases, according to their causes or principal con-causes, you can so arrange the accumulated knowledge of the profession, so as to be available for teaching and practice? In the work you have done me the honour to criticise, I say, "Classification concentrates and indexes our knowledge. In every science, therefore, the classification of the facts of the science is of primary importance. In medicine, perhaps more than any other, a classification is needed; because of the vast number of facts and of their multifarious relations to each other. Without such an indexing and concentration of our knowledge (termed a nosology, or nosological arrangement), the study of medicine would be almost a chaos." (P. 231.) It is not easy to say to what extent the elaborate nosologies of Linnæus, Sauvages, Cullen, Mason Good, and others, have thus advanced medicine; but I will venture to affirm that the "statistical nosology" of Dr. Farr, although limited in its application to the causes of death as distinguished from those of dis-

ease, has been of signal and unquestioned advantage to medicine.

2. I conclude, however, that you probably mean to object, not to limited classifications like that of Dr. Farr, but to "elaborate" classifications. You object that no two framers of these "thoroughly agree" as to details, and that the nosologies they invent pass away into oblivion. Now, elaborateness means completeness or perfection of detail; but how can you reasonably expect permanence or thorough agreement as to the detailed facts of a science and art which are continually changing and are proverbially uncertain? Classifications must of necessity be remodelled when new facts have to be classed and errors eliminated. Further, why expect more in the classifications of medicine, than in those of botany, zoology, geology, and chemistry? When practitioners "thoroughly agree" upon such points as the uses of alcohol or mercury, or the treatment of pneumonia or syphilis, the most elaborate nosologies will be found also to agree in their details.

I must humbly submit, however, that your idea of elaborateness is limited. You give as an example of the "extreme of elaboration", my classification of remittent fevers. Now, I should be really indebted to you for a less minute, and, at the same time, sufficiently complete arrangement. I should feel thankful if you could save a single head—nay, a single line—and leave out nothing important. Would you omit or alter the first line, for example, which defines remittent fevers as "malarious fevers" (that is, fevers due to marshy emanations) "complicated with inflammations?" If you omitted you would suppress a generalisation which distinguishes remittents from agues, and is practically applicable to a class of diseases that prevail endemically from Indus to the pole; if you would alter, pray express the generalisation in fewer words. Inflammations being admitted, doctrinally, would you omit the class of "cerebro-spinal remittents—endemic meningitis"? If so, you would neglect to notice the endemic kinds of meningitis (chiefly spinal) which have been observed in Ireland, France, and the United States; and leave no place even for those "pernicious fevers" described lately, in which there is a production of black pigment in the blood (*melanœmia*) and a plugging of the encephalic and other capillaries with it, and which, I am well aware, ought to have had a place in my nosology, with other fevers omitted in like manner. Perhaps, you would omit the "pulmonary remittents" as too minute; for probably the English practitioner rarely suspects he may have to deal with a remittent pneumonia; and it is, doubtless, much more simple and easy to have no nosology of pneumonia whatever. But without an "elaborate" that is as clear and detailed an exposition of the causes of pneumonia and of the functional and anatomical changes in the lungs which they induce as is possible, no sufficient therapeutical teaching is practicable. Hence, the failure of the Association in its late attempt at a combined therapeutical inquiry into "acute pneumonia"; for of more than 2000 schedules issued to members, only fifteen were returned! Now, this one generalisation, too minute for mention to the student as you probably think, would help him to understand why acute pneumonia may sometimes be most successfully treated with quinine.

And this generalisation as to the class of remedies suited to all these remittents applies equally to the next group of "bilious and gastric remittents." Would you omit these? If so, then you blot out from teaching and practice both the grave endemic fevers which infest the shores of the Baltic and Mediterranean Seas and the endemic yellow fever of the tropics. And yet to distinguish this non-infectious endemic kind from the epidemic and infectious yellow fever is of the utmost practical importance to the profession in the United States, in India, in our colonies, in Southern Europe, and in garrisons like Gibraltar. Or, to look at home, if you left out the next class of "remittents complicated with the action of sewer and dung-hill emanations", you would give the student no warning that there are endemic, malarious, and continued fevers, which simulate and are confounded with the epidemic and infectious "enteric fever." These distinctions serve to clear up much that is confused and discrepant in the histories and treatment of these wide-spread fevers. You do me the honour to say, indeed, that the arrangement "is clear and interesting." How then can it be deprived of any of its divisions, so as to retain these characteristics and yet make it less amenable to the charge of that "minuteness of classification carried to the extreme of elaboration" which you bring against it, and which you assert has the effect of "further overwhelming and confusing the already overburdened mind of the student"? A nosology of a class of fevers which prevail with more or less intensity over the whole world is obviously of the greatest practical importance; and I repeat that I shall be most thankful to you, or to any one, for a practical demonstration of what such a nosology should be. I must warn you, however, that, in a copy of Cullen's nosology now before me (and Cullen's is still in use), the fevers which I have arranged nosologically within the compass of one page of a crown octavo occupy more than ten pages of a large quarto.

3. You object, that I introduce into my nosologies, "not new names, but names which are scarcely ever heard of in medicine, such as trophesiæ, æsthesiæ, kinesiæ," etc. These examples are selected from the nosology of diseases of the nervous system, in which the names are of necessity more numerous and technical than those of other systems or organs, and therefore more confusing. Now, clearness and precision in naming not only indicate clearness and precision in thought, but communicate them; and if you can by one Greek word thus communicate ideas which would otherwise require a sentence, why not adopt it? It is not in accordance with my reading, that the words I use are (as you affirm) "scarcely heard of in medicine". That assertion may be in some degree correct as to British medical literature, but it assuredly is not as to the most classical French and German writers. And, in truth, the first word you quote is new, as the text shows and explains. In my nosology, I have endeavoured to make the one word "*trophesiæ*" do the duty of whole phrases, just as chemists and algebraists use letters and symbols. Do you deny the principle? or do you deny the validity of its particular application? I wish to teach that, according to my experience, certain changes in certain nerves and nerve-centres are followed by such disorders in the health as morbid heat, redness, pallor, coldness, sweats, œdema, fluxes, hæmorrhages, vascular neuralgias, effusive inflammations like herpes zoster, and wasting of muscles like the "wasting palsy". These have never been classed together before as having ought in common. Are they, being such, to have a common name, or not? If not, then every time they are referred to, the preceding sentence must be used to mention them. A name, therefore, being necessary, what principle of naming would you adopt, so as to secure clearness and precision?

4. Doubtless, you can fairly object to the use of Greek words as puzzling to the student who is ignorant of Greek; but the objection equally applies to the terms of all the sciences. Our elementary grammars, arithmetics, and catechisms abound with terms of Greek origin, just as difficult as other scientific

terms until explained. Take one of the opening sentences of Lindley Murray. "English grammar is divided into four parts; viz., orthography, etymology, syntax, and prosody." Are my names for the four divisions of diseases of the nervous system really more difficult than those of the four parts of Lindley Murray's Grammar, which is put into the hands of children? One—vesaniæ—is Latin, and presumably easier. If, indeed, you adapt medical teaching to such ignorance as is implied in your objection, where would you stop in your abandonment of learning and discipline? One of your correspondents of February 27th (F.R.S.) answers the question—I suppose in jest. He would dispense with all lectures, and with any knowledge whatever of Latin and Greek, as "dead and utterly useless languages". Let us consider what would be the practical result of this. The British medical body would be forthwith removed from the list of the "learned" professions. It could have no communion with the medical profession on the continent, which would still remain learned, with a professional literature abounding in "hard" words, and terribly "puzzling" to the untaught medical Briton. That individual would have only an imperfect comprehension of the multitudinous technical terms in use in the ethical and pure sciences; while all works on the natural sciences, with their large infusion of Greek and Latin names, would require to be popularised for him, just as for the unlearned multitude. Further, how could he associate with members of the other "learned" professions, or combine with scholars and gentlemen in the cultivation of studies like those of history, ethnology, archæology, and the like? At this moment there are youths entering upon commercial pursuits who have had a classical education at Eton, Harrow, and the English universities; and yet you would dispense with it in medicine.

I advocate no deep classical training, however, for the medical student. If he is able to read the Greek Testament or Xenophon's *Anabasis,* he knows enough to comprehend readily the multitudinous scientific terms of Greek derivation. Such knowledge, by facilitating the study of the medical sciences, may be considered equal to the saving of at least one year of medical studies. I say nothing of its subsequent advantages in the reading and comprehension of the vast stores of experience contained in medical literature. This knowledge of Greek is so small in amount, that the youth of fifteen or sixteen who, *having had the opportunity,* has proved himself mentally unable to acquire it, has proved himself, *ipso facto,* mentally unfit for the life-long study of medicine; for none will deny that good mental capacity is needed for medical practice, or that the practitioner who would fitly do his duty must make up his mind to be a life-long student of all that concerns human nature. Omniscience he can make no pretence to; but between that and a minimum of knowledge and abilities the distance is infinite.

5. Lastly, I submit that all the gross exaggerations of the difficulties of medical studies, lately current in the BRITISH MEDICAL JOURNAL, can only serve to discourage the timid student, to excuse the indolent and pleasure-seeking, and to lower the profession in public opinion. None of the real difficulties are so great that ordinary abilities, aided by industry and method, may not surmount. Rather, then, let us say to the student, "Macte virtute, puer; sic itur ad astra"; and discipline him for his struggle with them.

You will easily understand how much I differ from the sentiments and the tone of your own editorial articles on this important subject. I cannot think that they express the views held generally, or by the leading members of the Association, more especially by the President, Dr. Symonds, the President-elect, Dr. Paget of Cambridge, the Treasurer, Sir Charles Hastings, and the ex-President, Dr. Burrows, whose opinions, as recorded in the JOURNAL, seem to be wholly different from those of which it is exclusively the advocate amongst medical periodicals.

I am, etc., T. LAYCOCK.

4, Rutland Street, Edinburgh, March 2nd, 1864.

GRATUITOUS MEDICAL SERVICES.

SIR,—I read with much pleasure the letters of your correspondents Drs. Mushet and Gibbon, and "Rusticus Expectans". In due deference, I beg to suggest a remedy, and ask the opinion of your numerous readers on the subject.

There are, no doubt, a great number of people who are able to pay for medical services, and would willingly do so to the extent of a few shillings, but are unwilling to call in a doctor, in fear of "running up a bill"; and it is that class who chiefly resort to the prescribing druggist, to the "advice gratis" physician, or to the out-patient department of our hospitals and dispensaries. Now it appears to me that, if many of our young surgeons and physicians, who are "waiting for practice" in many of our large towns, would combine to form a dispensary on the principle of a comparatively small payment on admission, many lives would be saved that are now lost by the ignorance of prescribing druggists. It might at first be thought that this plan would be lowering the dignity of the profession; but, on consideration, the contrary will be found to be the case. What is the system that is pursued now by young men striving to get into general practice in our large towns? Either they canvass artisans and workmen *to do them the honour* to appoint them as medical officers to their Odd Fellows and other clubs, at half a crown per man *per annum;* or they start an open shop, selling soap, perfumery, etc., which they ignore after "getting a more respectable practice". Self-supporting dispensaries appear to be only another name for the club system. I believe England is the only country in which gratuitous medical services are given. A few months ago, when in Paris, I mentioned this fact to a young physician just beginning practice in that city. He was amazed, and shrugged his shoulders, as much as to say that "we know better here than to do that". Now I would suggest that, in all our large towns, a dispensary should be formed, under the auspices of several of the senior members of the profession, to see that it was properly conducted, and that none above the class I mentioned should be admitted as patients. Six or twelve young practitioners should do the work, giving so much of their time per day as might be arranged. A dispenser and treasurer should be appointed; and, after the expenses were paid, the surplus to be equally divided among the working members of the institution. It ought to be a rule, that none of the physicians or surgeons should hold office longer than a short term of years, to give place to other young men.

I am inclined to think that some such plan as this would tend to mitigate the evil of gratuitous medical advice; it would give practice and experience and a more united feeling to the rising members of the profession, and some slight remuneration for their labours. I am, etc., META.

March 1st, 1864.

THE LATE SIR WILLIAM BROWN has left legacies to the following local charities (among others in Liverpool): Northern Hospital £1000; Southern Hospital £500; Royal Infirmary £509; Infirmary for Children £100; Eye and Ear Infirmary £100.

Medical News.

Royal College of Surgeons of England. The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on March 11th.

Bell, William, Rochester; diploma of membership dated April 26, 1826
Smith, Charles Manners, H.M.'s Indian Army; April 28, 1843
Tothill, Frederick Disting, Charles Street, St. James's Square; June 7, 1833
Vines, Charles, Reading; July 25, 1836

The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on March 16th.

Blanchet, Jean Baptiste, M.D., Quebec; diploma of membership dated January 26, 1864
Covey, Charles Edward, Basingstoke; May 6, 1863
Freeman, Richard Thomas, Hatcham; January 27, 1864
Harris, James Smith, St. John's Wood; July 31, 1863
Langhorn, Joseph, Savile Row; January 28, 1864
Monckton, Alfred, L.S.A., Brenchley, Kent; July 31, 1860
Thomas, George Frederic, L.R.C.P., Canterbury, New Zealand; February 11, 1859
Watermeyer, William Godfrey, Cape of Good Hope; November 20, 1863
Wilson, William Samuel, Bayswater; April 22, 1862

Apothecaries' Hall. On March 10th, the following Licentiates were admitted:—

Brotherton, William Henry, Bethnal Green Road
Grigg, William Chapman, Bristol
Harris, Walter, Waterford
Walker, George Charles, Bootle, Liverpool

At the same Court, the following passed the first examination:—

Brewster, Edward, Sheffield School of Medicine
Haxworth, Walter, Leeds School of Medicine

APPOINTMENTS.

*Hillier, Thomas, M.D., appointed Physician to the Skin Department of University College Hospital.

Royal Navy.

Burgess, Peter, Esq., Acting Assistant-Surgeon, to the *Gladiator*.
Coghlan, Thomas, Esq., Surgeon, to the *Research*.
Evans, William J., Esq., Surgeon, to the *Gladiator*.
M'Donald, Alexander, Esq., Acting Assistant-Surgeon, to the *Research*.
Rae, Peter M., Esq., Assistant-Surgeon, to the *Black Prince*.
Telfer, William, Esq., Surgeon, to the *Black Prince*.
Wright, George V., Esq., Acting Assistant-Surgeon, to the *Edgar*.

Militia.

Louttit, J., M.D., to be Surgeon Durham Artillery Regiment of Militia.

Volunteers, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Long, R. G., Esq., to be Hon. Assistant-Surgeon 12th Dorset R.V.
Oldham, R., Esq., to be Assistant-Surgeon 4th Durham A.V.
Terry, J. N., Esq., to be Surgeon 1st Administrative Brigade West Riding A.V.

DEATHS.

Barker. On March 7, at Kornthal, near Stuttgart, aged 15, Eaglesfield J. G., eldest son of E. J. Barker, Esq., retired surgeon H.M.'s Madras Establishment.
Burnard, Charles F., Esq., Surgeon at the London Fever Hospital, aged 21, on March 10.
Frogley, Ralph A., Esq., Surgeon, of Hounslow, at Brighton, aged 70, on March 15.
Good. On March 15, at 46, Burton Crescent, Margaretta Elizabeth, daughter of the late J. Mason Good, M.D.
Peck, Ffloyd M., Esq., Surgeon, at Sale, Gipps Land, Australia, aged 43, on January 7.
Powell, Robert H., M.D., at Chester, aged 46, on March 10th.
Smith. On March 4, at Morningside, Edinburgh, aged 11, Lucy F. M., eldest daughter of G. Smith, M.D., Principal of the Medical College at Madras.

Medical Mission at Canton. Efforts are being made to enlarge the hospital of the Medical Mission at Canton.

Medical Register. Of this yearly publication the Government takes two thousand copies for the benefit of public functionaries, etc. The income of the Medical Council during the past year was £7243, and the expenditure was £4800, leaving a happy balance of £2,442.

Midwives in Philadelphia. We learn from the *Reporter* that of the twelve persons who attended the largest number of obstetric cases in 1861, seven were midwives. The largest number of cases attended by one person (a midwife) was 247, and the lowest 124. The average number of cases attended by the seven midwives was 174. The average number attended by the five physicians named was 164. (*American Medical Times.*)

Medical Charities. Under the will of the late most benevolent Bishop of Ely, which has just been proved under £40,000, it is stated that nearly the whole of that large sum will be equally distributed to charitable institutions, including the following medical charities in this metropolis: King's College Hospital; the Westminster Hospital; the Western Dispensary; the Bedford Infirmary; the Huntingdon County Hospital; and the Suffolk General Hospital.

Vaccination Registration. In the House of Commons, on Monday last, Sir M. Peto asked whether, as the registration of cases of vaccination was a total failure, it was the intention of the Government to amend the Act this session. Mr. Lowe said it was quite true that the system of registration under the Vaccination Act was very bad, but it would cost a great deal of money to improve it. Moreover, even when improved, it would not make these compulsory measures effectual to any extent. The great difficulty in working them was the reluctance of persons to prosecute poor people for disobedience to a law, the neglect of which was countenanced by too many who ought to know better. He was sorry that he could not hold out hopes of an improvement in the system.

Dietary in Wakefield Prison. On Tuesday last, Lord Fermoy asked the Secretary of State for the Home Department what was the effect of the late change of dietary in Wakefield prison on the health of the prisoners; and whether he would lay a copy of the correspondence on the subject, together with the report of the medical officer, upon the table of the House. Sir G. Grey said the change was introduced some time ago as an experiment; and, at the end of six months, the visiting justices informed him that it had not been in operation long enough to enable them to form any conclusive opinion as to its effect on the prisoners. At present, a thorough inquiry was going on into the whole question of the dietary in the prisons.

Medical Society of London. The ninety-first anniversary meeting of this Society was held at Willis's Rooms, on the 8th instant; Edwin Canton, Esq., President, in the chair. The annual oration was delivered by Dr. Thudichum. The following gentlemen were elected officers and members of Council for the ensuing year:—*President*, R. Greenhalgh, M.D. *Vice-Presidents*, T. Davidson, M.D.; W. Harding, Esq.; C. J. Hare, M.D.; G. Lawson, Esq. *Treasurer*, C. H. Rogers-Harrison, Esq. *Secretaries in Ordinary*, G. D. Gibb, M.D.; E. S. Thompson, M.D. *Secretary for Foreign Correspondence*, V. de Méric, Esq. *Other Members of Council*, J. Althaus, M.D.; F. E. Anstie, M.D.; R. Barwell, Esq.; J. Bird, M.D.; J. H. Browne, M.D.; T. Bryant, Esq.; W. Camps, M.D.; E. Canton, Esq.; W. Cholmeley, M.D.; A. Clarke, M.D.; T. W. Cooke, Esq.; J. Jephson, M.D.; A. Leared, M.D.; A. Poland, Esq.; H. P. Roberts, Esq.; W. R. Rogers, M.D.; H. Smith, Esq.; W. A. Smith, M.D.; J. S. Stocker, M.D.; H. Thompson, Esq. *Orator for* 1865, W. Smiles, M.D.

Odontological Society of Great Britain. The usual monthly meeting of this Society was held on Monday the 7th inst., at the Dental Hospital, Soho Square. The chair was taken by the President, Edward Saunders, Esq. Models of irregularities in the teeth and the plan of treatment adopted were exhibited and explained by Mr. Saunders, Mr. Harrison, and Mr. Parkes. A discussion took place on Mr. Spence Bate's paper on the "Pathology of Dental Caries," read at previous meetings. Mr. Bate maintained that all enamel had a tendency to be less perfectly developed in its external surface; that in cases where there was a deterioration in the development of teeth, that external surface would be less perfectly developed than in other teeth; that it was common to find in teeth predisposed to decay, that the external surface had a more than usually large amount of animal tissue existing in it. Passing to the dentine, he maintained that in every tooth where there was a predisposition to decay, certain marks, called areolar spaces, were found, and came to the conclusion that those parts were of a less perfectly developed structure, containing a larger amount of animal tissue than the other parts. The green marks deposited on the teeth were nothing more than the decay of the external membrane; and decay was really an absorption of oxygen by the animal matter in and about the teeth which formed carbonic acid, which decomposed the phosphate of lime and left the animal constituents of the teeth exposed, which formed a further quantity of carbonic acid.

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Friday....... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 P.M.

Saturday..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 P.M. Mr. Jabez Hogg, "Eye Diseases as determined by the Ophthalmoscope; more especially in relation to the Diagnosis and Surgical Treatment of Glaucoma."

Tuesday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Moore, "On a Method of Consolidating Fibrine in Incurable Aneurisms, with a Case by Dr. Murchison"; Mr. Bryant, "On Removal of Stone in the Female Bladder by Urethral Dilatation"; Dr. M. Mackenzie, "On the Invention of the Laryngoscope by Dr. Benjamin Babington."—Zoological.—Ethnological.

Wednesday. Geological.

Thursday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."—Royal.

Saturday. Royal College of Surgeons of England, 4 P.M. Professor Huxley, "On the Structure and Classification of the Mammalia."

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Erratum.—Sir: In my letter in the Journal of the 12th instant, there occurs this passage. "There is such a broad distinction between the types of madmen, murderers, and those who commit the crime impelled by the prevalence or predominance of their passions, as to make it plain that, as regards the latter, after detection and conviction, the question as to the soundness or otherwise of the mind is *admissible*, and never ought to be entertained at all; or, if exceptions be possible, they would be very rare indeed." Obviously, the word *inadmissible* was intended.

March 13th, 1864. I am, etc., G. Bodington.

Freeman's Chlorodyne.—Sir: My attention has been directed to a letter from Mr. J. D. Hill, of the Royal Free Hospital, in your last number. If any one will refer to the name of Dr. G. R. Irvine in the *Medical Directory*, they will find that that gentleman was resident medical officer at the Royal Free Hospital (being Mr. Hill's predecessor); and he then bore testimony to the properties of my chlorodyne. I am, etc., R. Freeman.

5, Clayton Place, Kennington Road, S., March 15th, 1864.

Medical Charges.—Sir: Will you kindly inform me whether a person holding the diplomas M.R.C.S.Eng. and L.F.P.S.Glasgow, is legally entitled to practise both *medicine* and *surgery*, and recover for medicine and attendance in both cases?

I enclose my card, and remain, etc., Delta.

[Any man, medical or other, in the country, may practise both medicine and surgery. But only he whose name stands on the *Medical Register* can make a legal demand for medical or surgical services rendered. Editor.]

The Sanitary State of Liverpool.—Sir: I send you a report of the proceedings of the Liverpool Town Council, which show the horrible results of dirt, destitution, and ignorance. The increase of 2,700 deaths, above the corrected annual average, is to be attributed to the ignorance and selfishness of the better classes far more than to the destitute and dirty. Liverpool is proud of many facts in her history, and has for many years spent very large sums to improve the sanitary state; and your readers might suppose that either this money was thrown away or that Liverpool was formerly in a horrible state.

Now, the money was not lost; there has been a great deal of improvement; but Liverpool is, nevertheless, still in such a diseased condition, that a great deal more improvements are essential to make it what it ought to be. Liverpool, with its corrected average, has a mortality over similar towns; but this 2,700 deaths is such an extra excess, that the result is just the same as if the town were blockaded and bombarded (annually), with 2,700 killed and about 12,000 wounded; and, I have no doubt, that many of the better classes come in for their fair share (and properly, too) of disease and death. You will see that the health officer is bringing his profession into its proper position; that his directions are followed; and that his voice is considered a revelation of the natural laws, teaching the people how to improve the sanitary state of their dwellings, so that their health and happiness be increased, and the common weal promoted.

The poorer classes become so enervated by improper dwellings and overcrowding, that bodily and mental prostration arises. How welcome any filthy alcoholic drink to make them feel as if they lived in pure and sunny air. This increase of 2,700 extra deaths, with the thousands of diseases, and corresponding increase of poverty and sorrow—these are some of the works of Mammon. Vested rights must give way when they are opposed to the common safety, common sense, and common weal. The health officer has heavy work before him when he is obliged to contend with Messrs. Mammon, Ignorance, and Co.; that old-established firm, with numerous agencies, and that firm, studying to look on all things with gain in their eye, will most energetically oppose the health officer and his common weal notions, if such notions diminish their percentage of profit.

It is a noble appointment that of health officer. The duty is so acceptable to a large heart and head, and it is so benevolent and beneficent to superintend the preservation of the prosperity of the poor, that it becomes a work acceptable to our God, and makes the health officer even as one of the ministers of the Creator. As I am now an old member of the medical profession, and have always been a student of the natural laws and of the constitution of man, I consider those laws as the only sources of our commonweal, prosperity, and civilisation, and that the health officer, in the midst of so much respectable ignorance and deplorable dirt, is the most important of all men; for he endeavours to clean, not only the mind and body of those very much in want of it now, but does he not by such efforts in cleanliness also promote the progress of godliness and good-will to all men?

February 28th, 1864. I am, etc., Dicky Sam.

The Partridge Fund.—The Treasurer of this Fund requests us to say that he has acknowledged receipt of all subscriptions received by him in the following Birmingham papers:—The *Gazette*, the *Journal*, and the *Midland Counties Herald*; and that when the subscription-list is closed, it is his intention to send a copy of the list to each subscriber. He will feel much obliged to any gentleman who has forwarded a subscription, and who may not have received an acknowledgment, to communicate with him; and regrets that there should have been any error on this point. Dr. Bell Fletcher is the Treasurer of this Fund.

The Lingen Testimonial Fund.—Sir: It appears to me that the comparison instituted in last week's Journal between this and the Fraser case, and your remarks on the decision of the Committee to purchase, for Dr. Lingen's acceptance, a piece of plate with the balance left after defraying the legal expenses of his suit, appear to have been made in forgetfulness of the fact, that the bulk of the money was contributed by his private and non-professional friends: now, though I concur in the sentiment that it is not desirable that any part of money subscribed *by the profession* to aid one of its members to meet the costs of an iniquitous action, should be expended in a teatimonial; yet it is clear that Dr. Lingen's case was quite an exceptional one.

The incident that led to this action was, in its nature, more a social than a professional one: and though the movement for a Testimonial Fund originated with his medical friends, it professed to be, and was from the first, of a mixed character. The Committee was formed before the legal proceedings terminated, and when Dr. Lingen was threatened with a fresh trial; and, to quote the words of the earliest resolution of that Committee, it was intended to "give expression to the sympathy and unabated respect entertained for him by his medical and private friends." The contributions, too, came in far greater abundance from his private friends than they did from professional sources, as is attested by the long list just issued to the subscribers, with the chairman's statement of accounts, which shows that out of nearly four hundred contributors, eighty-two only were medical men; and of these, I am assured, the greater number were his old and intimate friends. It would seem, therefore, that the profession contributed very little above a fourth of the sum paid by the Committee for the legal expenses, and less than a fifth of the amount subscribed. Under these circumstances, I submit that it would not have been competent to the Committee to alienate for professional purposes any part of the money entrusted to their keeping.

March 7th, 1864. I am, etc., A Contributor.

[The original Committee who started this Fund were all medical men; and, we believe, we are correct in saying, that the working Committee has throughout been virtually, if not nominally, a Medical Committee. The Fund having been got up by a Medical Committee, became naturally a matter of professional interest. No doubt in the case of the Fraser Fund, also, a portion of the subscription was from non-professional friends. Our opinion, therefore, remaina unchanged. Editor.]

Night Air.—Sir: The following is a brief description of my mode of obtaining pure air in a bed-room at night. A tin tube, one inch in diameter, and open at both ends, has one end inserted in a hole in the window-frame at the top, communicating directly with the external air, and the other end bent at right angles so that the internal opening is at a distance of about two feet from the head of a person lying in bed. The tube is suspended near the ceiling, and carried right across the room, the bed being against a wall at the opposite side of the room to that in which the window is. The tube is nearly horizontal, but slightly inclined towards the bed. A paper wheel anemometer is attached to the internal opening of the tube, which wheel turns with a very slight current of air. The length of tube allows the air, however cold outside, to attain the same temperature as that of the room, before it reaches the bed. In this way a gentle current of pure air is kept up all night, only where it is wanted; namely, close to the mouth. By this method, the difficulties attending the general ventilation of a room are avoided; and by it, as far as experiment yet goes, the sleeper derives the full benefit of a constant supply of fresh air, in perhaps the simplest manner possible. At all events, almost no expense is required; and any one can get a similar contrivance made in an hour or two. I have never been able to detect the slightest draught while lying in bed, no doubt owing to the fact that the air is warmed, though fresh; and the constancy of the in-coming current is shown by the perpetual rotation of the anemometer, usually performing about a hundred turns per minute. I am, etc.,

Clifton, March 6th, 1864. William C. Burder, F.R.A.S.

COMMUNICATIONS have been received from:—Mr. William Bowman; Mr. Brodhurst; Dr. T. M. Rooke; Mr. Christopher Heath; Dr. Hillier; Mr. Thomas Nunneley; Mr. Jonathan Hutchinson; Delta; Mr. H. Terry, jun.; Mr. John Manley; Mr. E. Cousins; The Registrar of the Medical Society of London; Mr. Lowndes; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. T. M. Stone; Dr. Thomas Savage; Dr. O'Bryen; Dr. Wollaston; Mr. Oliver Pemberton; Dr. B. Fletcher; Dr. Lund; Dr. Wolfe; and Dr. C. Barham.

ADVERTISEMENTS.

Wanted, for the Liverpool Royal INFIRMARY, a JUNIOR HOUSE SURGEON. The Salary is £80 per Annum, with Board, Washing, and Lodging. He must be unmarried, and a Member of the College of Surgeons of London, Dublin, or Edinburgh, and also a Licentiate of the Apothecaries' Hall of London.

Candidates are requested to send in their Testimonials, addressed to the Chairman of the Committee, on or before Tuesday, the 22nd March next. Selected Candidates will be required to attend at the Infirmary on receiving notice to that effect.

EDWARD GIBBON, Chairman,
Royal Infirmary, Liverpool, 3rd March, 1864.

Royal College of Physicians of LONDON.—TWO LECTURES on the LARYNGOSCOPE will be delivered at the College, Pall Mall East, by Dr. GEORGE JOHNSON, on Wednesday, April 6th, and Friday, April 8th, at Five o'Clock p.m.

Lecture I.—The Method of Using the Instrument, and the History of its Invention.

Lecture II.—Illustrations of its Value in the Diagnosis and Treatment of Disease.

1864. By Order of the President, W. COPNEY.

Royal College of Physicians OF LONDON.—FIRST PART OF THE PROFESSIONAL EXAMINATION FOR THE LICENCE. The next Examination of Students who have completed their Second Winter Session of Study at a recognised Medical School will commence on Tuesday, April 5th.

SECOND PART OF THE PROFESSIONAL EXAMINATION.—An Examination of Gentlemen who are eligible for admission to the Second Examination for the Licence will commence on Tuesday, April 12th.

Graduates in Medicine of a University recognised by the College, Licentiates of the Royal College of Physicians of Edinburgh, or of the King and Queen's College of Physicians in Ireland, and Registered Medical Practitioners qualified before January 1861, are admitted to Examination under special Bye-Laws.

Candidates are required to give fourteen days notice in writing to the Registrar of the College, with whom all Certificates and Testimonials required by the Bye-Laws are to be left at the same time.

Pall Mall East, 1864. H. A. PITMAN, M.D., Registrar.

University of St. Andrew's.—The Examination of Candidates for DEGREES in MEDICINE will take place at St. Andrew's, on Thursday, 28th April next, at 10 o'clock a.m., and following day. Applications must be lodged on or before the 25th of March.

By order of the Senatus Academicus,
14th March, 1864. ALEXANDER MUIR, Secretary.

Testimonial to Dr. Day.—Subscribers to the Testimonial to Dr. Day (late of St. Andrews), whose Subscriptions have not yet been sent, will greatly oblige by forwarding them to the undersigned. Particulars respecting the Testimonial have been posted to those Subscribers who have paid, up to the present date.

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Lettsomian Lectures

ON

MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

C. H. F. ROUTH, M.D.,
PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE I. (*Concluded.*)

ON SOME POINTS CONNECTED WITH THE PATHOLOGY AND ETIOLOGY OF FIBROUS TUMOURS OF THE UTERUS.

Causes of Uterine Tumours.

FROM what we have already seen, it can scarcely be doubted that in pregnant women the fibrous tumour, which grows with the uterine organ itself, essentially partakes of its muscular elements; also, that in an unimpregnated but hypertrophied uterus, the same structures may be found. The point is interesting, as bearing on the origin of fibrous tumours. Every practitioner has met with cases of large, heavy, condensed uterus, and yet where no distinct localisation of condensation existed to constitute a tumour properly so called; but a sort of general congestive hypertrophy of this organ has taken place. Sometimes, however, this is more limited, and then we have what years ago Lisfranc stated he had found; *i.e.*, uterine indurations rounded and circumscribed, offering at their surface lumps and irregularities like fibrous tumours. (S. Lee on *Uterine Tumours.*)

This view does not explain the formation of cysts, although it will fully interpret the development of those fibrous tumours without envelopes, where the tumour and the uterus are so interlaced as to render enucleation impossible. This opinion appears to be that also of some of the most distinguished anatomists of the present day. MM. Verneuil and Lebert believe that fibrous tumours of the uterus are only partial hypertrophies of uterine tissue. (*Bull. Soc. Anat.*, xxvii, 324.)

Upon this supposition, it is easy to understand how any circumstance which may bring about irritation and congestion of the uterine organ will be a cause of the growth of a fibrous tumour. The opinions enunciated on the origin of these by authors have more or less this direction. Excessive venereal excitement has been mentioned by Puchelt. Blandin believed the causes were analogous to those which produced hæmorrhoids; and certainly menorrhagia in females is often produced by the same causes which produce piles in men—*i. e.*, hepatic and portal congestion. According to Lisfranc, a localisation of congestion will develope a fibroid. I have often heard patients refer to a sudden crick felt in the uterus on lifting up a heavy weight, or after a sudden fall, as the cause of a fibrous tumour. Here we have a reason why a determination of blood should be localised. Mr. Brown believes they are often developed, in single women especially, from habits of delection, and has even foretold their occurrence in this way. Dupuytren and Krüll alone assign extraneous causes; Krüll, advanced age; Dupuytren, hereditary predisposition. The facts I have collected, however, do not justify these last opinions. Statistics, I think, throw some light upon this question.

FREQUENCY OF FIBROUS TUMOURS.

1.—*Fibrous Tumours.*

Age.	Married or Widows.	Single.	Condition not stated.	Total Number.	Age not stated.	
					Mar.	Sing.
16—20	—	—	—	—		
21—25	3	2	—	5		
26—30	17	5	—	22		
31—35	18	13	5	36		
36—40	22	5	6	33	6	7
41—45	21	10	3	34		
46—50	12	6	6	24		
Above.	7	2	7	16		
Total.	100	43	27	170		

2.—*Polypi.*

16—20	—	—	—	—		
21—25	3	2	—	5		
26—30	17	3	1	21		
31—35	13	6	—	19		
36—40	25	4	1	30	19	3
41—45	20	—	4	24		
46—50	23	2	7	32		
Above.	15	—	4	19		
Total.	116	17	17	150		

3.—*Fibrous Tumours and Polypi conjoined.*

16—20	—	—	—	—		
21—25	6	4	—	10		
26—30	34	8	1	43		
31—35	31	19	5	55		
36—40	47	9	7	63	25	10
41—45	41	10	7	58		
46—50	35	8	13	56		
Above.	22	2	11	35		
Total.	216	60	44	320		

The preceding tables prove that the disease is more common among the married than the unmarried women.

Out of 156 cases of fibrous tumours of the uterus, 106, or 68.5 per cent., occurred in married women.

Out of 152 cases of polypi of the uterus, 135, or 82.2 per cent., occurred in married females; or, taking polypi and fibroids of the uterus together, out of 301 cases, 241, or 80.2 per cent., were married women.

This result, favourable as it is for spinsters, is still more so when we remember that, as a rule, there are generally about twice as many spinsters as married women. This is the proportion which Quetelet obtained for Belgium. Out of 1,000 women, 628 were single, 295 married, and 77 widows. The same general law would apply to England. If we take the census of 1851, the married females amounted to 3,461,524; the widows, to 795,590; and the unmarried, to 6,478,805, the preponderance being greatly in excess in favour of the unmarried.

But it is clear that, to judge of the potency of sexual excitement as a cause of fibrous tumours, it is imperative to take only the ages during which sexual power is active; and here the rule laid down admits of much modification.

The average age of a wife in Great Britain is 40.65 years. It is at very nearly this average age that the number of fibrous tumours and polypi is in excess.

But, if we take the proportion of unmarried, married, and widowed women, to 100 females living in Great Britain at these ages, their number will be as follows.

Ages.	Spinsters.		Wives.		Widows.	
15 to	97.5		2.4		.03	
		83.5		16.1		.26
20—	69.6		29.8		.49	
		55.1		43.5		1.2
25—	40.7		57.3		1.9	
		33.2		63.6		3.0
30—	25.8		70.0		4.1	
		22.3		72.3		5.3
35—	18.8		74.6		6.5	
		17.3		74.3		8.4
40—	15.6		74.0		10.3	
		14.6		73.1		12.1
45—	13.7		72.2		13.9	
		13.4		69.5		16.9
50—	13.2		66.8		19.9	
		12.9		52.1		34.9
Above.	12.6		37.4		49.9	
All ages.	60.3		32.2		7.4	

At the ages between 35 and 40, we find 22 cases of fibrous tumours among the married and widowed, against five among the single—*i. e.*, 4.4 as many; whereas the married women exceed the unmarried by only 3.7, giving clearly the advantage to the unmarried. The same is true for polypi. We must, therefore, admit that, as the disease occurs more frequently among married women than among single women than their numbers justify, married life favours their production.

2. Before wives, however, reach their average age *i.e.*, 40—or, in other words, before a woman reaches that age at which most fibrous tumours occur—there is a period of probation to go through—*i.e.*, a certain amount of sexual excitement for their development, assuming that sexual excitement is a cause.

If it be so, it may in a certain degree be measured by the ages at which most marriages, the strongest sexual passion, and the greatest fecundity occur. Now, the marriage table for Ireland is as follows to a maximum 100 population.

Age.		Females.		Maximum age.
Under 17	......	13.3		
17—25	......	79.26		
26—35	......	79.32	......	26.34
36—45	......	11.1		
46—55	......	1.5		
Above 55	......	.16		

In England, most women are found to marry a little earlier—22.80.

Again: the sexual offences may be fairly taken, I think, as an index of the sexual passion. From this we have the following results for males. I select those of Ireland and Scotland, where only the sexes are distinguished. The periods are, for Ireland 1845-7, and Scotland 1842-6; and the proportion given to 100,000 population.

Age.		Females.		Maximum age.
16—20	......	8.43		
21—30	......	14.96		
31—40	......	7.96	......	26.66
41—50	......	.57		
51—60	......	.78		
Above.	......	—		

Lastly: the fecundity tables give pretty near the same age. These are taken for Ireland for the two years 1839-40.

The table for Sweden and Finland, also annexed, makes the maximum age a little higher than the Irish tables.

Irish Fecundity Table.

Age.	Annual number of deliveries to a maximum 100.
Under 17	44.96
17—25	96.94
26—35	90.28
36—45	50.95
46—55	23.51
Above 55	7.06

Sweden and Finland Fecundity Table.

Age.	Annual number of deliveries to a proportion of 100 fem. living.
15—20	2.48
20—25	12.56
25—30	21.64
30—35	22.82
35—40	18.32
40—45	9.54
45—50	2.28
50—55	0.05

Thus, therefore, it would appear that the age of greatest fecundity is somewhere about 26, at which age we must presume that sexual irritation is strongest, and the uterus most likely to develope the beginning of those local affections which terminate in the development of a tumour, which is the usual case.

Nor is it the case that fibrous tumours, as a rule, take, on an average, so many years before their discovery. I have no facts to prove or disprove this inference. Those that we have merely justify us in asserting broadly that the age of sexual excitement manifestly precedes that of the formation of the greatest number of fibrous tumours.

And this conclusion is strengthened by another kind of evidence, to which I have only time to allude—the well known fact that, with the diminution of sexual excitement, these tumours diminish in size, sometimes disappear altogether. They are also much rarer after the ages when the catamenial function ceases. I cannot now recall to my recollection a case of fibrous tumour enlarging after this cessation, although many are the instances where, having been produced anteriorly, they remain dormant subsequently.

The researches which I have made lead me also to make another statement not generally admitted. Women affected with fibrours tumours are not necessarily barren. Out of 22 married women affected with fibrous tumours, only 5 were barren. Out of 24 affected with polypi, only 3 were barren. Consequently, out of 46 women married, 36, or 82.9 per cent., had children; only 8 were barren; 12 had 1 child, 6 had 6 children, 3 had 3 children, 2 had 5 children, 3 had 7, 1 had 9, and 3 had above 10.

Original Communications.

SUCCESSFUL CASE OF OVARIOTOMY: WITH OBSERVATIONS ON THE OPERATION.

By Thomas Nunneley, Esq., F.R.C.S.E.

Though so many cases of ovariotomy have now been performed and recorded by many different surgeons, as to materially lessen the interest and importance which attach to an individual case, still, judging from the statements and opinions which emanate from time to time from men whose opinions are of value, there appears yet to remain considerable doubt in the minds of some as to the propriety of the proceeding, and the probability of its taking permanent rank amongst the great standard operations of surgery. It would hence seem that the publication of all cases in which the operation has been performed is desirable, so that the question may be settled in accordance with the results of large experience. More especially at present are details of operative proceedings of importance; because, according as these are successful or not, we may learn to avoid all those contingent, but not necessary, dangerous accompaniments, which may add materially to the difficulty and hazard of what must, under every circumstance, be one of the most serious operations which can be undertaken; and to adopt all those methods which may reduce the danger to the minimum, so that the patient may only have to struggle against what must inevitably be attached to such an injury inflicted upon the human system. It admits of a doubt whether some of the proceedings which have been adopted in certain cases may not have been the cause of an unsuccessful result, rather than the mere removal of the ovarian tumour itself; and whether the desire to avoid or lessen certain dangers has not led to the adoption of plans, which have of themselves been productive of more danger than that which has been sought to be avoided. A more unpromising case than the following it would be difficult to select; a more satisfactory result could not be desired. Though it obviously would be absurd to attempt to dogmatise from a single case, whether favourable or unfavourable, I feel convinced that the result was not uninfluenced by the proceeding employed; thereupon I shall presume to remark.

Case. I first saw the patient, Maria B., on December 25th, 1862. I learned from herself, from the woman with whom she had lived for several years, and from Mr. Mann, an intelligent young surgeon who had attended her, and who had already diagnosed ovarian dropsy, the history of the case up to that date. She was 26 years old, unmarried, but had had a child seven years previously, which was the cause of her leaving her home—a small farm-house in the East Riding of Yorkshire. Since that time she had supported herself as a char- and washer-woman amongst the poorer class in Leeds, and consequently had had a life of very hard work. Six weeks previously, she was delivered of a six months fœtus. Between the two pregnancies, she had been regular; and since the last confinement, the catamenia had appeared once. Until the last year, her general health had been good; but for some time past the great size of her body had been a subject of constant remark. The increase lately had been very rapid, and was not materially diminished by her confinement; indeed, it was greater now than before this took place. Owing to her great size, and feeling unwell, she for some time past had not been able to work; and, consequently, she had not been able to obtain anything like a sufficiency of food. She was a very tall, gaunt skeleton of a woman, with the abdomen measuring, over the bare skin, forty-six inches. It was as tense as a drum, and very tender, particularly over the right side, where there was the greatest hardness, and where she had for several weeks felt considerable pain. On this side, and all below the umbilicus, the perception of fluctuation was most obscure. Above, it was much more evident. There was not the least indication of any rolling over as the body was inclined from side to side; indeed, had there been no other cause, the tenseness of the abdomen was too great to allow any motion of its contents. The pulse was very quick, feeble, and small. She was so weak as not to be able to walk, and hardly to sit up. The face was haggard and hectic; the respiration imperfect and hurried; the tongue red, dry, cracked, and glazed. There was constant thirst, and no appetite. The urine was dark and scanty. She had diarrhœa. The legs were œdematous. The uterus was normal in size and position, and readily admitted the uterine sound.

I sent her to a small ward, in which she alone was placed; and gave her good broths, milk, and farinaceous diet, with alkalies, bitters, and hydrocyanic acid in the daytime; and two grains of pilula hydrargyri and four of compound ipecacuanha powder at bedtime. The improvement was at once most marked. The countenance lost its anxiety; the tongue became moist; the pulse slower and stronger; the bowels regular; the urine more copious; the legs less swollen. She slept well; and the pain and tenderness of the abdomen considerably lessened, but never passed quite away. The former remedies were changed for iron and quinine, and a good portion of meat was added to the diet, with which the improvement continued; when, having waited until the catamenia had again passed away, and had the bowels well opened by an aperient given the previous day, on January 19th, 1863, I operated upon her, with the assistance of Mr. Smith and other friends.

The room was heated to 65° Fahr., and the air made thoroughly moist by the evaporation of boiling water for some time before the operation. Chloroform was administered, but only to a moderate extent, as it had a tendency to cause retching; and, after the incision through the skin is made, no very considerable amount of pain is inflicted. I had intended to have made only a short incision; but, owing to the size, thickness, and adhesion of the first cyst, I had to enlarge the wound until it was eight inches long. From the tenseness of the abdomen and the long continued pain, I was prepared for some adhesion, but not for the extent I found. So completely were the parietal peritoneal surface and the cyst confounded, that, when the cyst was reached, some of those present could not believe that this had been reached; but, after a little manipulation, the escape of some clear ascitic fluid proved that the peritoneum had been opened. The cyst was now punctured with a large trocar furnished with an elastic pipe, by which many pints of thick dark fluid were drawn off. Still no part of the cyst escaped; and it was only after some time, considerable care, and some amount of force by the fingers and handle of the scalpel, had been employed, that the cyst was separated from the peritoneum before, and a considerable extent of omentum behind. It also adhered in a less degree to the transverse and descending colon. I thought it better to tear, and avoid hæmorrhage, than use the knife or scissors and incur the risk of bleeding. A second cyst, nearly as large as the first, was punctured. It, however, was not nearly so thick, firm, nor vascular, as the anterior cyst, and was but little adherent. It, however, contained some solid matter, as did smaller cysts. The pedicle, consisting of the right Fallopian tube and broad ligament, was moderately long and narrow. It was tied with a single thread of "China twist". The left ovary and uterus were quite healthy. There was hardly any hæmorrhage; and, owing to the admirable assistance Mr. Smith rendered, scarcely any escape of fluid into the peritoneal cavity. The tumour weighed upwards of forty pounds.

The wound was closed by three strong white metal pins, with flexible iron wire twisted round them, instead of thread. A good hold of the peritoneum was taken with these three pins. Between the three larger sutures, several of fine iron wire were carried through the skin, so as to bring every part of the two sides of the skin-wound into apposition. The pedicle, which was left so long that there should not be any dragging, was secured to the wound by the central pin being carried through it; and its ligature was brought out at the umbilicus. Broad strips of plaster were carried all across the body, a thin soft compress placed over the wound, and a flannel bandage lightly adjusted. Forty minims of tincture of opium, in a little weak brandy and water, were given. The operation was well borne.

After the immediate effects of the operation subsided, she had very little pain or tenderness in the body. For two days there was, at intervals, considerable vomiting of green slimy matter, during which time only a little brandy and water was allowed by the mouth. Enemata of broth and gruel were given, and well retained. A grain of calomel and half a grain of powdered opium were given, night and morning, until the third day, when they were omitted, and a mixture with aromatic spirit of ammonia and tincture of opium substituted, with the effect of checking the vomiting. On the third day, broth, and on the fourth, milk with a little bread, were allowed. She slept well; and the only unfavourable symptom was, that the pulse for several days, particularly on the third, was very rapid and small; but, as more food by the mouth was allowed, and the ammonia and opium given, the quality of the pulse considerably improved.

The wound was not touched for five days, when the pins were removed, but not the wire which had been twisted over them, as it adhered closely to the skin, and could not occasion any irritation. From only one of the punctures did the least matter ooze. The plaster was not removed, but only slit up, so that the pins could be taken out. Other long strips were put on; but the bandage was not replaced; indeed, it had soon slipped, and was useless.

Seventh Day. She was well in every respect, except that the pulse was still up at 100, and weak. She had so much distress from a large mass of hæmorrhoids as to interfere with the use of the injections, which were directed to be discontinued, and a diet of good beef-tea and rice-pudding taken. As the bowels had not been opened, two pills, of six grains of compound extract of colocynth and four grains of extract of poppy, were ordered.

Eighth Day. The wound was dressed. There was no discharge; and the wound was perfectly united through its whole extent. The bowels were not opened. The pills were ordered to be repeated.

Ninth Day. She was greatly distressed by the enormous mass of irritable hæmorrhoids, and from a copious discharge of acrid pus from the vagina, which had excoriated the external genitals. Though the pills had been twice repeated, the bowels had not been opened. She was ordered to have half an ounce of castor oil; and, after it had acted, to eat an egg, which she had asked for. One grain of quinine three times a day was ordered. The pulse was now coming down.

Tenth Day. The bowels had been well opened. She was better in every respect.

Fifteenth Day. She had considerably improved in strength, and said she felt quite well. She ate very heartily, so much so that she had to be restrained. For the last three days there had been a discharge of pus from the larger pin-punctures, and a very free one from that where the pedicle was. The ligature from this came away to-day. The whole line of the incision itself was perfectly united, and the union appeared firm and strong.

From this time the improvement was steady and rapid. She quickly recovered strength and flesh, and, from a thin, haggard, sickly person, became a healthy looking woman. She was soon able to get up and walk out; but, from the situation of the pedicle, there continued for some days a very free discharge of thick matter. By repeated applications of the nitrate of silver, the wound closed; and on the 3rd of March, six weeks after the operation, she went to her home in the East Riding quite well in every respect, except that the catamenia had not appeared.

I lost sight of this woman until September 5th, 1863, when she called upon me. She had grown so stout and healthy looking, that at first sight I did not recognise her. Though directed, when she left in March, to wear a bandage round the body, and to be very careful not to lift heavy weights, she neglected both precautions. The bandage she did not employ; and, on getting home, at once did all the work in the farmhouse, where no servant was kept. She milked the cows, made the butter, and did the washing, etc. On one occasion, about a month after her return home, and less than three months after the operation, while standing upon some steps and reaching over her head to hang some very heavy hams (the pig had weighed forty stones) to hooks in the ceiling, she suddenly felt something to give way in the body, and a considerable swelling to come on. This increased for a few days, and then continued stationary. As it was not painful, she paid no further attention to it; but, fearing a return of the disease, she on this date called upon me. I found a protrusion of the entire line of incision; and, below the umbilicus, a circular aperture, nearly two inches in diameter, in the linea alba, through which nearly the entire mass of floating abdominal viscera protruded, only covered and supported by the integument, which was so thin that the peristaltic motion of the intestines could be easily seen. As her stays did not reach to the aperture, this large mass had literally had no support whatever.

On her return home, she at once menstruated, and had done so with regularity ever since. Three weeks before I saw her, she was married, and assured me that she felt herself as apt and as efficient for the duties of the state as she had ever done.

[March 14th, 1864. I have lately seen this woman, who is quite well, and seven months gone with child.]

By means of a large soft pad and an elastic belt, the protrusion was restrained so as to occasion very little inconvenience.

Remarks. Among the prominent points in this case upon which I may remark is, first, the fact of the woman becoming pregnant while labouring under ovarian dropsy. Though, so long as the uterus is healthy and one of the ovaries normal, there is nothing to obstruct conception, the occurrence is not very common; and the conjunction of the two would not tend to render clearer a diagnosis which, at the best, may be difficult and obscure. The abortion at six months was probably simply occasioned by the pressure of the ovarian tumour upon the expanding uterus, rendering a farther development of the child impossible. The great pressure thus occasioned had not improbably first originated the widely-spread subacute inflammation of the peritoneum; and the very extensive adhesion of one of the larger sacs is a state which would be assisted by the exertion the woman had been compelled to make, and the low state of health which her condition and the want of proper nutriment had induced.

The wretched condition of the woman when I first saw her, the benefit which resulted from rest, tonics, and good diet previously to the operation, and the quick and complete restoration to health after its performance, show how purely local the affection was in its nature; and that, though the constitution was suffering considerably, it was so solely from the local mischief. This, I cannot but think, constitutes an important argument in favour of operation even in some cases which do not appear promising, provided only that the viscera are healthy.

The necessity for some abdominal support, and for caution against undue exertion, by which great pressure may be put upon the cicatrix, long after the performance of the operation, is shown by the enormous protrusion which took place suddenly in this woman ten weeks after the performance of it. Though it probably would be impossible to put the firmness of a cicatrix to a more severe test than was so imprudently done in this instance, and to the like of which few will be exposed, it is a lesson which should not be forgotten. Had the peritoneum not been included in the sutures, it might have been argued, that the want of this had occasioned the weakness; but, inasmuch as particular care was taken that a good hold should be had of this membrane by all three pins, the union of all the structures was made as firm as it could be. I observe that some operators are afraid of including the peritoneum in the sutures, on the ground, I presume, of avoiding all possible cause of exciting inflammation in this membrane; but, inasmuch as it has already been extensively divided and handled, I cannot think that the small additional mischief of being punctured by the pins is likely to add materially to the tendency to unfavourable results; while the fact of the peritoneum being that tissue which above all others is disposed to take on adhesive inflammation is so important, and the continuity of the lining abdominal serous surface so essential, that I think the bringing together the edges of the incision in it is most desirable, and likely to assist in the primary closure of the wound by adhesion, and to lead to the subsequent formation of a firm cicatrix by the whole tissues being consolidated together; while, on the other hand, if there should be a disposition towards diffuse non-adhesive inflammation, I do not think the non-inclusion of the serous membrane would be sufficient to prevent its development. This most fatal complication is more likely to ensue from the patient not being in a good constitutional condition at the time of the operation, than from an additional puncture of the peritoneum.

I believe that the good diet and tonics to which this woman was subjected previously to the operation, enabled her to surmount difficulties to which she would otherwise have succumbed. A woman in vigorous condition is far less likely to sink under the immediate shock of such an operation, or to die from diffuse inflammation, than one who is in a debilitated state. In the former, we might have too much action, but we should have corresponding power; in the latter, whatever the action might be, we certainly should not have the essential power—a condition which it is always difficult and often impossible to deal with satisfactorily. In the former, we may not improbably control and limit the action within not very injurious bounds; in the latter, we have often but little time for treatment; and when we have, it is too often altogether inoperative. As I believe there is no operation which is calculated to inflict a greater shock upon the system than ovariotomy, so I believe there is none in which it is more important to have the patient so prepared that, while there is no plethora (of which, indeed, in the majority of these cases, there is no great danger), there should be as much power and strength in the system as possible.

As regards the steps of the operation itself, I am disposed to think that, while it is desirable to have the temperature of the room sufficiently elevated to prevent the exposed peritoneum and viscera from sudden cooling, in the desire to avoid this risk, in many late instances, the patient has been subjected to too high a temperature, in which the air has also been too dry. A temperature of 80° Fahr., or above, is not likely to assist a patient in supporting such an operation well; and a dry atmosphere of so great elevation carries off moisture from the exposed membrane so quickly, that it is far more likely to be injurious than a moderate exposure to a somewhat lower temperature in which the air is so moist that it has little disposition to take up more from the membranes. The time occupied by the operation is not, or ought not to be, so prolonged as to cause an injurious depression of temperature in the exposed viscera, so as to bring on reaction; whereas considerable desiccation is likely to do so. In this case, I had the temperature of the room not above 65°, and the air made moist by the evaporation of boiling water.

The administration or not of chloroform is an important consideration. In the majority of cases, it should, I apprehend, be given very sparingly, and more especially so if it occasion any retching, which in these cases it not unfrequently does, if not at the time of the operation, subsequently to it. Indeed, there rather appears to be a liability in these cases for vomiting to come on, than which nothing can be more distressing; for the straining acts directly upon the wound, stretching and disturbing every part which should be maintained in as quiescent a condition as possible. Besides, after the incision into the cavity has been made, the operation is not a very painful one; and, therefore, there is less necessity for complete anæsthesia throughout the whole period of it than in many others. I would therefore suggest that, if chloroform be employed, its use should be limited in a great degree to the earlier stage of the operation, while the painful incision is being made.

The handling the viscera as little as possible, and the prevention of the flowing of the fluid from the cysts into the peritoneal cavity, I regard as of primary importance, and as not unlikely to make all the difference between a successful and a fatal issue. A rough handling of the viscera, and the repeated mopping and wiping of these parts by sponges, however soft, cannot be too carefully avoided. Who amongst us, on his oath, would hesitate, in a medico-legal inquiry, to declare that such a proceeding was sufficient to account for death, supposing the incision and effusion alone, with the mopping and handling of the parts, had been the mischief inflicted upon a healthy person? And surely the evil is not likely to be less when it is inflicted upon the commonly impaired constitutional powers of an ovarian case, and the removal of the diseased mass as well is undergone. Delicacy and quickness of manipulation are essential for the prevention of the first mischief; and a careful, watchful assistant, who will so support and guard the abdominal walls as to maintain the tumour protuberant and keep the intestines behind the parietes, while a large trocar and tube attached carry the fluid well away from the body, is of the utmost importance for the second. But, if fluid escape into the intestines and into the pelvic cavity, should it be allowed to remain, or ought it to be removed? If the fluid be small in quantity, clear, and little more than serum, I should be disposed to allow it to remain, as it is impossible to entirely take it out, and the absorption of a little more or less would not be material; while, if the fluid be mere serum, it will probably have little tendency to excite depressed diffused action. On the contrary, if the quantity of fluid be considerable, and especially if the quality be bad, thick, dark, offensive, or containing portions more or less solid, I think that it should be removed as quickly and effectually as possible by the insertion of very soft moist warm sponges, gently pressed upon the parts to absorb it.

The complication of adhesion is one of the most unfavourable possible; yet, as this case proves, it is not necessarily a fatal one; though there can be no doubt, that it must always be regarded as most materially adding to the danger of the operation. It is a circumstance which, if it were possible to be correctly ascertained, might make the difference between our deciding in favour of the operation or against it. In this case, I must confess, though I was prepared to meet with some adhesions, had I anticipated that they would have been found nearly co-extensive with the parietal peritoneum before, and to a great extent of the omentum behind, and below to the colon, I should have been afraid of risking the operation. Though we may, in some degree, form an opinion as to the presence or absence of adhesion, as there may have been pain and tenderness of the body, or parts thereof, or the mobility of the tumour in varied positions of the body, these indications can never be very reliable means of diagnosis, or accurately reveal the extent of the adhesions, supposing these actually to exist. Adhesions will often occur without there having been much pain or tenderness, and may not necessarily be present when these have been suffered; and the mere distension and tenseness of the abdomen, as in this case, may be so great, as by the pressure alone to quite prevent any rolling over of the cysts in the moving of the body.

When adhesions are found to have occurred, what is the best method of separating them? If recent, and not requiring any very great effort to accomplish, I should, as practised in this case, try, with care and without hurry, to separate them with the fingers or the handle of the scalpel. This may often be done without hæmorrhage, which it is most important to avoid; for though the vessels may not be sufficiently large to require ligatures, it will be almost impossible, if the vessels have been cut, to avoid the escape of some blood amongst the viscera, which, even if it can all be removed, will necessitate the handling and rubbing of the parts—a proceeding so much to be avoided; and will, under any circumstances, delay the operation by our having to wait until all risk of bleeding has ceased. If, on the other hand, the adhesions be found dense and firm, more particularly if they be in bands, then, I think, it would be better that they should be divided *seriatim* with the knife or scissors, taking care, if there be any vessels likely to bleed, to first tie the portion with two fine threads of flexible iron wire, cutting the knots close off, and making the division between the threads. (This wire I have now got as thin and flexible as silk.) Its presence will, in all likelihood, be far less injurious than a clot of blood, which is liable not only to act as a foreign body, but to decompose, and thus excite diffusive inflammation.

The length of the pedicle is of no slight importance. If possible, it should be left sufficiently long that, when brought to the peritoneal wound, there should not be any dragging upon it. If it be found impossible to leave it long enough to avoid dragging—if it be brought to the abdominal surface—I should think it the less evil of the two not to attempt so to secure it. I am convinced that the dragging would far more than counterbalance any advantage which may arise from having the cut stump near to the surface.

In this case, I did not use the clamp or any similar contrivance; nor would I do so in any other. I have always been at a loss to conceive what advantage such means could possess over the ligature; while it is certain that its use does not in any degree simplify the operation. If the pedicle cannot be secured by threads, I feel certain that it will not be by the clamp. There must be very few pedicles so thick and unyielding as to be incapable of being compressed by a piece of well-twisted cord; or, if the fibrous material be objected to, the "China twist" (which I believe to be of animal origin) which, if pulled tight enough, will cut through any pedicle in the world, may be employed. If the pedicle be very massive, it will be easy to draw a double thread through the middle of it, and then tie the two threads separately. If the threads be drawn tight enough to be proof against hæmorrhage for the first twenty-four hours, there will be no danger from the subsequent shrinking of the ligatured pedicle; for, long ere this shrinking occurs, the vessels will have been closed, if they ever will be so.

In bringing the wound together, I have already stated why I think the peritoneum should be included in the sutures. I should not again employ the white compound metal pins; as I do not think that they are in any respect better than the ordinary long steel pins. In the first place, they are longer and so require more force, and cause larger holes in penetrating than the steel pins do; and in the next, when the flexible iron wire is used to form the twisted sutures with them, I fancy a galvanic action is set up, which has a tendency to induce suppuration. At any rate, in this case, at each of the pin-apertures, there was a black deposit; and a copious and somewhat obstinate discharge of pus took place and continued long after the whole line of incision was otherwise sound. Of course, if thread were employed with them instead of the wire, there would not be any galvanic action; but I much prefer the flexible wire to the thread; for though I do not go to the extent that Dr. Simpson does in his notions as to the great influence fibrous material has in inducing pyelitis, the flexible wire is certainly a cleaner material than is either flax or silk thread; and as it does not absorb any of the discharge, when it is wished to withdraw the pins, a simple rotatory motion is sufficient for the purpose; which is not the case with the fibrous material imbued with the tenacious gluey discharge; it has either to be cut or to be soaked in water to be loosened from the pins, and so the adhesive process is liable to be interfered with; while, with the wire, the pin has simply to be withdrawn without any force, and the wire may be left undisturbed *in situ*, still supporting the feebly united integuments by its adhesion to them.

I need hardly observe that the wound should be disturbed as little as possible, and that the abdominal parietes should be as relaxed as may be, by the patient being placed upon the back, with the shoulders and knees comfortably raised and supported; while, from the removal of the great internal pressure to which she has been so long subjected, it is well that some moderate, equable, external support should be supplied by the adjustment of a flannel bandage.

As the patient's bowels have been efficiently opened the day before the operation, and for some days after it the diet will be very light, they should not be disturbed by aperients for some days after its performance.

A dose of opium should be at once administered, and repeated if there be much pain or restlessness; if there be depression, wine or brandy may be added to it. In this case, for the first two days, half a grain of opium and one grain of calomel were given night and morning, and I am not sure that the practice is not a good one; but if there be no tendency shown to active inflammation, the mercury should not be continued.

Upon the question of allowing food to be taken by the mouth for the first few days after the operation, there is a difference of opinion. Some who have had experience, hold that it is better not to allow food to be swallowed, but that enemata should be given. For the first two days, this plan was adopted with this patient; but I confess to not feeling satisfied with the correctness of the reasoning upon which the practice is founded. I am not certain that less disturbance of the parts concerned in the operation is caused by the injections *per anum*, than by the ingestion of fluids by the mouth. The administration of these involves considerably more disturbance to the patient than does the act of swallowing. The parts to which they are at once carried are in more immediate contiguity with the seat of the operation than is the stomach. They are quite as likely to excite peristaltic motion in the lower bowel as when in the stomach. Injections are not so pleasant nor so grateful to the feeling as is drink; and though, doubtless, fluids are absorbed when thrown into the rectum, they do not afford that support to the system which they do when taken into the stomach in the natural way. At any rate, this patient at once materially improved in every respect when she was allowed to swallow simple food; to which, in proper limited quantity and quality with portions of ice if there be heat or thirst, I should from the first incline to allow, rather than to rely upon enemata alone.

There is only one other point to which I will allude before bringing my remarks to a close; that is, the propriety or not of tapping a case of ovarian dropsy before the section is made. The advantages to be obtained are important, and not to be overlooked. By so doing, we may possibly satisfy our minds in some important particulars. We may not improbably render what is perhaps the most obscure and difficult problem connected with ovarian operations—the diagnosis of the disease—clear and certain. Some surgeons would perhaps say, undoubtedly we may do this. In some cases, we may certainly do so; but with the following case impressed upon my mind, I cannot go to this full extent. Many years ago, long before ovariotomy came into vogue, a woman was admitted into one of the large London hospitals, and fell under my immediate care as a subordinate officer. She was the patient of one of the best surgeons it has ever been my good fortune to be intimate with, or, I believe, England has produced. The woman's body was of large size, very hard, with obscure sense of fluctuation. Ovarian dropsy was diagnosed, and tapping ordered. As a mark of confidence, I was allowed to use the trocar; it penetrated well, but only a few drachms of fluid could be obtained. My principal, who was present, then tried; but with no better success. A director was introduced through the cannula and moved about; but still no fluid escaped. The woman was put to bed; and quite unexpectedly, the next day, rapidly sank and died, to the amazement of the few who were cognisant of the case; for, as the operation had been done on casually going round the ward, not many knew of it. Another excellent surgeon, who was then attached to the hospital—both have been dead many years—and who was not particularly noted for his enforcement of *post mortem* examinations, heard of the case, and was so struck with the interest and obscurity attaching to it, as he declared, that he took a great deal of trouble to obtain an examination of the body, which the other surgeon, although, as a rule, most punctual in his personal attendance at *post mortem* examinations, was, in this instance, quite willing the friends should remove from the hospital unopened. Unfortunately, on the morning of the following day, when the examination was to take place, my first friend sent for me to his house, as he was suddenly taken ill, and was too unwell to attend; but emphatically desired that I should make the section, or at any rate be present—which I did, in the presence of my other friend and many others. Prior to the opening of the body, many were the surmises as to what the tumour would prove to be. No error whatever had been committed in the diagnosis. Ovarian dropsy existed sure enough; but the cysts were many; and, curiously enough, it had happened that in both punctures the trocar had penetrated a very small cyst, the walls of which were too thick to be ruptured by such force as it was thought proper to employ with the director; and so hardly an ounce of fluid escaped, though gallons were contained in the abdomen. There were neither adhesions nor inflammation; the woman had simply sunk from the shock of so simple an operation. My report made immediately to my first friend was very effectual in relieving his indisposition at once; but, I am sorry to add, the revelation was not consolatory to the gentleman who had been present at the examination; for I believe he would have been better satisfied had the diagnosis been erroneous, than that practical surgery should have failed in so unimportant an operation.

Many surgeons will be able to call to mind cases which, if not identical with this, are at least so similar as to prove that, though in many cases, by preliminary tapping, we may be assisted in our diagnosis, in others we may by it be possibly led astray; and it is precisely in those cases where the difficulty of diagnosis is least, that the tapping is the most applicable, as in a single cyst; and in those cases where the difficulty of diagnosis is the greatest—the multilocular — tapping is the least applicable. Moreover, the operation is not altogether devoid of danger, as statistics show; though it may be argued with some force, in answer to this, that if the patient should die from the minor operation of tapping, the probability of death following the far more serious operation of ovariotomy would be very great, though this does not necessarily follow, for paracentesis has some dangers of its own. But the greatest objection I feel to preliminary tapping is the likelihood of adhesions, if they do not already exist, being established between the cyst and the peritoneum, to what extent it may be impossible to determine, and thus materially add to the danger of the subsequent ovariotomy; and as some considerable period must elapse between the two operations, the patient is during this time kept in a state of suspense.

I had almost forgotten to remark that, in operations of this nature, (indeed, I doubt if the same would not apply to almost all the more serious operations), it appears to be most advantageous to the patients that they should be secluded as much as possible from other diseased conditions, and that, therefore, isolation in a separate ward should be adopted. There is much to be said in favour of, and, so far as I know, nothing against the suggestion.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

By W. H. O. Sankey, M.D.Lond., Medical Superintendent of the Female Department of the Hanwell Asylum.

[*Continued from page* 176.]

The following case is one of *Mania*.

Case xi. B. C., married, aged 32, an accomplished person, in good position, of superior address and handsome exterior, was admitted in June. The attack was said to be the second. The former attack occurred about three months after the birth of one of her children; and the present attack about four months after the birth of another. In the former attack, she was melancholy. There was predisposition to insanity in the family. Her own mother, her mother's brother, and the latter's son, had been insane; the patient's brother was said to be flighty, and certainly appeared to be of deficient intellect.

The family history of the patient was also one favourable to the development of insanity. The patient was the only one of the family the least gifted either in bodily or mental endowments. The rest were dwarfed, unhealthy, and deficient in intelligence. She had, therefore, from her earliest youth, been the oracle of her circle, and had had everything her own way. She made an imprudent marriage. What property she possessed was speedily dissipated. She became greatly reduced, and was obliged to return to her family. When attacked with her present illness, she was living by sufferance with them. The husband, an officer in her Majesty's service, had lost his commission, and was in the greatest poverty, and forbidden the house. Such was her position; and she had a baby four months old at the breast. The attack was said to have commenced a few days prior to admission; and the immediate exciting or determining cause was said to be something arising out of a call of the family solicitor. The patient was much interested in the business to be transacted; and she was greatly disappointed in the result. "She did not get her own way", as she expected; she became greatly excited and angry, took to drinking large quantities of ale, and left the house.

She was admitted a few days only after this. On admission, she was dressed in the extreme of fashion, though her clothes were in great disorder. She was in good bodily condition; she was much excited; she raved and shouted incoherently, and was very violent in her conduct. It appeared that she was taken to the station-house for knocking a policeman's hat off in the street, in the broad day-light.

The following is the description received at the time; and it forms a part of the medical certificate which accompanied the order of admission.

"She is exceedingly violent, and obliged to be placed under restraint; is very indelicate in her actions, rending her clothes, and exposing her person. She is at times very incoherent and very vulgar in her conversation.

"The porter (of the Workhouse) states she has been twice brought to the infirmary by the police, having on both occasions collected a mob of persons by her strange and violent behaviour."

No note was made by me of this case during the first six weeks; but the usual report-books of the Asylum indicate that she continued very excited throughout. She was placed several times in seclusion; and had aperients and counterirritation to the nape. She passed sleepless nights; and was an occupant of the refractory ward from the first day.

A note in August is to the following effect. She continued very excited, raved incoherently, laughed, shouted, and rushed about wildly. She exposed her legs or her bosom without regard to decency. She slept better at night; but was wet and dirty daily—both night and day. The tongue was clean. She took food well. The bowels acted regularly. She was thinner than at period of admission; but had gained flesh again of late. Pulse 84, regular. She had several boils about the scalp and neck. She menstruated regularly, somewhat profusely. There was no difficulty nor impaired condition of the motor functions.

October (fourth month). She continued very violent and excited; was noisy, talked and shouted incoherently; and was never rational. She was wet and dirty, and begrimed her bed-room and person with excrement. She was still thin. Menstruation was regular.

November (fifth month). She was sitting and talking aloud to herself in an incoherent strain. Her dress was disordered and slovenly; her stockings were hanging about her heels, and her legs exposed. When addressed, she made no rational reply. She was wet and dirty as before. She ate well, and had gained flesh. Boils continued to break out about the neck.

December (sixth month). Slight improvement had taken place in her general health. The boils continued to break out. She menstruated somewhat profusely.

January (seventh month). Her bodily health was improved. She was both stronger and stouter. The mental state was less changed. She was rather less indecent in her actions; but was still wet and dirty. She took food well; slept well at night. There were no signs of paralysis; the pupils were equal, and acted well. Articulation was clear and normal.

February and March (eighth and ninth months). There was very gradual improvement. Her hair had fallen off. Boils still continued to appear.

April (tenth month). Improvement continued. She had been gradually becoming more quiet and correct in conduct. She was now somewhat dull, with slight indication, apparently, of shame in her expression. She had become cleanly in her habits.

May (eleventh month). She had continued to conduct herself with propriety; and had been removed to a convalescent ward. She was now industrious, and was sociable with the other patients, and more cheerful. She conversed rationally. She had continued to menstruate regularly; and had gained flesh.

July (twelfth month). There was at times a slight depression of spirits apparent; in other respects, she appeared convalescent. She had had several interviews with her relatives, who annoyed her with family matters. She gained strength.

August (thirteenth month). She was discharged cured.

There are several points worthy of notice in the above case. In the first place, it has been selected out of many others, as the most free from melancholia that has occurred in my practice; and it presents all the most salient points of an acute maniacal case, as very early disturbance of the intellect, restlessness, violence of movements, and perversion of habits, especially with respect to personal cleanliness.

Among the bodily symptoms, it also illustrates what is frequent in cases of mania: the falling off of the hair; the eruption of boils; and the regularity of the menstrual function.

The absence of a premonitory melancholic stage in second attacks of insanity must be admitted as not unusual. And such certainly occurs in the secondary attacks of recurrent mania to be described hereafter. The line between a recurrence of an attack of insanity—that is, a new attack, after an absolute recovery from a first attack, and a paroxysm in the form called recurrent mania, in which an absolute recovery is at least doubtful—is certainly one very difficult to trace out satisfactorily. It must remain for some time doubtful, when a patient is attacked a second time, whether the new symptoms are due to a revival of the primary morbid actions; or whether there is an entirely fresh morbid action. The evidence of the perfect cessation of the primary disease is frequently difficult to procure.

In the above case, it is in the highest degree probable, that the attack was a true second attack; because the history afforded evidence of a period of perfect sanity intervening between the attacks; and the phenomena of the second attack possessed characters unlike the usual forms of recurrent mania. The absence of a melancholic stage, if really absent, is important; and it is to be regretted that the evidence is not more reliable; for it depends on the account gathered from friends not very intelligent, and certainly not very compassionate; and, if the patient's previous troubles caused any depression, highly calculated as they were to do so, it is quite possible the low spirits would not have been heeded by them.

The next example is that of a primary attack. It is selected as a typical case, and one in which the melancholic stage existed, but was scarcely noticed; and might, indeed, as the examination of the friends shows, have been altogether overlooked.

Case xii. B. D., was admitted in November. She was single, 27 years of age, of somewhat proud and overbearing disposition towards her inferiors, externally very correct in her own conduct. By business she was a dressmaker, working away from home. Her health was delicate. She had had rheumatic fever three years previously. There was no predisposition to insanity. Her mother was affected with paralysis agitans.

The parents observed that B. D. for several months had been somewhat dull and out of spirits; but, as she went to work, they took no notice of it. About seven weeks prior to her admission, she was taken in labour, and gave birth to an illegitimate child. This was totally unexpected by her parents, who, therefore, evinced great surprise and anger at the circumstance. The patient felt her disgrace keenly; having, her mother says, been very severe on others for similar failings. The labour was easy.

On the tenth day after her confinement, she awoke suddenly in the night, and said some one had stolen the baby. She continued very delirious, frantic, and noisy. She was taken to King's College Hospital, from which she was discharged in a fortnight as an improper case. On her return home, she was very violent towards her parents, and threatened her sister with the poker.

On admission (forty-second day), she complained of headache, and wished to lie in bed. Her manner was strange. She had an expression of abstraction and wonder; and stared about without apparent object. She complained of the light. The pupils were both dilated. The tongue was clean. The bowels were freely open by an aperient taken in the Workhouse. Her appetite was indifferent. Pulse 60. Breathing quiet; skin cool.

46th Day. She had been occasionally violent. She had a wild, somewhat anxious expression. She was rude in her answers, which were occasionally incoherent. She was strange in behaviour; turned her back when spoken to; was disposed to throw off her dress. She refused her food. The tongue was moist. Pulse 80,

50th Day. She appeared to be very wandering in her mind. She had a wild and wandering expression; was irritable and easily incensed; and was disposed to strike. She conducted herself in a strange manner; danced about, and placed herself in grotesque attitudes. She was very incoherent in her answers. She complained of the light to her eyes. Breathing 16; pulse 120, feeble. The tongue was coated; the bowels were open. She ate sparingly; but filched the food from the others. She was becoming thinner; and was very sallow.

80th Day. She continued very violent. She had taken for the last month cod-liver oil. She was thinner, but took food well. She was much excited, and frequently violent; raved and shouted; and passed restless nights, shouting all night. She was wet and dirty. The oil was continued.

121st Day. She had gained flesh; and her appetite was improved. The violence and noise were the same. She was rude and bantering in her answers; was very restless and noisy at night; and wet and dirty in habits. She was ordered to be employed in the laundry.

150th Day. She worked; but was occasionally excited and violent.

184th Day. She was quieter; worked industriously and well. She had not menstruated since admission; but was troubled with leucorrhœa. She had had one or two boils, which were still troublesome and painful. She appeared debilitated by them. She had been perfectly tranquil and quiet, respectful, and well behaved. She was ordered to take compound iron mixture twice a day; and to have porter daily.

She was discharged on trial on the 210th day, or about three weeks after the above report; and was finally discharged as recovered one month subsequently.

In the above case, the stage of depression clearly existed; but the case is selected as one of the most free from decided melancholy as a premonitory stage.

Mania, otherwise acute maniacal insanity, is not a common form of the disease. About 11 per cent. of the cases admitted are of this form. In 198 admissions during 1863, there were 22 cases of acute mania; but in 13 only was the history obtained. Premonitory melancholic stage existed in all. There were, besides the cases of acute mania, 5 cases attended with maniacal symptoms, in which, according to the account, no melancholic stage existed. They were all second or third attacks, and were of the form of disease called recurrent mania.

The existence of a melancholic stage at the onset of all cases of primary attacks of insanity is important; but it is very easily overlooked, and especially in maniacal cases. The outbreak of the excitement, raving, and violence, draws the attention of the friends from the transient depression. Nor does the depression at first, either in cases of melancholic or maniacal insanity, differ from an ordinary depression as it occurs in the sane.

[*To be continued.*]

The Morality of the Bar. In the trial of Mackintosh *v.* Drs. Smith and Lowe, the Lord Advocate did not hesitate resorting to quotations from the works of the famed sensation novelist on lunatic asylums in order to get a verdict for his client. He ought in fairness to have told the jury that the novelist's paymaster, Dickens, had disavowed his subordinate's calumnies.

Progress of Medical Science.

MIDWIFERY AND DISEASES OF WOMEN.

Sudden Death after Labour. In an article on this subject, M. Hervieux, after referring to some of the recorded instances, observes that the anatomical lesions found have been very diverse, and sometimes insufficient to account for death; while even in some cases no pathological change has been detected. He suggests that, as the assigned causes are so various, there is probably some general influence independent of and above all these; and that this cause lies in the special physiological conditions of the puerperal state. The precise nature of this cause he does not pretend to determine; but, in connexion with it, he calls attention to the extraordinary facility with which puerperal women are affected under the influence of moral emotions.

Returning to the alleged causes of sudden death after labour, M. Hervieux specially notices the cases which have lately fallen under his own observation.

Syncope has perhaps been most frequently assigned as the cause of death; sometimes because no *post mortem* examination has been made, sometimes because no pathological lesions have been found. There is no doubt that there has been syncope in some cases, where the patients have died suddenly after profuse *post partum* hæmorrhage. There is also reason for supposing that syncope has been the cause of death in more or less convalescent women, who have died suddenly in performing acts in which the horizontal position, hitherto rigorously maintained, has been for the first time abandoned for that of sitting or standing. In such cases, M. Hervieux admits the existence of syncope, although it has not always been proved; but he thinks that death has been too liberally attributed to this cause in many cases in which the patients have been found dead in their beds, and no *post mortem* examination has been made. In the following case, however, death appears to M. Hervieux to have been incontestably due to syncope.

M. M., aged 26, was delivered at the Maternité Hospital on December 19th, 1863. For some days she had merely slight fever and some pain in the abdomen. Labour had lasted thirty-six hours; about twenty ounces of blood were lost altogether. The face was pale and slightly puffed; there was no œdema in the urine. On the 23rd, she fainted several times; and at night she was found dead. On *post mortem* examination, the uterus was found reduced to the size of a fist, and presented at the left upper angle a superficial spherical swelling, of a violet colour, and as large as a walnut. It was filled with thick, yellowish, well-concocted pus. At the right upper angle of the uterus, there was also an abscess of about the same size as the other, but lying deeply in the walls of the organ, instead of projecting. On cutting into the uterine tissue at various points, some drops of pus escaped by the openings in the veins. The uterus was otherwise healthy, with the exception of being somewhat softened and of a violet colour in the neighbourhood of the purulent deposits. No morbid appearances were observed in the broad ligaments, the ovaries, Fallopian tubes, or peritoneum. All the other viscera were perfectly healthy; there was no air in the veins nor in the cardiac cavities; nor was there any thrombosis in the pulmonary artery.

In this case, M. Hervieux attributes the fatal result to syncope, in spite of the symptoms presented during life and the *post mortem* appearances. It is not the ordinary nature of uterine phlebitis and suppuration to cause death so suddenly. Without doubt, these were present in sufficient amount to produce the phenomena of purulent infection; but such did not occur. The fever and abdominal pain had been slight, and the patient appeared to be progressing satisfactorily, when attacks of fainting set in; and it is from the occurrence of these that M. Hervieux concludes that syncope was the cause of death. He does not, however, deny that the uterine suppuration was altogether unconnected with the patient's death. He believes that the intrauterine purulent deposits either acted like certain chemical agents, favouring the fatal action of syncope by their mere presence; or that the elements of pus, being absorbed into the circulation, interfered with the heart's action and produced its sudden suspension.

Another cause of sudden death in the puerperal state, less commonly recognised than syncope, is *thrombosis or fibrinous deposit in the pulmonary artery*. M. Hervieux refers to two cases related in the English journals, and to one which occurred in the practice of M. Gosselin, and relates the following instance as having come under his own observation.

On August 19th, 1863, a young woman was confined at the Maternité. The labour was at full term, and normal. The patient's recovery was uncomplicated. On September 8th, twenty days after delivery, she sat up for the first time; she felt well, and said she would go out the next day. She had been in the erect position about five minutes, when she grew pale, and her strength failed. When spoken to, she did not answer; on being seated on a chair, she slid to the ground. She had some convulsive movements of the face, and in a few seconds ceased to live. On *post mortem* examination, twenty-four hours after death, no lesion was found in the peritoneum; the uterus was healthy, and of normal size. The pleuræ were sound; the lungs were slightly congested posteriorly. The right heart was distended with black fluid blood. The left heart was small and contracted; its walls were thick. The pulmonary artery contained clots of dark blood and of fibrine in dense resistant masses. One of these was of large size, had a slightly pink grey colour, and was very resistant to traction. The fibrinous clots obstructed the trunk and two main branches of the pulmonary artery, but did not extend into the divisions beyond these. The upper and lower venæ cavæ, and the veins of the neck and of the thigh, did not contain any clots. The brain was healthy.

In this case, death was not preceded by hæmorrhage nor phlebitis. If, as is often the case, an examination of the pulmonary artery and its divisions had been neglected, death would have been attributed purely and simply to syncope. Indeed, it was when the patient rose for the first time that death occurred; and the erect position is a recognised cause of syncope in persons who have long lain horizontally. He does not, therefore, deny that in this case, as in many others, syncope was concerned in the production of death; but he asserts that this syncope and the consequent death was produced by the thrombosis of the pulmonary artery.

Another cause of death after labour is *air in the vascular system*. Of this, M. Hervieux relates the following case.

On July 10th, 1863, M. F., pregnant for the second time, was delivered in the Maternité of a male child, after a natural labour. Her progress was favourable up to July 20th; and, being of good general health and strong constitution, she had been selected, at her desire, as a wet-nurse. On July 20th, the lochia were very fœtid; and an injection of infusion of camomile was ordered. Care was taken that the syringe did not contain air. The injection produced no pain; the fluid which returned was very fœtid. On the 21st, the injection was repeated at 7 P.M., with the same care as before. The patient was now seized with rigor and grinding of the teeth, and lost about 750 *grammes* (nearly 22 ounces) of fluid blood. The hæmorrhage was arrested by ergot. In the course of the evening, the patient became violently excited by a quarrel with one of her neighbours, and screamed frightfully. Opium was given in pills, without result; and the patient died suddenly at half-past 12 in the night, in a paroxysm of furious delirium. On *post mortem* examination, at the end of twenty-three hours, the heart was found to be large, round, as if distended, and yielding readily to the pressure of the finger. The vessels proceeding from the heart were each tied in two places, and cut through between the ligatures. The heart, being thus removed, was placed in water under an inverted jar. On making an incision into the right ventricle, large bubbles of gas escaped into the upper part of the jar. The left ventricle also yielded some gas, but much less than the cavities of the right side. On analysis, this gas was found to consist of oxygen, 7; carbonic acid, 11; and nitrogen, 82 parts in 100. The volume of the quantity examined was almost that of forty or fifty *grammes* of water. The lungs were perfectly healthy; there was no trace of emphysema or of congestion. The inferior vena cava was much distended with gas, which escaped with a slight hissing noise on making a puncture with a scalpel: it was quite inodorous. On making a larger opening, a blackish frothy liquid escaped, evidently a mixture of blood and gas. The vena cava was distended through its entire extent; but no gas was contained in the common iliac veins, nor in the veins of the uterus and ovaries, nor in the superior vena cava and its branches. The pulmonary veins contained a little gaseous fluid. There was no trace of inflammation or suppuration in the uterus: the cervix was rather soft, friable, and ecchymosed. On the inner surface of the womb, at a point corresponding with the fundus, were two small erosions, each as large as a pin's head. Small red clots were still adherent to them, and from them must have proceeded the hæmorrhage which took place on the evening of July 21st. The Fallopian tubes and ovaries were healthy. From want of time, the head was not examined.

M. Hervieux observes that this is the first occasion on which the gas found in the veins in sudden death after labour has been collected and analysed. As to its source in the present case, it could not, he says, be referred to cadaveric decomposition; for the body of the patient had not undergone any remarkable change; and, on the other hand, he has never found the heart and vessels distended with gas in women who have died of metro-peritonitis, although putrefaction rapidly takes place in such cases. The gas could not, for several reasons, have been introduced by the syringe in injection; and if it had been, how did it contain 11 per cent. of carbonic acid and only 7 per cent. of oxygen? M. Hervieux is disposed to attribute the presence of the air to the uterine hæmorrhage which took place. He suggests that the mass of blood, diminished in quantity and impaired in quality, may have readily become the seat of some grave perturbation, of hysterical character, leading to the development of gas. (*Gaz. des Hôpitaux*, Janvier 21, 1864.)

MISSED LABOUR. Dr. M'Clintock has placed on record an instance of that rare occurrence, missed labour; in which, from some unknown cause, the fœtus is retained, dead, for an indefinite period beyond the normal time of delivery. Not more than fifteen or twenty undoubted cases of missed labour have been recorded; and the late Dr. Montgomery is, as far as Dr. M'Clintock is aware, the only Dublin obstetrician who has published any case of the kind.

A large flabby woman, aged 45, consulted Dr. M'Clintock in the early part of last summer, on account of a vaginal discharge, very profuse, and most horribly offensive. She had had many children; her last labour had occurred fourteen months previously. The discharge had lasted several months; there was no hæmorrhage; her rest at night was impaired and her strength greatly reduced. On examining the abdomen, Dr. M'Clintock found a globular tumour in the hypogastric region, resembling the uterus at the fourth month of gestation. On touching the os uteri, a gush of abominably fœtid sanious matter took place, leading him to imagine at first that the case was one of uterine cancer, especially as the os uteri was indurated and thickened. A sound introduced into the uterus came soon into contact with some bony or calcareous substance; and on introducing, with some difficulty, the point of the index finger, several bony projections and surfaces were fell. On further inquiry, it was found that the patient had given birth to twelve living children; then to a dead child; after which she had become pregnant for the fourteenth time. In the seventh month, symptoms occurred which probably denoted the death of the fœtus. At the end of the ninth month, pains as of labour set in, and there was discharge of blood and water. The pains, however, passed off; and, five weeks afterwards, she was again seized with what she described as labour-pains, which continued two days without cessation. A practitioner at this time found her suffering from hæmorrhage, and removed from the vagina a bone which proved to be a fœtai rib. Several other bones, which she described as being denuded of flesh, also came away at this time. From this date, to the time when Dr. M'Clintock saw her, sixty-two weeks had elapsed. During the greater part of this interval, the fœtid discharge had been going on, and a few fragments of bone had come away. It was determined to remove the fœtal *débris* from the uterus. For this purpose, the os uteri was dilated by a conical sponge-tent introduced at night. The next day, the patient having been placed on the operating table, the tent was withdrawn; and tepid water, with a small quantity of solution of chlorinated soda, was injected into the uterus. While this was being done, the patient was placed under the influence of chloroform, and some bones were removed by means of long curved forceps. Between May 1st and June 9th, she underwent seven operations, at each of which two or more bony fragments were removed. The last operation was followed by a slight inflammatory attack; so that no further attempt was made until June 18th. On June 25th, Dr. M'Clintock removed a part of the lower jaw, with some tabular pieces of bone. On July 2nd, Dr. Hardy removed with some trouble two pieces of bone like a femur and humerus, which had apparently been imbedded in the uterine tissue. After the operation, which caused much suffering, she was for some time weak and prostrated; pains, rigors, and vomiting, with copious dark expectoration and profuse sweats, then set in; and she died on July 7th —the symptoms resembling those of acute pyæmia more than anything else. No *post mortem* examination was permitted. The number of recognisable pieces of bone that were removed exceeded sixty; including portions of each of the bones of the head and face, of the ribs, spine, pelvis, and fingers; a femur, humerus, ulna, and tibia; and a number of small fragments.

In concluding some remarks, in which he makes reference to the other recorded instances of missed labour, Dr. M'Clintock mentions the following as the circumstances under which he would abstain from attempting to remove the fœtal remains; viz., the presence of acute hysteritis or peritonitis; the probable existence of ulceration in the walls of the uterus; and the probability, from the absence of symptoms, that the uterus has become reconciled to the presence of the mass. (*Dublin Quart. Journ. of Med. Science,* Feb. 1864.)

CÆSAREAN SECTION. A case of Cæsarean section, the result of which was successful to both mother and child, is related by Dr. Frickhœffer. The patient, a woman aged 31, had been married six years, and had been confined three times. The presentations had been natural, but the labours had been very difficult; and the child's skull had been each time much compressed. On one occasion, the infant was apparently dead for nearly an hour after birth. Her last confinement had occurred a year and a half before she came under Dr. Frickhœffer's care; and in the interval she had an abortion at the second month. During childhood and puberty, she had enjoyed good health. During her pregnancies, however, her walking had become unsteady and difficult; and in the latter two pregnancies, especially the last, she had complained of pain in the back and pelvis; for which she had taken during the last year an abundance of cod-liver oil. She was taken in labour on January 8, 1863, in the eighth month of pregnancy; on which day there was a considerable discharge of liquor amnii. On examination, the distance between the ischiatic tuberosities was found to be not more than an inch or an inch and a half; the pelvis was also much narrowed in the antero-posterior direction. The diagnosis was that the case was one of mollities ossium; and, as the fœtus had not arrived at the full term, it was determined to try whether the pelvis might not be dilated and delivery be effected by the natural process. No progress, however, being made, in spite of the continuance of labour-pains, and the beatings of the fœtal heart becoming weak, the Cæsarean section was performed fifty-two hours after the discharge of the liquor amnii. During the operation, the patient (who had been placed under the influence of chloroform) was suddenly seized, after the removal of the fœtus and placenta, with vomiting; so that it was difficult to keep the intestines from protruding through the wound. The subsequent progress of the case was satisfactory; there was no appearance of any inflammatory symptoms; the patient left her bed on February 5th (the twenty-fourth day after the operation); and was discharged cured in the beginning of March. The child, a female, presented all the signs of maturity; and at the time of the report, although not remarkably strong, was in good health. (*Würzburg. Medicin. Zeitschrift,* Band iv, Heft 3, 1863.)

RUPTURE OF THE UTERUS. Mr. J. H. H. Llewellin relates two cases of this accident.

In the first case, he was sent for to attend Mrs. P., a very short, stout woman, in her third confinement. On arrival, he learned from the midwife in attendance, that the child had been nearly born, but that the pains had entirely ceased two hours previously. On examination, he could reach neither child nor os uteri with the finger; the patient complained only of a weight at the pit of the stomach. Two hours and a half afterwards, her countenance had become pale and anxious; and the pulse had risen from 70 to 100. Mr. Llewellin now introduced his hand, and felt a quantity of intestines, and the head of the child lying in the left iliac fossa. Chloroform was given; and the child, the feet of which lay just under the middle lobe of the liver, was easily turned and removed; it was quite dead. The removal of the placenta, which was readily effected, was followed by the extrusion of a portion of small intestines, which presented no lesion, although the blood-vessels seemed highly injected. They were returned, and the right hand was retained in the uterus; which was grasped by the left hand through the abdominal walls. The rent in the uterus was found to be in the posterior wall, to the left of the mesial line, and to extend from the fundus to the cervix. The uterus gradually contracted; there was no hæmorrhage throughout the operation. The subsequent progress of the patient presented nothing remarkable, beyond a slight and transient attack of tympanitis; at the end of three weeks from the date of her confinement she was quite well.

In the second case, the patient was in her fourth labour; her previous confinements had been easy. She had on the present occasion employed a midwife, who, at the commencement of labour, gave her a dose of castor oil. Seven hours afterwards, the oil operated; and the patient felt intense pain. The child came down at the time of defecation in the position in which it was found six hours afterwards by Mr. Llewellin; viz., with the right hand outside, and the left just inside the os externum, and both scapulæ at the upper part of the pelvis. The child was easily turned, and born; it was asphyxiated, but in an hour and a half was restored to life. There was no after-pain. On proceeding to remove the placenta, Mr. Llewellin found that the uterus was ruptured. He could find the funis, or a part of it; but no placenta, neither in the uterus nor among the intestines. The search was repeated by another practitioner (Dr. Gordon); and again on the following morning by Mr. Llewellin, but without success. The patient died thirty-one hours after she was first seen by Mr. Llewellin, and forty-four hours from the commencement of labour. Opium and brandy were copiously administered, and kept her tolerably free from pain; but the case was altogether hopeless. On *post mortem* examination, eleven hours after death, the intestines were found to be much distended with flatus. The placenta, having about an inch of funis attached to it, lay flat against the middle lobe of the liver. The rupture in the uterus was in the middle line posteriorly, and extended through the cervix, vagina, and rectum, to within half an inch of the anus. (*Australian Medical Journal,* January 1864.)

LABOUR OBSTRUCTED BY UNRUPTURED HYMEN. An unmarried woman, aged 20, was admitted into the Melbourne Lying-in Hospital, under Dr. Turnbull's care, having been in labour several hours. On examination, Dr. Fetherston, the resident physician, found the head distending the perinæum; he could find no opening into the vagina, but readily passed his finger into the urethra. On careful examination, he discovered that the hymen formed a thin but dense membrane, apparently completely occluding the vaginal orifice; it had a small opening, of about two lines in diameter, about the centre, from which fluid escaped during the pains. The hymen and perinæum were much distended by the labour-pains; and rupture of the perinæum was threatened. Mr. Fetherston, therefore, divided the hymen by a crucial incision extending about half an inch each way. Very little hæmorrhage occurred, and the child was soon born. The fourchette was torn slightly; not more than is usual in first labours. The child was of full size and healthy. The patient made a good recovery. (*Australian Medical Journal,* January 1864.)

British Medical Journal.

SATURDAY, MARCH 26TH, 1864.

THE INDIAN MEDICAL SERVICE.

[*By a Retired Indian Surgeon.*]

THIRTY years since, a young surgeon who had obtained a nomination to an assistant-surgeoncy in the East India Company's medical service might well be congratulated by his friends on having made a good start in life. Men then entering the Bengal medical service (a favourable sample of the three services) had the prospect, if they lived long enough—and the prospect was in very many instances realised—of retiring, after seventeen years' full service, upon a pension for life little short of five hundred pounds a year. But those who have entered the service within the last twenty-five or twenty-six years have not been so fortunate. Many surgeons of this standing have retired upon the portion of the retiring allowances granted by Government, but are still compelled to wait for the other portion, to which they become entitled according to their seniority, from the Bengal Medical Retiring Fund. Still we may say that all those who passed into the service from about thirty years ago up to the time of the assumption of the imperial authority over India by the Queen, had a reasonable expectation, amounting almost to a certainty, of being able to retire, after a not immoderate length of service, upon a pension of five hundred pounds a year. During their residence in India, they might also expect to receive pay adequate to their comfortable support, and had many chances of making money through the obtaining of staff-appointments, lucrative private practice, etc. In addition, the rank was found adequate to enable them to maintain a comfortable position relatively to the royal medical and other branches of the military, as well as to the civil officers of Government. Of still more importance were the liberal annuities for their widows and allowances for their children, in the event of death; to which they were entitled by periodical payments (which did not, in the main, cripple their resources for the time being).

An unmarried surgeon had, therefore, a reasonable prospect of securing an ample independence, in case he weathered the climate; and to a young married surgeon, without any special provision or expectations at home, there were no prospects so good before him in any other department. Now, however, matters are altered; and it becomes every one of our readers who thinks of entering the new Indian service, or who is interested with reference to a son or relative in this matter, to inform himself of the exact state of the case at the present moment. Men entering the service now have the prospect of retiring upon a very reduced scale of pension, from the circumstance of the Medical Retiring Fund annuity, amounting in Bengal to £300 a year, being entirely closed to them; so that, after their first term of service has expired, they would only have about £200 a year; after twenty-one years' service, £250; after twenty-five years, £300; instead of, as formerly, £500, £550, and £600 a year. This is the most important change for bachelors. For the married men, it is still more seriously for the worse; for the Widows' and Orphans' Funds are closed to them, so that there is no provision for their families, other than is derived from their savings—if, indeed, it be possible for men to save who can scarcely do more than live with decency upon their now scanty pay and allowances. No medical officer can reasonably depend upon obtaining private practice or valuable staff-appointments. We may be sure that the scale of pay, whatever changes may be made, will not be much larger, if at all, than at present; probably smaller. The number of staff-appointments to be distributed among members of the service will be gradually becoming smaller, as the surgeons of the British medical service gain, by qualifying themselves, or by the favour of the Indian Office or the Horse Guards, an increasingly larger proportion of them. At the same time, the cost of living will be greater from various reasons. The increased amount of railway construction and traffic tends to increased competition for labour; to remove servants, so indispensable in a hot climate (not for luxury, but for ordinary health and comfort) from the field. The increasing number of Europeans settling in the country will tend to raise the price of provisions, the rent of houses, the cost of building them, etc.

Moreover, Indian medical officers will, we fear, now be looked upon as inferior to the British, and will be in danger of supercession by them in matters relating to comparative rank, lucrative posts, the most healthy and otherwise desirable stations, etc. This is evidently the case now; for we find that deputy inspectors-general (British), of probably less than twenty years' service in any part of the world, are allowed, from the date of their arrival in India, the rank of colonel, and consequently supersede all the Indian officers of like title (but only ranking as lieutenant-colonel) of probably thirty-two years' service in India—the old superintending surgeons, as they were called. Thus the rank of surgeon averages ten years for the British, sixteen years for the Indian service; and all the superior grades will be attained by the British, who may have served principally in the healthiest parts of the world, in far smaller periods of time than by the Indian surgeons.

Thus we may say that the whole Indian medical service is superseded by the British in point of rank; while, in point of pay and allowances, the Indian surgeons are in many particulars worse off. The number of superior offices also is so small that a man can hardly count upon becoming a deputy inspector of hospitals before he attains the age of fifty-five; in which case, if still a regimental surgeon, he is doomed to extinction. In respect of retiring pension, the following table will show the disadvantages under which the Indian army surgeon suffers, in relation to the British medical officer. When either is compelled to retire, from ill health or other causes, he is entitled to retiring allowances, respectively, as under.

	Indian Medical Officer.	*British.*
Under 3 years' service,	about £45	about £109
10 years' service	,, 73	,, 200
15 ,, ,,	,, 73	,, 246
17 ,, ,,	,, 191	at least 246
21 ,, ,,	,, 250	383
25 ,, ,,	,, 300	410 to 611
32 ,, ,,	,, 500	465 to 684

If the Indian surgeon finds his health after a few years affected by tropical climate, he has no other resource but his very small pension. The British surgeon can make out his time in a healthy climate, until he becomes entitled to a higher rate of pension. With respect to furlough pay, the discrepancy in favour of the British medical officer is still more glaring, as is instanced by the fact that, while he would receive, after twenty-five years' service, most probably at least £547 a-year, the Indian medical officer would only be entitled to £191; and at other periods, in proportion. With regard to pay in India, the Indian medical officer of about fifteen years' service cannot calculate upon receiving more than about £660 a-year; while the British medical officer, if holding regimental charge, may receive £1150, or if, as is probable, he be Deputy Inspector-General, £2160 a-year.

As a partial set-off against these disadvantages, the Indian medical officer will probably have the larger number of staff appointments, and some few lucrative non-professional posts; but now he can advance no claim to them, more than the British medical officer can; except it may be the poorly paid Presidency surgeoncies and the professorships in the Presidency Medical Colleges. It is true that, in the British service, the surgeon cannot, as a rule, retire before the expiration of his twenty-five years' service. The Indian surgeon would be able to retire upon his very small pension after seventeen years spent in India; but it is presumed that he will not often find inducements to do so. Very few would desire to accept so small a provision, until at least twenty-five years had been served.

Thus we see that, in almost all respects—army rank, retiring pensions, pay in India, etc.—the Indian surgeon, although necessarily passing the whole of his time on full-pay in an unhealthy climate, is placed in a position very inferior to that of the British medical officer.

In short, unless the authorities connected with the Government of our Eastern dominions establish a better system of pay, pension, and other advantages for their medical servants, which we have almost ceased to expect or even to hope for, we really cannot see what should induce well qualified young men to undertake an arduous career in so unhealthy a climate. The best prospect that could open for them would be to resign the service, in case their expectations did not seem likely to be realised, and to betake themselves to the hilly regions, to take the chances of private practice, or to speculate in tea, coffee, or cinchona. But then there are much finer fields for speculation and employ in the more healthy climates of Australasia or other parts of our wonderful colonial empire; where also highly qualified medical practitioners must be in request for many years to come. Moreover, the experience of the last few years, with respect to the army, navy, and Indian Medical Warrants, shows us that even the Secretaries of State do not hesitate to play fast and loose with the engagements entered into with those under their authority, even although those engagements may have received the solemn sanction of majesty.

Upon a survey of these considerations, we feel inclined to recommend the young medical graduate to think seriously and often before he sacrifices any position to which he might naturally aspire, at home or in our colonies, for the chances of liberal or even just treatment under the Queen's Indian Administration.

CRETINISM.

Professor Kœberle of Strasburg has written an interesting treatise on *Cretinism.* The investigation of the endemic character of cretinism in certain of the Swiss cantons has led, as all the world knows, to most diverse conclusions concerning the origin of the affection. In the first place, it has been found, contrary to the usually received accounts, that this degenerated state is not absolutely confined within deep and narrow valleys, more or less deprived of sun, and where great variations in temperature prevail, as in the Alps, Pyrenees, and Cordilleras. Cretinism, with all its well-marked characters, is met with, though much more rarely, in many different countries, and in plains exposed to the wind and sun, as in the valley of the Rhine at Strasbourg Hence altitude alone does not suffice to produce cretinism. Neither can it be traced to bad hygienic conditions, to poverty, etc. The statistics of the Sardinian Commission show that, of 3,955 cretins, 1,381 only belong to poor families. Doubtless bad air, excessive humidity, filthy dwellings, etc., may favour its production; but we cannot seek in such things for the true cause of the affection, as they exist in other countries where the affection is not noted.

Cretinism, again, has been attributed to the state of the drinking water—to the sulphates and carbonates of lime contained in it; but without any good or sufficient reason. Arguing in this way, *par voie d'exclusion*, M. Kæberle has been led to attribute cretinism to a miasmatic poisoning, developed under the influence of certain conditions of temperature and humidity. Hence there are the localities which produce cretinism, just as there are marshy lands which produce fever. Numerous authors have, in fact, connected together the affection and the influence of the surrounding marshy country. The products of decomposition of different marshy lands are very great. At the mouth of the Ganges, cholera may be produced; the plague in the Delta of the Nile; yellow fever at the mouths of intertropical rivers, etc.; and, in like manner, cretinism, under certain conditions, hitherto undefined, of temperature, humidity, and locality, may arise in marshy districts.

Cretinism and goître M. Kœberle considers as essentially different diseases, produced by distinct causes; and the proof of this is given in the fact that, in many places where goître has been for a long time past very frequent, cretinism is not met with, even when the thyroid swelling is excessively large.

THE COLLEGE OF PHYSICIANS.

At a meeting of this College on the 21st instant, Drs. Bagshawe, Witherby, and Grant, were admitted members. It was also reported, that two candidates for the membership had been examined clinically in the wards of Guy's Hospital. This inauguration of a new method of examination by the College will, doubtless, meet with the approbation of the profession.

It was announced that, amongst the books presented to the College, a large collection—forty-six volumes—of selected American works, as well as his own well-known *Lectures*, had been given by the President.

We are glad to note, that the Curators of the College Museum have recommended the completion of the Museum during the ensuing summer.

The College once again rejoices in the election to its Presidency of Dr. Watson. We believe we are only stating the unanimous opinion of the College when we say, that the duties of the office have never been more carefully, honestly, and worthily fulfilled, than they have been by Dr. Watson. We need hardly say, that the re-election of such a President was unanimous. The President, in acknowledging the compliment, briefly adverted to the principal events interesting to the College which had occurred during the past year. He spoke of the promised grant from the Government of a renewed lease of the premises of the College; and also referred to the adjudication of the Swiney prize. He also, with his usual strong good sense, gave the sanction of his high authority to a practice which is at present not uncommonly adopted, but yet adopted with some degree of hesitation. He recommended that, for the present, and until men have had sufficient time to master the details of the *British Pharmacopœia*, they should, in prescribing, continue the use of the old—the *London Pharmacopœia*—only taking due care to head their prescriptions with the words *Lond. Pharm.* The profession will thank the President for thus sanctioning a proceeding which will certainly tend to facilitate the operations of the druggists, and to the security of the public at large. The practice which Dr. Watson has thus sanctioned, we have, from the first, recommended in this Journal.

Two Fellows of the College have died during the past year, Dr. H. W. Carter and Dr. R. Fowler; the latter gentleman at the age of 98. Also, during the past year, twelve Fellows and nineteen Members have been admitted. The number of Members admitted shows clearly enough that the new class of Licentiates has in no way lowered the value of the Membership in the eyes of the profession at large.

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We omitted the following paragraph in Professor Laycock's letter published in last week's Journal, because we considered that Professor Laycock was taking a very exaggerated and serious view of a remark which we had considered was meant by its author as little more than a mere pleasantry. The remark is to be found at page 84 of the Journal of January 16th, 1864; and the words omitted in Professor Laycock's letter, and of which omission he complains, speak of it as follows.

"—One statement as to my teaching of fevers quoted in it" ("Modern Medical Knowledge", Jan. 16th, 1864, p. 84, British Medical Journal) "is indeed a gigantic lie," etc.

In the passage quoted by us from a pamphlet, and thus stigmatised by Professor Laycock, the author was speaking of the multiplicity of facts which were now taught the medical student under the heads of the different sciences, of botany, of chemistry, of physiology, and of medicine; and we are satisfied that the profession will agree with us, that the last thing which he wished to state was anything to which could rightly be applied such terms as those used by Professor Laycock. It is only fair to Professor Laycock to state, that misapprehension has evidently prevailed relative to his etiological nosology. Under the head of *Fevers* he classes all febrile diseases; his term fevers, in fact, corresponding very much with the *Pyrexiæ* of Cullen. So that, in reality, his nosology is very much the ordinary nosology of writers, only classified in his own peculiar way. Hence, then, the whole of the number of *Fevers*, or rather, as we should say, of *Febrile Diseases*, mentioned by him, is very much the same as is usually given by nosological writers; only, in addition, Professor Laycock introduces under the head of Fevers such diseases as hydrophobia, carbuncle, leprosy, yaws, syphilis, which writers do not ordinarily bring under that head. The profession will decide whether or not we acted wisely in originally excluding the above paragraph from Professor Laycock's letter.

DR. GARSTANG of Blackburn has been called on by the Relief Committee in that town to give certificates gratuitously in cases of sickness. This he very properly objects to do; and has addressed the following sensible remarks to the Rev. Mr. Meany, a member of the Committee.

"2, France Street, March 17.

"REV. SIR,—I have pleasure in stating that the fee of *one shilling* in each instance, I have fixed as a reasonable one for appending my name to the tickets issued for that purpose by the Relief Committee. . . . . Should the very practical suggestion of systematic certifying now under contemplation, meet with the approval of yourself and colleagues, it would remove a source of unpleasantness, said to be generally experienced in committee, through my non-acceptance of their tickets for gratuitous signature. Obviously, my time and faculty are exclusively my own, and not summarily available at the pleasure of the Relief Committee, except, of course, conditionally. I must declare to you, that the imposition on me by the committee of additional labour, in the task of gratuitously certifying of sickness or otherwise, and of affixing my name to multitudinous tickets, whereby a direct benefit is gained by the committee, has always appeared to me to be devoid of adequate reason. . . . . In the face, sir, of the strong precedent of paid service in the case of the working troop of persons, through whose combined labour the administrative *ménage* of public relief is carried on, I hate, as you must, the motive that would affect to call upon my profession for an involuntary performance of unpaid services. No person, or body of persons, has assuredly the least sentimental pretext to expect, *still less to impose*, the execution of any kind of professional labour, as such, without frankly attaching to it an honourable pecuniary remuneration. Charity wears many false airs; one of the most repulsive among them is found in the matter of gratuitous medical service done in behalf of the public.

"Yours truly, "WALTER GARSTANG, M.D.,
"L.R.C.P. Lond. & Edin."

M. Serre, a vivacious surgeon of the South of France, lately informed the French Surgical Society, that he has performed Mr. Hancock's section of the "tensor muscle of the choroid"—*a muscle whose existence, however, he will not guarantee*—at least 2500 times! He prefers this operation to Gräfe's iridectomy in *staphyloma*, because it is exempt from all danger, and because any one can practise it. M. Follin remarked, that he believed Mr. Hancock's operation was at present abandoned in England. It was an operation not to be compared with iridectomy. He was perfectly convinced that, thanks to iridectomy, glaucoma, acute or subacute, could be entirely cured—*enraye*—and that even when the glaucoma was in a chronic state, iridectomy could ameliorate, if not cure the disease. The operation of Mr. Hancock is either useless or absurd. It would be most unfortunate, he thought, for surgeons to give up iridectomy which cures glaucoma, for an operation whose harmlessness is no compensation for its inutility. M. Giraldes said that, in his opinion, the division of the tensor—a muscle of whose existence there was no earthly doubt—was introduced to combat iridectomy; to set up a school against a school. He could not imagine what use it could serve in staphyloma; he could well understand that pain produced by inflammation would yield to puncture of the sclerotic; and, in fact, by removing pressure on the nerves of the sclerotic, it must necessarily relieve pain.

One of our learned societies—the Medico-Psychological—says the *Gazette des Hôpitaux*, is honoured at the present moment by the foreigner with flattering marks of recognition. Professor Monti of Bologna, for example, physician to a lunatic asylum, finding his dignity touched by the improper interference of the administrators of the establishment, desirous of imposing on him their views as to the treatment of the insane, solicits and obtains the moral support of the Society. Then, again, a gentleman named Townley, having assassinated his *fiancée*, is condemned to death. Dr. F. Winslow, convinced of the insanity of the man, appeals to the intelligence of the Society, and immediately the Society responds by appointing a commission to report on the affair, which has inflamed the English press. Townley is provisionally installed in a lunatic asylum. Once more: several Spanish doctors were implicated in the illegal confinement of Dame Sagrera, and consequently condemned to twenty years of prison. The Society is consulted, and proclaims the innocence of these doctors. The Queen of Spain signs their pardon; raises Dr. Antonio Pujadas, one of its foreign associates, to the rank of Commander of the Order of Charles III, and nominates him an Inspector of Lunatic Asylums in Spain. These three affairs demonstrate, we are told, the importance of this Society.

A fact worthy of remark has lately occurred at Hôpital Beaujon, says *L'Union Médicale*. A young woman, suffering from croup in an advanced stage, was tracheotomised by Dr. Morel-Lavallée; but when the cannula was introduced into the opening, respiration was arrested. Dr. Lavallée suggested that insufflation through the cannula must be tried, whereupon M. Magnié put his mouth to the cannula, blew into the lungs, and had his mouth filled with blood and mucus. MM. Bessey and Delfau, *externes*, and M. Blumenthal, an *interne*, as well as Dr. Raynaud, also all performed the same office again and again. "It was a strange but consoling spectacle to see these young people, their faces and mouths all bloody, facing formidable dangers with an impulse which knew no calculation." Informed of these facts, the Director of the Administration of Public Assistance visited the hospital, in order to thank the students for their devotion to the cause of humanity, as well as to the cause of science.

The French Government has had, as we continually have had occasion to show, the good sense, whenever it wants advice in matters of a special scientific character, to apply to those scientific men who are best able to give the advice. As a rule, we manage these things differently, and not better, in England. Science with us is rather treated with suspicion than with confidence. We read lately, that the French Minister of Public Instruction has appointed a Commission of Hygiene, to give advice on all questions touching the food, clothing, hygiene, exercise, etc., of the pupils in the different public schools of the empire. The Commissioners appointed are, MM. Dumas, Rayer, Brogniart, Denonvilliers, Faye, Vernois, Caffe, Mourier, and Duroy.

The Belgian Royal Academy of Medicine has proposed the following questions as subjects of prizes. The Demonstration, by Critical Examination of Existing Works and by New Researches, of the Formation of the Blood-Globules, a medal of 1500 *francs.* The History of Glycosuria, especially in Reference to its Causes, Nature, and Treatment, 800 *francs.* An Exposition of the Scientific Medical Progress which has taken place in Belgium since 1835, medal of 1000 *francs.* The Effects of the Uses and Abuses of Tobacco on Man in Health, 300 *francs.* The Characters of the Disease, the Causes and Treatment of the Disease met with in Animals under the name of Malignant Pustule, medal of 500 *francs.* The Chemical History of Digitaline, medal of 500 *francs.* The essays may be written in Latin, French, or Flemish.

M. Milne-Edwards has exhibited to the Academy a series of fossils found by MM. Lartet and Christy in the caverns of Laugerie (Dordogne.) These fossils, it is said, demonstrate the contemporary existence of man and of the raindeer in the South of France during the rocky age. Moreover, they prove that even in those pre-historic times man cultivated the arts. Many of the raindeer bones are carved, and very well carved. The figures of animals may be distinctly traced on them. One of the long bones of the raindeer, cut in the form of a poignard, has on the handle a round figure very elegantly carved. One of the vertebræ of a raindeer has been pierced by a flint lance, which has been broken in the wound and fixed there. It now remains for the geologists to tell us the age of the formation in which they were found. Let us hope that they will be more successful and explicit than they were in the case of the famous Abbeville jaw-bone.

M. Flourens, at the request of MM. Pouchet, Jolly, and Musset, has adjourned the meeting of the commission which is to settle for once and all the question of spontaneous generation, until the weather has become more favourable for the experiments required.

INDIAN MEDICAL SERVICE.

THE following are extracts from the letter of a gentleman who has been nearly twenty years in the Indian medical service. They were not written for publication. His letter is dated from India, January 1864:—

"I have lately had extra work to do on account of the paucity of medical officers. I am still in uncertainty as to the time of my return to England. Of course, I am waiting for the amalgamation. I see by the BRITISH MEDICAL JOURNAL of last Nov. 21, that it is supposed the rules for the new Indian Medical Staff Corps have been published in India. This is a mistake. From all I can learn, there was a draft of the new rules sent out in September last; but the order has either been quietly burked, or else been returned to the Secretary for India for reconsideration. Report says that the scheme was considered too liberal by some of the big-wigs out here. I suppose we may wait another five years before it sees the light. I repeat again, anything would be better than keeping us in this state of uncertainty. My own opinion would be in favour of complete amalgamation of Royal and Indian services. Without it, the Indian, being the weaker in every way, must languish, and it would be looked down upon, unless it possessed higher rates of pay and pension. The best men would not be foolish enough to enter a service which too often consists of banishment for life, and in which even leave on medical certificate (beyond a certain amount; viz., two years in twenty) is deducted from your service towards promotion or pension. Moreover, the pay whilst on leave, either at home or in India, is too small to support a man in the position of a gentleman. At the present moment, a surgeon-major on leave to recover health in the hills, after twenty years' service in India and with the rank of lieutenant-colonel, after payment of his compulsory subscriptions to funds and income-tax, receives as the balance of his pay 329 rupees; while the pay of a cornet on his arrival in India is 310 rupees, of which he loses only 15 on going to the hills for his amusement. Moreover, the surgeon and the cornet may both belong to the same regiment; for the surgeon of a cavalry regiment only draws infantry pay when on leave.

"It is nonsense to say that, because such a state of things has hitherto existed, so they must remain. Governors-General have always altered the rules whenever it suited their purposes, and can therefore do so again. For instance, when I entered the service, the highest rate of pension was £700 after thirty-five years' service; but it has recently been ruled, that no surgeon shall remain in the service after the age of 55. Now, as a medical officer could not enter the service till he was 21, he would, if untunate in his promotion, never be able to reach the highest rate of pension. All this shows clearly that a revision is required in the present rates of pay and pension of the Indian medical service; and that, until such revision takes place, no wise man would enter the service. I have said nothing about the royal service; but I believe they have as many causes of complaint as we have; for her Majesty's warrant has never altered their position in this country, except in nominally giving them the rank without the pay."

Association Intelligence.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

The next meeting will be held at the Old Falcon, at Gravesend, on Friday, April 1st, at 3 P.M.

Dinner will be provided at 5 o'clock.

Tickets, 5*s.*, exclusive of wine.

Frederick J. Brown, M.D., *Hon. Sec.*

Rochester, March 8th, 1864.

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

February 4th, 1864.

R. Greenhalgh, M.D., Vice-President, in the Chair.

ON FIBROUS TUMOURS OF THE UTERUS TREATED BY SURGICAL MEANS. BY I. BAKER BROWN, F.R.C.S.

On December 7th, 1859, the author had read a short paper, containing a case of fibrous tumour of the uterus treated successfully by surgical means. On March 6th, 1861, he had read a second paper, giving six cases, four of which were cured, one was relieved, and one died. The object of the present paper was to confirm the practice previously advocated, by fourteen more cases, and at the same time to show that in most cases a very modified surgical treatment was sufficient; for, whereas Mr. Brown had hitherto divided his operation into two parts—preliminary incision of the os and cervix, and gouging or breaking up the tumour,—he now found that the first step would always arrest the hæmorrhage and the development of the tumour. In some cases the tumour decreased, and when small it would entirely disappear, more especially if of recent origin; and even when gouging was required, a much slighter operation is sufficient. Mr. Brown now used only a pair of long-handled, blunt-pointed, curved scissors. The author entered minutely into the mode of operating, and laid great stress on carefully and thoroughly plugging the incisions and whole vagina with oiled lint after the operation. Of the fourteen cases related, ten were cured of the hæmorrhage by the incision of the os and cervix uteri alone, and one was relieved; in two only was it necessary to perform the second operation, both resulting in cure of the tumour; in six cases the tumour had either entirely disappeared or materially decreased after incision alone. Of the three deaths, one had occurred from peritonitis, resulting from exposure to cold and the restlessness of the patient; one from organic disease independent of the operation; and one from pyæmia. Out of between twenty and thirty cases occurring in his private practice, the author stated that he had had one death, in a patient whose case was complicated with hæmatocele; and that in his public practice he had had as many more as were now given, with no more deaths.

The following practical conclusions were drawn. 1. The fact of the curability of these tumours is materially confirmed by these cases. 2. It is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation. 3. The hæmorrhage is almost invariably arrested by the incision of the os and cervix. 4. The cure of these fibrous or fibroid tumours by surgical means, without the danger of enucleation, is now firmly established, as proved by Dr. M'Clintock, Dr. Routh, Dr. Dawson of Newcastle-upon-Tyne, as well as by Mr. Brown.

Dr. Gervis asked whether the incisions he made in the sides of the cervix uteri were ever apt to reunite; whether, if they did, the hæmorrhage recurred; and whether, if they did not, the incised condition of the cervix, in a patient who subsequently became pregnant, in any way interfered with normal parturition.

Dr. Routh considered the paper as evidence of the advance of medical science with respect to a disease many cases of which had been deemed incurable. He alluded to the process of enucleation recommended by Dr. Atlee, which he (Dr. Routh) regarded as too hazardous. Dr. Routh considered that fibroid tumours required different treatment according to whether they were in or out of the cavity of the pelvis, whether the heart and lungs were pressed upon, or micturition impeded, or whether in either case excessive floodings occurred. In any case, the tumour should not be meddled with unless vital functions were interfered with. Mr. Brown's operation could not be used in suprapelvic cases, because of the uncertainty of position and risk of wounding the peritoneum. In such cases he considered gastrotomy the best treatment, removing both ovaries also. In the pelvic fibroids, he agreed with the author that the tumours after bisection diminished, and he considered this an established point in practice. The opening of the cervix he believed not only checked the hæmorrhage, but enabled the tumour to be more easily got at; it was, under the restrictions laid down by Mr. Brown, quite safe.

Dr. Greenhalgh considered the question of fibroid or fibrous tumours one of great importance, especially where the hæmorrhage endangered the life of the patient. In the great majority of cases he had found the best results from the use of bichloride of mercury or bromide of potassium. Still there was a certain limited class of classes in which medicines were of little avail, and it was in such that the division of the cervix uteri was attended with benefit. He had seen a few cases; and in these, although the hæmorrhage was considerably lessened, yet the size of the uterus was not much reduced. In those cases where pressure on surrounding structures had produced injurious effects, he had seen good results from pushing up the tumour above the brim.

Mr. Brown stated that care was taken to prevent the incisions in the os and cervix from uniting. The oiled lint, in the first instance, and the injections afterwards, generally prevented union; but if any bands of lymph were thrown out, he always broke them down with the finger. He had never seen a case in which the patient had been confined after the operation, but it was only reasonable to infer that parturition would be accelerated after these incisions; for in the case of a primiparous woman, where the os is torn, the subsequent labours are always exceedingly quick. As to the *rationale* of the operation, Mr. Brown thought the action was twofold. The tumours were of very low vitality, and the slightest interference with them stopped their growth. Thus, in the first place, the initiatory blood-vessels were cut through by incising the os and cervix; and, secondly, the tumour was grasped more firmly by the contraction of the uterus, which always takes place after the os is incised; and thus the tumour was confined, could not grow, and often died.

CASES OF OVARIOTOMY, WITH REMARKS. BY THOMAS BRYANT, F.R.C.S.

After a few preliminary remarks, the author gave the details of ten cases of ovariotomy, six of which were successful. The following are the brief notes.

Case i. *Multilocular Ovarian Tumour; Ovariotomy; Death on Fourth Day.* M. C., aged 30, married. Tumour discovered two years; never been tapped. Ovariotomy on December 5th, 1860; small incision; pedicle, which was broad, fastened by double ligature; wound brought together with pins. Opium freely given. Third day, vomiting, with tympanitis; and death seventy-eight hours after the operation. *Post mortem* examination; peritonitis.

Case ii. *Unilocular Ovarian Tumour; Ovariotomy; Recovery.* E. D., aged 32, married. Disease existed two years and a half; had been tapped once. Ovariotomy on October 15th, 1862; small incision; adhesions in front; pedicle secured with clamp; wound brought together with silver sutures. Uninterrupted recovery in one month. This patient has since been confined of a living female child.

Case iii. *Unilocular Ovarian Tumour; Ovariotomy; Recovery.* A. S., aged 25, single. Disease four years; tapped twice. Ovariotomy on March 20th, 1863; no adhesions; small incision; pedicle secured with clamp. Acute bronchitis. Perfect convalescence from the operation in one month. The patient subsequently died from pneumonia two months after the operation.

Case iv. *Double Ovarian Disease; Ovariotomy; Death.* E. C., aged 32, married. Disease two years; tapped once. Ovariotomy on April 15th, 1863; extensive adhesions; broad pedicle secured with three whipcord ligatures on left side, on right side with two. Collapse and death in twenty-two hours. *Post mortem* examination; peritonitis.

Case v. *Semi-solid Ovarian Tumour; Ovariotomy; Death.* J. P., aged 44, married. Disease many years; tapped once. Ovariotomy on July 25th, 1863; small incision; broad pedicle secured with three whipcord ligatures. Death in thirty-seven hours from peritonitis.

Case vi. *Multilocular Ovarian Tumour; Ovariotomy; Recovery.* L. W,, aged 17, single. Disease existed one year; never been tapped. Ovariotomy on September 8th, 1863; small incision; no adhesions; broad pedicle secured by three whipcord ligatures; silver sutures to wound. Rapid convalescence.

Case vii. *Multilocular Ovarian Tumour; Ovariotomy; Death.* H. D., aged 24, married. Disease three years; tapped three times. Ovariotomy on October 8th, 1863; small incision; extensive adhesions; broad pedicle requiring seven whipcord ligatures. Collapse and death in twenty-three hours. *Post mortem* examination; slight hæmorrhage into abdominal cavity.

Case viii. *Multilocular Ovarian Tumour; Ovariotomy; Recovery.* H. B., aged 34, married. Disease one year; tapped once. Ovariotomy on October 8th, 1863; large incision; no adhesions; pedicle secured with three ligatures; silver sutures to wound. Uninterrupted convalescence.

Case ix. *Multilocular Ovarian Tumour; Ovariotomy; Recovery.* A. J., aged 37, single. Disease one year; never been tapped. Ovariotomy on October 16th, 1863; large incision; no adhesions; clamp to pedicle; silver sutures. Rapid recovery.

Case x. *Multilocular Ovarian Disease; Ovariotomy: Recovery.* S. C., aged 50, married. Disease eighteen months; tapped twice. Ovariotomy on December 2nd, 1863; large incision; no adhesions; clamp to pedicle; silver sutures to wound. Rapid convalescence.

The author confessed that in three of the cases which had been noticed the chances of securing a successful result from the operation were looked upon as being very slight, and that he should now in similar cases refuse to operate. He dwelt upon the propriety of being very careful in selecting cases, and expressed his belief that the surgeon had better err on the side of caution than on that of rashness. He considered that the best patient for the operation was the one who was in the best health, and that there was no special general preliminary treatment demanded which was not applicable to other operations. He enforced the necessity of isolating the patient, and of guarding her well from the contact of all who were not specially required for the treatment of her case. It was to the careful observance of this rule that he attributed his success. During the operation he preferred to place his patient in the half-sitting posture. He was indifferent to the length of the incision which he made, but had commenced always with the small incision, and increased it when any difficulty in the extraction of the tumour was experienced. He condemned the practice of exploring the abdominal cavity with the hand, in the search for adhesions, and advocated the practice of breaking them down as they manifested their presence during the operation. As to the treatment of the pedicle, he used the clamp or ligature according to circumstances. When it was long and narrow he had employed the clamp, as convalescence appeared more rapid after its application than when the ligature was used; when it was broad and short he had used the ligature, as he regarded traction upon the pelvic viscera as most injurious. He spoke in favourable terms of the practice which Dr. Tyler Smith had introduced of dropping the pedicle with its shortened ligature into the pelvis; and expressed his belief that such a practice might be more general. The practice of sponging out the pelvis he regarded as dangerous, and recommended its adoption only when an excess of blood or of semi-solid ovarian material had taken place. In the treatment of the wound he had always employed silver sutures. He had also included the peritoneum and abdominal muscles in his sutures. In his after-treatment he had been guided by the ordinary surgical principles. He had kept his patient's room warm but airy. He had given but little opium, and strongly advocated its employment as a suppository. For the first two or three days he had given only liquid nourishment, such as good beef-tea and arrowroot; but after that he had given meat and wine with average caution. He had no special treatment to recommend.

Mr. Spencer Wells argued that all serious operations succeeded better in private houses and in small hospitals than in the larger institutions; and that Mr. Bryant's success was due in a great measure to his patients being kept alone in a private room, and placed otherwise in similar conditions to those in small hospitals. In some desperate cases, even where there was little hope, it might be the surgeon's duty to risk his reputation in the hope of saving life. When blood or ovarian fluid escaped into the peritoneal cavity, it should be removed with scrupulous care.

Mr. Baker Brown agreed with the last speaker that the arrangements had been precisely the same as those practised in a small special hospital, but he would strongly urge Mr. Bryant not to exclude the pupils. In the London Surgical Home, visitors, sometimes to the number of fifty or sixty, witnessed his operations, and he had seen no ill effect follow, his statistics of ovariotomy in that institution being thirty-six operations and thirteen deaths. But after the operation the patient must be separated from the others to give her a fair chance of recovery. With reference to sponging out the peritoneum, Mr. Brown laid down this rule; if there were blood or fluid of a colloid nature in the cavity, it must be removed either by sponges or flannels, or sometimes by placing the patient on one side; if, however, the fluid was ascitic or simple mucoid fluid, as often found in ovarian cysts, and not in large quantities, he left it alone. Of course, one would not interfere with the peritoneum if there were no occasion.

Mr. Bryant was quite ready to give all credit to the surgeons of the smaller hospitals for having stimulated others to practise the operation. He was ready to admit that great precautions were needed in the larger institutions to isolate the patients, and thus rescue them from all risks of contagious influences. The success which his cases had demonstrated was undoubtedly to be attributed to this caution; but it also proved that such was to be obtained in a large hospital by attention to these points. He acknowledged that a surgeon was placed in a difficult position when asked to operate in a case in which the prospect of success was very small; but he believed that almost desperate cases should be avoided. He would advise the sponging out of the pelvis when much blood or colloid fluid had escaped into it; in other cases it was not required. He agreed with Mr. Brown that it was a desirable thing that the pupils should witness the operation; but as this advantage was only to be obtained by incurring some unnecessary risk to the patient, he had thought it better that, to a certain extent, they should be excluded. The few who had been admitted were senior men, who had been placed under a kind of quarantine for some days previously.

LIVERPOOL MEDICAL INSTITUTION.

February 18th, 1864.

R. Gee, M.D., Vice-President, in the Chair.

Fractured Scapula. A specimen was shewn taken from a patient that had been under Mr. Lowndes' care at the Northern Hospital. She was an old woman, aged 78, and was admitted on December 4th, 1863. She had fallen into a cellar and struck her shoulder; there was some ecchymosis, and a very distinct crepitus to be felt all over the scapula. There were no other injuries. She went on well until December 19th, when, as she was standing up by the fire and trying to get a light, some lighted paper fell upon her dress, and she was burnt so severely that she died next day. The scapula presented several distinct fractures, both through the spine and the body. There was a good deal of firm fibrinous deposit along the line of the fractures, on both aspects of the bone.

Villous Tumours of the Bladder, and Suppurative Nephritis. Mr. Nash shewed a specimen. A man aged 40, an ironfounder, was admitted into the Royal Infirmary on February 4th, 1864, with the following history. About three weeks before, he first noticed that his urine at times dribbled from him; he then had some slight pain in the back, which was not sufficiently severe either to deter him from work or to induce the belief that there was much amiss. The amount of urine dribbled and the degree of pain in the loins varied throughout. Three days before admission, in addition to the previous symptoms he felt "bodily ill," and lost his appetite; nevertheless he worked on, and even was at the foundry the morning he was admitted; the day previous, he had passed a few clots of blood *per urethram.* On admission, he was passing urine involuntarily *guttatim.* He had a tottering gait, and pain in the loins; his tongue was dry; his pulse was quick, with general feverishness; percussion over the pubis did not shew over distension, and yet the bladder did not seem empty. A No. 9 silver catheter failed to draw off anything, but upon passing a large prostatic instrument, two or three ounces of bloody fœtid urine escaped. The next morning, the large catheter was again used; but to no purpose, a little blood and some shreds only coming away. The patient remained in this condition for a few days, and at the end of a week succumbed with a fluttering pulse, parched tongue, and muttering delirium. The mode of death strongly resembled that in continued fever. The breath was not urinous; there were not convulsions nor coma.

Autopsy. The body was not emaciated, but, on the contrary, there was a striking muscular development. There was nothing in the general appearance to suggest the probability of malignant disease. The left kidney was found to be very much enlarged, with a thickened capsule and a healthy suprarenal body. The ureters were dilated, hypertrophied, and tortuous. There was no peritonitis, nor enlargement of the abdominal glands, nor of the cervical; no tubercle in the lungs, which were unusually healthy. The other viscera were normal. The walls of the bladder were thickened; it contained five or six ounces of urine, and two distinct tumours, one as large as a small orange, the other of the size of a pigeon's egg. The larger mass was attached to the bladder in a position corresponding with the orifice of the right ureter; the smaller was not far from the entrance of the left ureter. Both growths felt something like a piece of omentum; they were intersected by deep sulci, were fimbriated at the surface, and resembled the cauliflower excrescence of the os uteri. The coverings of the tumours were directly continuous with the lining membrane of the bladder; hence they had apparently a deeper origin. Upon some of the villi there were interspersed small clots of blood. A probe passed into the bladder from the right ureter traversed a sulcus, and appeared in the centre of the growth. There was no cystitis. The capsule being removed from the left kidney, it was found to be of an unnaturally dark colour, and irregularly covered with spotted elevations of the size of small peas, which in places were confluent. The interior of the kidney was found to be much disorganised; the cortical portion was much softened, of a yellow colour, and frequently spotted with something which looked like either softened tubercle or thick pus; in the medullary portion were layers of the same yellow material interposed between, and running parallel with, the pyramidal tubuli. The mucous lining of the renal pelvis was enlarged. The left kidney was similarly diseased, to a minor extent.

Mr. Nash said this case was a good example of the occasional insidious origin and progress of renal disease; for, until three weeks before death, the disease was unsuspected, while the appearance of the diseased parts shews us it must have existed a much longer time. The tumours in the bladder, for instance, cannot have shot up and become so developed in three weeks' time, and in the same way a vesical calculus, or other tumour, may attain a large size without giving the slightest indication of its existence, especially when, through impaction or an enlarged prostate, it is prevented coming into contact with the neck of the bladder; and in the present case, the size of the growth may only lately have allowed it to reach the vesical neck. It was stated that even a prostatic catheter failed to draw off any urine; no doubt its end became imbedded in the tumours. These growths are generally called villous cancer; but Dr. Wilks says, "The ordinary villous growths from mucous membranes are not malignant, and therefore the old term villous cancer is an erroneous one; but this does not preclude a cancerous growth putting on this appearance." Again, rarely or never do two primary malignant growths exist in one subject at the same time. With regard to the kidneys, there can be no doubt that they became secondarily affected, from irritation having been conducted upwards by the ureters which induced chronic nephritis. Mr. Nash thought the condition of the kidney was the immediate cause of death, through imperfect depuration of the blood, although the described symptoms of uræmic poisoning were by no means well marked.

Extensive Tubercular Disease. Dr. GRAHAM shewed specimens of tubercle from a boy aged 12, at the Bluecoat School, who died after symptoms of acute hydrocephalus, pain in the head, squinting, loss of vision, etc. A large quantity of fluid was found in the ventricles of the brain, and there was tubercular matter in the cerebellum: the lungs were full of tubercle and a section gave the appearance of granite; the peritoneal cover of the liver was studded over with tubercle, the right kidney was healthy, the left infiltrated with tubercle and pus, the ureter large and dilated, and a deposit in it; there was also tubercle deposited in the walls of the bladder. There was general enlargement of the glands.

Diseases of the Liver. Dr. GEE shewed three specimens.

Hydrophobia. Dr. E. WHITTLE related a case which occurred in August 1864. Thomas Jones, aged 35, sent for him at 5 A.M. The messenger reported that the patient was suffering from retention of urine; and he accordingly took a case of catheters with him. On the way the messenger asked him whether he had ever seen a case of hydrophobia. He replied in the negative; but asked what that had to do with the man's not being able to pass urine. The messenger then explained that the patient had a dread of drinking. On arrival at the house, Dr. Whittle found him sitting quietly on a chair, and complaining of a constant and distressing inclination to pass urine, while scarcely any passed; he examined the abdomen and found that the bladder was not distended, but that he was suffering from dysuria, just in the same way as patients often do after the application of a blister. His pulse was not accelerated; his tongue was clean; and there was no febrile excitement. Every five minutes he was seized with a convulsive shuddering that seemed to pervade his whole frame; some of the attacks were more severe than others, when he extended his arms and legs rigidly, leaped up in his chair, and called out to be held, that he might not do harm to anybody. He was in no respect unconscious; and during the intervals he talked about his condition, and said he felt something flash through him as if he were electrified, beginning about the penis. Dr. Whittle had a looking-glass held to him, and it immediately brought on a paroxysm. He offered him drink, which had the same effect; he induced him to try to drink, and by making a resolute effort the man did drink; but so violent and prolonged a paroxysm was occasionad by the attempt, that it seemed as if he would have been suffocated. He had no recollection of ever having been bitten by a dog or cat, or any other animal. The paroxysms lasted nearly half a minute, and recurred about every five minutes, but they gradually increased in violence and frequency, and became more prolonged. About eight o'clock, he seemed to remember suddenly a circumstance that had occurred about ten months before, and which up to this moment entirely escaped his recollection. When working at a gentleman's house, doing repairs, he had occasion to go into a water-closet. While he was making use of the closet, a little lap-dog was lying on some shavings in a corner; while he was adjusting his dress to leave, he disturbed the dog, which flew at him, scratching with his tooth the end of the penis, but so slighty that no mark remained; there was scarcely a drop of blood, and he thought no more about it. One of the workmen took the dog and drowned it. The remembrance of this circumstance had a bad effect upon him; he felt himself a doomed man; he immediately undressed and went to bed; called for his children, and took leave of them, and desired them to be taken away. He attempted to read a psalm to them with the intention of praying with them; but the paroxysms recurred now so violently that he was obliged to desist. He was soon rapidly worse, there being scarcely any intermission between the paroxysms; he rolled his head violently about as if struggling for breath; he continually expectorated a glairy ropy mucus that seemed to come from the pharynx; this he spattered all about the bed, and it also hung in strings from his lips and about his chin; he expelled it from his mouth with great difficulty. He expressed a fear that he might bite, but did not make any attempt; he frequently, however, begged everybody to keep out of his reach, and his hands had to be secured on account of his violence. He continued in this state all day, getting gradually worse, and about 5 P.M. died in a paroxysm, apparently exhausted. Towards the end he was flushed, with pulse much accelerated, and copious perspiration; these symptoms being apparently brought on by his violent struggles.

The place in which he was bitten accounted curiously for the apparent anomaly of a case of hydrophobia beginning with symptoms of urinary irritation. It appeared that he had felt this irritation for two days before Dr. Whittle saw him; but it was only on the previous evening that he had felt any dread of drinking; up to that time he supposed that he was merely labouring under an attack of gravel.

Dr. HIBBERT TAYLOR related a case which occurred twenty years ago at the Northern Hospital, under the care of the late Dr. James Carson.

Mr. HIGGINSON observed nothing had been said about the parts injured having been cut into after death, to shew whether there was any inflammation, which is said to come on when the symptoms of hydrophobia appear; and stated he should be inclined either to incise or cauterise the parts, or inject them subcutaneously.

Mr. HAMILTON mentioned two cases he had read of in which pain was manifested in the parts bitten before the symptoms shewed themselves. He had removed the three bitten parts by deep incisions, three months after the bite, in the case of a young gentleman who had been bitten by a favourite dog. The dog shewed symptoms of madness the night after biting him, and was shot.

Dr. BRABAZON had seen two cases; and in neither of them were there any marks of recent inflammation. In the first case, the patient, aged 12, had complained of pain in the side of the face, like neuralgia; then difficulty of swallowing came on three days later; he could answer questions rationally, but had a jerking motion when standing up; he complained of a feeling of choking; saliva was constantly flowing from his mouth, and he was gnawing his clothes; his pupils were widely dilated. In the second case, a child, aged 6, was bitten three weeks before in the leg by a dog, which had bitten several other people. He had pain in the part bitten, and opisthotonos; his pupils were dilated; his pulse quiet; he was anxious to drink, but could not; he could swallow solids. Death took place from exhaustion.

Dr. WHITTLE said there were two forms of rabies; in the one, the dog will not bite unless it is provoked; in the other, it will bite anyone. The dog has no fear of drinking, and will swallow. The horse will bite and tear his knees, and trot round and round until he dies.

Mr. DENTON asked whether there were any pathognomonic symptoms or rabies.

Mr. HODGSON said the dogs affected will always pick up bits of rubbish, and will vomit their food and drink, but not these extraneous matters which are found in their stomachs after death; the tongue is hanging out; and there is an appearance as if there were something in the throat.

Mr. Higginson had found in a dog's stomach a ball of its own hair.

Correspondence.

IRIDECTOMY.

Letter from S. Browne, L.K. & Q.C.P.

Sir,—I regret that Mr. Bowman, in his reply to my letter of the 27th ult., has not answered on his *own* authority, derived from his investigations of glaucoma and the results of iridectomy in his own practice, the following very precise and clear queries. "Let him" (Mr. Bowman) "give us a *plain, brief, unequivocal* description of the exact pathology of the disease now called glaucoma; and, above all, let us hear how it is that iridectomy—an operation that must more or less mutilate the eye—effects a 'cure' of glaucoma in its several stages, from the premonitory period to the stage of the disease when the eye has become considerably altered in structure. All surgery, worthy the name of scientific surgery, is based upon definite principles; let us know what are the definite principles of iridectomy" (*in glaucoma*), "and then we are likely to listen to its advocates," etc. I asked him for a plain, brief, and unequivocal statement of his own views; but he has evaded the subject by referring me, in the closing sentence of his letter, to the summary of cases published by Mr. Hulke! In a preceding paragraph, however, of his communication, he says: "The 'recognised principles of scientific surgery' is here *a sounding phrase, and nothing more!* That is scientific in surgery which is based on exact observation of the manifestations of disease, and which contrives and applies to the relief of disease so discriminated an adequate method of treatment. The discovery or contrivance of such a remedy, in the case of a previously incurable malady, and one destructive of sight, is a high evidence of science, and one of its brightest results." Just so. But does *this* "sounding phrase" explain "how it is that iridectomy—an operation that must more or less mutilate the eye—effects a 'cure' of glaucoma in its several stages," etc.? No, nothing of the sort; it is a simple evasion of the question, and must be thus regarded until some one will undertake to explain "what are the *definite principles* of iridectomy".

I have just read Dr. Wolfe's lucid communication which appears in your last number (March 12th), and which deals both with the pathology of glaucoma, and gives a *rationale* for the operation of iridectomy also. Now, as this gentleman dissents from the pathology of glaucoma as advanced by Von Gräfe, and is clearly not "a blind follower of a master", and as he has also stated the principles of iridectomy according to his view, it would have been instructive, had we seen, side by side, the independent opinions of these two able advocates of iridectomy. Whether Mr. Bowman will accept these views of Dr. Wolfe, or whether they will carry conviction to the profession, I cannot determine; but they have certainly this to recommend them: they are clearly and plainly set forth. The pathology of glaucoma, right or wrong, as laid down, is exact. There are definite principles given for the employment of iridectomy in the treatment of the pathological condition which is supposed to exist; and I shall certainly watch with considerable interest the issue of the question, as it *now* stands before the medical public. Meanwhile, I may state that the views and opinions I have already submitted are unaltered.

It has been my wish to elicit truth. I am not one of those "men" referred to by Mr. Bowman, who "have not moved forward promptly on this subject" (iridectomy) "with the age"; nor have I "opposed other improvements when first propounded"; but I have lived long enough to have seen many specious theories in medicine ably propounded, warmly supported, and then sink into nothingness; and I have arrived at the age when men usually seek for something beyond mere assertion to sustain any position, and when they are not likely to be carried away by the most brilliant theories which are not upheld by intelligible arguments and unquestionable proofs. Now as, in these respects, the theories relative to glaucoma and its "cure" seem to my mind more than defective, I have not been able conscientiously to receive them. But Mr. Bowman, it appears, has hope of me yet; he "expects that ere long" I will "reach the same conclusions as others"—viz., the iridectomists. Well, it may be so. I am, I trust, open to conviction; but I cannot hope to raise my fancy to the pitch of the "young surgeon" who, after a month's attendance at Mr. Bowman's ophthalmic hospital, "can make himself master of the very simple method of conducting the slight and rapid, though delicate examination necessary for determining the tension of an eye"! Now, be it understood, it is not to determine whether tension of the eyeball exists in any case—that I know my own sense of touch could reveal; but it is to determine by "*touch alone*"—for so I shaped my query—whether, in certain inflammations of the deep tissues of the eye, "glaucomatous complications" exist also!

I must conclude by expressing my conviction, that the correspondence which you invited upon the question of iridectomy in glaucoma, will be followed by beneficial results both to the profession and to the public. As the question at present stands, it is clear that there is yet much to be definitely settled; but, in the hands of those who are investigating the matter, and who, I am satisfied, are actuated by an anxious desire to arrive at the truth, it will receive all the consideration which its importance demands.

I am, etc., S. Browne.

Belfast, March 15th, 1864.

MEDICAL PRIZES FOR STUDENTS AT OXFORD AND CAMBRIDGE.

Letter from William Ogle, M.D.

Sir,—Dr. Humphry has done well in calling attention to the prizes within reach of medical students at Cambridge. It is but justice to my *Alma Mater* to endorse, however imperfectly, what he has mentioned as to the advantages of a university course.

First, there are fellowships, of which a greater number now than formerly are open to laymen. Next come scholarships, which, to the value of £20 to £40 *per annum*, may be easily obtained by any one who has stood fairly in a public school, and by very many who have not had that advantage. But this is not all; nor, in fact, anything, in comparison with that which is within the reach of every one. The chief prize is "the mental training"—"the best foundation"—which is necessarily laid in reading for the B.A. degree. Many a man goes up to the University with a most limited knowledge of Greek and Latin, and with a still more slender stock of mathematics, who nevertheless takes a very respectable position at the time of his degree; and ever afterwards he is a marked man. It is enough that he is of Oxford or

Cambridge. Long may the distinction maintain its present value! The *reason* of this is, that the Universities give a training which makes itself manifest, whatever be the future calling of the student. The three years, though spent in the study of classics and mathematics, are not lost. It would be nearer the truth to say they are clear gain. At the end of a second or a third three years, the result is manifest. He who begins his professional study without this preliminary course is, by comparison, a man in fetters. That the members of our English Universities, though so few, should have left their mark so distinctly upon our profession, is proof that, as a general rule, these men acquired a mental power incomparably superior to that which they would have had if those same three years had been devoted to the study of subjects connected more immediately with their profession. I am somewhat jealous of the recent changes in favour of the "natural sciences", and which make it to a certain extent optional whether or not a man shall graduate in Arts. Unless closely watched, under the specious pretext of adapting them to the requirements of the age, the Universities will lose their character of soundness and solidity. *Verbum sat sapienti.*

Moreover (and this is no slight gain, though only an incidental one), by contact with his fellows and with his superiors, the university man learns something which is hard to describe, but which is easily recognised—a self-knowledge—"a peculiar temperateness and steadiness of thought, a habit of respect for others' feelings and convictions, and a reasonable and considerate tone of mind." (See *Times* article on the University system, in reference to candidates for the ministry, Jan. 2nd, 1864.) These qualifications are as necessary in medicine as in divinity. The mixing with others who are destined for the sister professions, and with those who will one day occupy the chief places in the state, tends in like manner to curb man's inherent self-assertion: it enlarges his ideas; it makes him, almost in spite of himself, a gentleman. On these grounds, I presume, Dr. Humphry concludes that, "for the intelligent and industrious student, the Universities are the very best entrance to the profession," and expresses his "surprise and regret that so few comparatively avail themselves of the advantages offered. Yet, in expressing surprise, one thing must be borne in mind: the choice does not rest with the student, but with his father. I do not think it is the expense of the course, nor so much from want of appreciation of its advantages, but rather, and chiefly, from the difficulty which in an especial manner besets the English graduate in first commencing practice. The main avenues into the profession are closed against him. Poor-law practice and club practice are bye-words. Who would be a club-doctor, if he could help it? or a parish-doctor? "General practice" also is almost wholly denied to the university man. He may "give advice gratis"; but even that is hardly reputable now, through the abuse of it. Nothing seems left for him but to support the dignity of his neighbours—a very pleasant duty, even when you get no thanks for it; but it involves that, for ten or twelve years, such a one must live upon his private means. It is idle to expect that fathers will send their sons to the University, except in rare instances, so long as this is the case. Happily, there are signs of change; and straws show the direction of the current. Mere titles are becoming waste paper. Medicine and surgery are more and more recognised as one science. Humbug (though perhaps never more rampant) is being exposed. And though there is a danger lest, in making everybody a physician, the physician be lowered, and not the everybody raised; and lest, in our outcry, for instance, against "advice gratis", we be carried into the opposite extreme,—there are indications of better things. The apothecary system of payment "per bottle" is on the wane. Will not "per visit" follow? The *form* is gone. "Particulars", even of the visits, are only "given if required". People are beginning to see that "per visit" takes no account of that which "is better than cure"; and that prevention, the *highest* function of a medical man, is practically ignored. An annual sum, with a margin for exceptional fees, seems to me to meet the requirements of the case.* At any rate, whether this be the solution of the difficulty or no, the difficulty should not be ignored in the discussion of the important question which has been brought forward so opportunely by Dr. Humphry of Cambridge.

I am, etc., William Ogle.

Derby, March 8th, 1864.

ARMY HOSPITALS AND CIVIL SURGEONS.

Letter from Henry Terry, jun., Esq.

Sir,—I have recently observed, in some of the medical journals, articles reflecting much on the Army Medical Department; which, in my opinion, are strongly exaggerated. I trust you will allow me to reply shortly to them, having been for some time past in medical charge of troops in this town.

I may state, *in limine,* that a private practitioner in charge of troops has to conform to the greater part of the "Regulations" as laid down for regimental assistant-surgeons.

The main grievance, so far as my memory serves me, was the question of *diets,* and the great amount of writing and trouble required of the surgeon in ordering and changing them; and I think that in this matter a great improvement has taken place. Not long ago, most detachment hospitals in provincial towns—to which I chiefly allude—were in charge of non-commissioned officers of the regiment, who might or might not understand the hospital accounts. Hence, on every change of troops in any given hospital, some trouble and confusion arose in having to select such a person and teach him his duties. At the present time, one of the "Army Hospital Corps," having no connection with the regiment, is permanently attached to the hospital; he is, of course, thoroughly *au fait* with the various forms required. This is a vast improvement.

In the next place, the surgeon used to be responsible that the proper quantity of provision was daily ordered; and, indeed, it was his duty to sign the various "requisitions" for them; and in any case of mistake in this respect, much correspondence became a necessary consequence. The whole of this duty now devolves on the Army Hospital Corps man steward, as he is called. He gives the required orders to the tradesman after the surgeon has paid his visits and entered the diets. This is a great boon.

The large number of diets, to which you are restricted, amounting to about ten, is also an improvement, instead of the contrary. And here I must add, that great liberality is shown in ordering extra medical comforts; and there is no trouble in procuring them—in fact, they are kept in the hospital, ready for immediate use.

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* A similar suggestion was favourably noticed in the *Lancet*, November 14th, 1863: though, I regret to say, the writer did not perceive the professional, but only the commercial bearing of the plan; and so recommended it only to be adopted *sub rosâ.* The *American Medical Times*, however, in noticing my paper (Social Science Congress, Edinburgh Meeting), says boldly (December 19th, 1863):—"The physician assumes under it (the new system) the *highest* and *most dignified* functions of his profession. His aim now is to prevent disease.... If universally adopted, it may prove to be a most beneficial medical reform." The motto of the College of Physicians in Philadelphia is, *Non sibi sed toti.* I commend it to the consideration of any who think that a plan can be commercially right which is professionally wrong. (W. O.)

As regards the recruiting, I cannot speak from experience, as private practitioners do not in this respect fall under the same rules as military surgeons. In fact, they have an advantage over these, having no pecuniary liability. I am, etc.,

Henry Terry, jun.

Northampton, March 15th, 1864.

Medical News.

Royal College of Physicians of London. At a general meeting of the Fellows, held on Monday, March 21st, 1864, the following gentlemen, having undergone the necessary examination, were duly admitted members of the College:—

Bagshawe, Frederic, M.B.Cantab., 21, Connaught Square
Grant, James Alexander, M.D.Montreal, Ottawa, Canada West
Witherby, William Henry, Coombe, Croydon

Apothecaries' Hall. On March 17th, the following Licentiates were admitted:—

Colden, Edward, St. George's Hospital
Edwards, John Henry, Llangefni, Anglesea
Gandy, William, South Street, Park Lane
Garlick, William, Park Square, Leeds
Iles, Daniel, Fairford, Gloucestershire
Morris, Joseph, Studley, Warwickshire
Philpot, Harvey John, Wilton Terrace, Kensington
Price, Charles Richard, London Hospital
Shorland, Edward Peter, Westbury, Wilts
Watts, Algernon Newbegin, Westminster Hospital
Whitehead, Walter, Windermere
Wraith, John Hargreave, Over Darwen, Lancashire

At the same Court, the following passed the first examination:—

Denton, Frederick George, Hornsea, Hull

APPOINTMENTS.

*Watson, Thomas, M.D., F.R.S., re-elected President of the Royal College of Physicians of London for the ensuing year.

Quinlan, Francis Boxwell, M.D., appointed Medical Superintendent of the Smithfield Prison, Dublin.

DEATHS.

Ball. On March 18th, at Heckfield Heath, Hants, aged 30, Mary Tyeth, wife of *Richard D. Ball, Esq.

Bond, Henry, Esq., Surgeon, at Echuca, Australia, aged 40, on January 2.

Fowler. On March 21st, aged 3, Alfred, youngest son of Robert Fowler, M.D., Bishopsgate Street Without.

King, Gilbert, M.D., Inspector-General of Hospitals and Fleets, at Gibson Square, Islington, aged 73, on March 18.

Mackensie, Thomas, Esq., C.B., late Inspector-General of Hospitals, Bombay, at Cheltenham, on March 17.

Perkins. On March 15th, Sarah, wife of Thomas Perkins, Esq., of Snaith, Yorkshire, aged 27.

Smith. On March 19th, at 16, Caroline Street, aged 35, Mary Anne, wife of *Henry Smith, Esq.

Sykes, J., Esq., Surgeon, at Mile End Road, aged 42, on March 17.

Tobin, John K., M.D., at Brussels, aged 79, on February 17.

The Zambesi Expedition. This year £12,500 has been voted for the Zambesi Expedition.

Testimonial to Dr. Liveing. The students of Middlesex Hospital have presented their Demonstrator of Anatomy, Dr. Liveing, with a silver cup, as a token of their "appreciation of his uniform kindness and attention to them."

Epidemiological Society. Dr. Babington has resigned the office of President of the Epidemiological Society; and Dr. Gavin Milroy has been nominated by the Council as his successor. The office is in future to be held for two years. Dr. Chowne and Dr. Murchison have been placed on the list of Vice-Predents.

The Staffordshire Hospital is found to be totally inadequate to the requirements of the district. The governors have, therefore, resolved to call a meeting for the purpose of enlarging it.

Small-pox at Portsmouth. The small-pox has made its appearance to a considerable extent among the naval and military at Portsmouth. On Monday the *Adventure* anchored at the Motherbank, owing to small-pox having made its appearance on board. The above ship was to have sailed on Monday for China with troops.

Tea. It appears that the quantity imported last year reached the enormous aggregate of 136,806,319lbs. (although only 85,206,779lbs. were entered for home consumption), nearly three times as much as in 1848, showing the prodigious stimulus which has been given to the demand by successive reductions of duty. So much for what old Cobbett endeavoured contemptuously to sneer down as "wishy-washy stuff."

District Lunatic Asylums in Ireland. On Thursday week, Colonel Greville asked the Chief Secretary for Ireland if he had received the resolutions passed by the grand juries of the different counties affected by the changes proposed in the district lunatic asylums. Sir R. Peel replied that no resolutions passed by the grand juries had yet been received by him.

Improvement in the Paris Hospitals. A sitting room is to be attached to each dormitory, so that when a patient is sufficiently recovered to leave his bed, he may have a place to read or to play at some innocent game, such as chess or draughts. Besides assisting in a perfect recovery of the convalescents, this plan will enable the patients confined to their beds to enjoy more quiet.

The Cornwall Lunacy Case. The trial of Samuel Porter, of Flushing, near Falmouth, for maltreating his brother, a lunatic, took place last week before Mr. Baron Martin, at Bodmin. The jury found the defendant guilty of neglect, but recommended him to mercy. Sentence was postponed till the opinion of the Court of Appeal on some points of law raised by the prisoner's counsel shall be known, and the prisoner was discharged on his recognisance.

Puerperal Fever in the Hospital Cochin. The physicians of Hospital Cochin in Paris, having observed for some years past cases of puerperal fever among the women there, of which they have not been able to discover the cause, have determined to make a change in the arrangements. They have resolved that the wards devoted to female patients shall be occasionally left vacant for some time and exposed to a current of air. To carry out this arrangement, the Municipal Council of Paris are about to build a large addition to the hospital. The new building is to contain four wards for women. Three of them only are to be occupied at a time, and one left vacant.

International Registration of Weather and Disease. The Registrar-General has recently brought under the notice of the authorities of the great cities of Europe a plan for securing returns of diseases and of the weather simultaneous with those of London. Vienna, which is the seat of one of the greatest medical schools of Europe, has already responded to his application, and he expects to receive from that city a regular series of returns, which cannot fail to afford interesting comparisons with those of London. Vienna is about to adopt many of the sanitary improvements which have proved efficacious in England; and Dr. Glatter, a most zealous officer of the City Council, will be able to measure their effects on the reigning disease and the rate of mortality.

Trial of Dr. Courty de Lapommerais. The Chambre des Mises en Accusation on Saturday decided that Dr. Courty de Lapommerais, the homœopathic physician, shall be tried by the Court of Assizes on the charge of having poisoned his wife's mother in 1862, and, more recently, another lady, whose life he had insured for a considerable sum. The trial will take place in the first fortnight of May.

Health of Scotland. The Registrar-General's monthly report on the eight principal towns in Scotland describes February as another month of heavy mortality, far above the average. Typhus fever carried off 206 persons, and in Perth was the cause of a fifth of the whole number of deaths, and of above a sixth in Aberdeen. The month was characterised by cold and wet in no ordinary degree. So also, the mean temperature of the month in the towns, averaging 33·8, was lower, not only than in any February, but in any month of any year since registration was commenced, nine years ago.

Parisian Hospitals. The improvement of the hospitals of Paris is going on with great activity. The Bicêtre, now an asylum for lunatics, is to be enlarged by an addition for idiotic children, which will be supplied with baths and every convenience for washing. The idiotic and epileptic children occupy at present a separate building and courtyard, but when they require baths they must use those of the adult lunatics. The building to be erected for them will open on a square planted with trees, and provided with two halls for gymnastics, of which one is to be covered, and the other exposed to the air. A special school for those exercises was established in the year 1842, and at present contains more than one hundred pupils. The buildings of the Bicêtre are ranged round nine courtyards, five of which are allocated to lunatics, and four to indigent poor. This division is subdivided into sections which comprise the less violent, the violent, the adult idiots, and the idiotic children. There is likewise a hospital in a separate quarter for prisoners who fall sick before trial.

Medical Officers in India. On Thursday week, Mr. Bazley asked the Secretary for India why medical officers of Her Majesty's British and Indian Armies were deprived of the substantive pay of their rank in India; why medical officers of the Indian Army, of ten and fifteen years' service, ranking with captains, received when on sick furlough merely the pay of a subaltern; and when the nine hundred medical officers of the late Company's army, whose services were transferred to the Crown in 1857, would be informed of what their future prospects are to be as regards rank, pay, and pension. Sir C. Wood replied that medical officers in India were paid upon a totally different scale from medical officers in this country. The whole subject had been under the consideration of himself and Council, and not long ago he stated that they were prepared with a general plan which would put things on a more satisfactory footing. Some further steps, however, required to be taken before that plan could be carried out.

Action for Libel: Millett *versus* Edmonds. This case was tried last week in the Nisi Prius Court, at Bodmin, before Mr. Baron Bramwell and a special jury. The case, as may be recollected, created a great sensation at the early part of this year. The plaintiff, Richard Oke Millett, was a member of the College of Surgeons. The defendant was also a surgeon, and had married the sister of the plaintiff. The action was brought to recover damages for a malicious prosecution, which charged that the plaintiff had caused the death by poison of his own brother Jacob Cur, now Millett. The charge was made in the most deliberate manner, and was persisted in. The deceased resided with his brother, the plaintiff, at Penpoll. J. C. Millett was of peculiar habits, and had water on the brain. Last year he had been failing, his eyesight had become impaired, and he complained much of his head, and could take but little exercise. In February 1863, he altered his will, and bequeathed everything to the plaintiff. On December 30th, he partook of a very hearty dinner, and afterwards complained of feeling "sinking." The plaintiff gave him brandy, and he said he thought he felt better, but complained of cold. In the course of that evening it was evident that he had a seizure, and in a few hours he died. The plaintiff then sent for the coroner and the undertaker. An inquest was held, and a verdict returned that the deceased had died from natural causes; and he was in due time buried, but in a short time the defendant applied to the Secretary of State for an order for the exhumation of the body. This was granted, and on January 22nd, the plaintiff was arrested on a charge that he had poisoned his brother. He was taken before the magistrates four times, but was detained in custody all the time, as bail was refused; he was fourteen days in custody, but eventually he was discharged, and then brought this action. The plaintiff swore that there was not the slightest pretence for saying that he had anything to do with his brother's death or his uncle's death. Dr. Taylor stated that the appearances were quite consistent with death having arisen from natural causes. The defence was that, in consequence of the sudden deaths of several members of the family, there were rumours in the neighbourhood, which had at last reached the defendant, and that he had thought it incumbent on him to cause an investigation. In his examination the defendant stated that, although at the time he considered there were sufficient grounds for the course he had adopted, yet he was now fully convinced of the plaintiff's innocence of the charge. The jury returned a verdict for the plaintiff. Damages, £400.

The late Dr. Carlyon. Dr. Clement Carlyon, youngest son of the Rev. John Carlyon of Truro, was born on April 22nd, 1777. He was educated at the Truro Grammar School; and had for companions, Sir Humphry Davy, Henry Martyn the missionary, and Prebendary Kempthorne. He proceeded from Truro School to College; and went out as Tenth Wrangler in 1798. In the same year, he was chosen a travelling bachelor, with the annual stipend of £100. During his travels, which embraced Central Europe and the northern parts of Sweden, he had for his principal companion the late Dr. Parry; and their excursions were frequently shared by Samuel Taylor Coleridge. Of him, and of other remarkable men with whom he was more or less associated abroad, he has recorded many interesting and personal traits in his *Early Years and Late Reflections*. Dr. Carlyon was elected to one of the valuable Fellowships of Pembroke Hall soon after he took his B.A. degree, and he held it till his marriage in 1806. Before this conclusion of bachelor life, he had proceeded from the degree of M.A. to that of M.D., and settled as a physician at Truro, where he speedily acquired the confidence of a large circle of society, including many of the principal families of Cornwall. He was a model physician of the old school, a shrewd and quick observer of symptoms, full of ready resource for their treatment, clear and prompt in judgment, delicate in tact, and, above all, large and warm in heart—so that all his powers moved in active concert for the service of his patient. In 1827, he published a pamphlet on the *Endemic Typhus Fever of Cornwall*, in which the principles of sanitary science, of late familiarised to the public mind through so many channels, but then quite novel, are enforced with the greatest clearness of detail and weight of argument. Before this time, Dr. Carlyon had become one of the physicians to the Cornwall Infirmary; and was, on his retirement in 1849, presented by the governors with a valuable salver. He withdrew almost entirely from private practice when he gave up his public medical appointment; but his interest in his profession—in its study as well as appliances—continued always lively. Dr. Carlyon now employed his greater leisure in the diligent promotion of the useful and charitable institutions of his town and county, for both of which he was a magistrate. To the Lunatic Asylum, at Bodmin, he devoted particular attention. In the municipal affairs of Truro, he had always taken a very active part, and five times he filled the civic chair. Dr. Carlyon has died within a few weeks of eighty-seven,—but without decay of faculties or anything like decrepitude. His benignant smile had not lost its glow, nor had his cordial "manly voice been turned again towards childish treble." Those literary pursuits which "Rome's least mortal mind" has called the delight of old age, also engaged much of Dr. Carlyon's later years. He held a facile and graceful pen, and his writings reflect the same qualities of mind and character which belonged to him in social life. His *Precepts of Health* is a pleasant and forcible exposition of his experience, in confirmation of the maxims of old Louis Cornaro, well supported, assuredly, by the hale and cheery aspect of the author. Dr. Carlyon was fond of the country, of nature altogether, of his farm, of his dog and gun, but especially of his fishing-rod. The last year of his life witnessed successes of this veteran Waltonian. He was a whole man, body as well as mind.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.
THURSDAY	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 P.M.
SATURDAY	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. E. Symes Thompson, "Indigestion in Early Phthisis."

TUESDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

WEDNESDAY. Chemical (Anniversary).

THURSDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Royal.

FRIDAY. Western Medical and Surgical Society, 8 P.M. Mr. Vasey, "On the Management of Children's Teeth."

SATURDAY. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE PATHOLOGICAL SOCIETY.—The whole matter is in a nutshell. The Royal Medical and Chirurgical Society either does or it does not charge the Pathological Society a fair rent for the accommodation afforded by it. Let the Pathological Society prove that the terms are exorbitant, and we are sure that the Royal Medical and Chirurgical Society will do what is just in such case. Any one who reads the correspondence and remarks on this question will see clearly enough that the Pathological Society has got the idea into its head that the Royal Medical and Chirurgical Society is bound to pay towards its sustenance, or to give it a helping hand in some way or other. The threats of the Pathological gentlemen, who say they will take their custom away from Berners Street if the Royal Medical and Chirurgical Society does not come down in its rent, are simply laughable. We repeat it again: the transaction, to be equitable, must be a purely commercial one. The Pathological Society must pay the market price for the article they require.

PROVINCIAL SURGERY.—SIR: What does one of your contemporaries mean by saying or insinuating that no cases of severity are treated in country hospitals? He must be very ignorant of what he is writing about. Why we excise joints, remove jaws, operate for stone, practise ovariotomy, take off thighs and legs, operate for ununited fracture, perform plastic surgery, etc. We do all this in our hospital, although it is situated nearly two hundred miles away from the Great Metropolis!

I am, etc., A COUNTRY SURGEON.

[Our correspondent need not apologise for country surgery. Every year diminishes the conventional distinction between London and provincial surgeons. The distinction would disappear at once if country surgery were duly represented in the Council of the College of Surgeons. EDITOR.]

A NEW ANÆSTHETIC: ANÆSTHETIC QUACKERIES.—SIR: A good deal of *quasi* scientific explication or evolution of the virtues of a new anæsthetic, *nitrous oxide*, is to be found this month and last in the journals; its chief advantage, as there emphasised, being, that it is much more safe than chloroform. It so appears, however, that one most melancholy death is noted this year already in New York from this new fantastic anæsthetic, nitrous oxide. It was that of a fine young woman, in perfect health, who went to a dentist to have a tooth out, but never recovered from the effect of this gas. Another of the quackeries of anæsthetics, as one cannot help designating these sensationalisms and novelties, is a story (a "cock and bull" story, let me *pro hac vice* term it after the manner of Sterne) to be found in a popular magazine this month and last, for which story, the authoress, it is said, has got two thousand pounds! the chief point or plot hinging on two poor surgeons who are engaged to perform a surgical operation. We have the "high-born damsels" in great feather in the story. One high-born lady says, she has a kind of spiritual manifestation and celestial answers from table-knocking; that the patient about to undergo the surgical operation ought not to have the chloroform; and then a melancholy but idiotic sensation chapter follows, with the surgical operation, the doctors differing, the patient dead from the chloroform in the confusion, and taken away dead downstairs after the manner of a funeral! Several persons, to my knowledge, have been terrified at the use of chloroform by this story; it bears on it, however, the impress of the utmost ignorance of all about surgical operations and chloroform; and as such, members of the Association and readers ought to discountenance it.

Sackville Street, March 5th, 1864. I am, etc., C. K.

P.S. How much better would it be if in place of medical journals settling the political claims of Denmark, or touting for pugilists, or giving us dreary and weary furlongs of articles, they would permit subjects like chloroform to be discussed, or lunatic asylums, and not permit *Household Words*, or any other words, to deluge the public with vulgar unmeaning trash, as in the memorable lunatic rubbish of "Hard Cash", or this tale just referred to on chloroform, which has now as great a run in the libraries. We have had a sickening of the Townley case. *Punch* is now the best of our medical reformers; he is nearly infallible on medical questions; one would almost say or wish, with a sigh, *si sic omnes!* One of these poor surgeons, in the tale above referred to, is ruined or tried for malpraxis, because he did not hear the table-knocking, and gave the chloroform. It will be somebody else's turn next, in the present temper of ignorant juries of coroners.

Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

W. O. MARKHAM, M.D., F.R.C.P.,

PHYSICIAN TO ST. MARY'S HOSPITAL.

MR. PRESIDENT AND GENTLEMEN,—I should have hesitated in bringing under the notice of this learned assemblage, so commonplace—I may say, so trite—a subject as is that of Venesection—the effects of the abstraction of blood in diseases—had I not, sir, received your sanction in doing so. What especially influences me in selecting such a topic as the subject matter of these discourses, is the very strong conviction, founded on a careful consideration of the whole question, which I hold—that the practice of the present day, in respect of the abstraction of blood in diseases, is not unfrequently prejudicial to the interests of the sick; and that it is neither in accordance with the opinions of the profession at large, nor with a scientific consideration of the value of venesection as a remedy. A strange influence, whose source and progress it is not easy to trace, has—as we are all well aware—in these latter days, quietly, and I may say irresistibly, pervaded and passed into the practice of medicine; forcing upon men's actions, if not upon their convictions, the conclusion, that abstraction of blood in disease is, at this period of the world's history, *pro tanto*, something akin to the abstraction of life from the patient's body.

This revolution in therapeutics, which, amidst the many remarkable revolutions in treatment which this day witnesses, may still perhaps be called extraordinary, has, to all appearance, been accepted and acquiesced in by the profession, almost without a question. So far, indeed, from doubting its propriety, men have busied themselves rather in attempting to find excuses for, or explanations of, the change in practice, than in questioning and arguing as to its fitness. And the result is that, in respect of the use of bleeding, the most powerful of therapeutical agents, we find ourselves placed in this position: that our practice is directly opposed to the lessons handed down to us for our instruction, as the results of the experience of all the great master-minds who have ever practised medicine in the past; opposed also to the recorded teachings of all our great modern medical authorities—the authorities of the day; and, what is still more remarkable, opposed also, in a very considerable degree, to the belief and convictions of many who adopt the negative practice solely under obedience to the imperious force of custom.

Moreover, it is to be noted, that this unnatural dread of the evil consequences of bleeding is not now confined to men of medicine. It has, through our teachings and practice, taken firm hold on the public mind; so that, in truth, patients, under the bias of this new idea, have imbibed as great a horror of being bled as doctors have of bleeding them. The result of all this is, that the practitioner, whose experience and judgment might have led him, in a given emergency, to perform venesection, not unfrequently withholds his hands; dreading lest, should his patient die, the *onus* of the death may be put to the account of his fatal lancet. There are few of us, indeed, who, when the question of the use of venesection as a desirable remedy in any given case comes before us, do not find ourselves under the biassing influence of this anti-venesecting epidemic, and allow it to exercise an undue sway over our judgment.

If such be the position of this matter, may I not reasonably ask you to consider with me, whether there may not be some fallacy in the arguments which have brought us to such a remarkable conclusion? Surely, it is hardly credible that a remedy—undeniably the most rapid and powerfully telling in action of all remedies—which has, from the earliest and during all ages of medicine, been ever found a sovereign remedy in the hands of the greatest masters of our art—should have, all at once, become something worse than useless in our hands. Granting even, for the moment, the truth of the idea that some great change has of late years come over the constitution of human bodies; that this man of modern civilisation has undergone some mysterious constitutional modifications; that diseased entities, imaginary or otherwise, or the bodies wherein they manifest themselves, have changed their type; still, surely, ought this remedy, like every other standard remedy (if it were ever an useful therapeutical agent) to hold its own as such. Reason seems to plainly tell us that, so long as this tangible body of man, with all its component parts, remains the same—the same in structure, the same in vital manifestations, the same in its functional operations, the same in its diseases—so long must the effects of the loss of blood upon it in health and in disease be ever the same in kind. Whatever be the nature of those supposed altered conditions of the body, which are represented to us in this change-of-type idea, still the agencies which move the animal economy, and the parts of it, must be ever the same in kind. The kind of effect, consequently, produced by bloodletting now, should be precisely similar to what it has ever been—in those other days when bloodletting was admittedly a princely remedy of diseased humanity. The influence of the remedy must be ever the same in quality; and, if changed at all, changed only in respect of the quantity of blood that requires abstraction for the cure of disease.

But, in truth, sir, from whatever point of view the subject is regarded, the conclusion seems to me inevitable; viz., that blood-letting does not hold in our estimation its rightful position as a therapeutical agent; and that, therefore, and in so far, the interests of the sick are prejudiced. That such is really the case, I hope to be able to satisfy you; and the strong, and I trust rational, feeling which I hold on the subject, must be my apology for discussing this question here. And I may express a hope, that the discussion of the subject within these walls will perhaps induce the profession at large to re-consider the position which blood-letting at present holds in therapeutics. I cannot but think, that a calm survey of the causes of this modern decline and fall of venesection in professional estimation—a nearer consideration of the actual effects produced by venesection, and, I might add, a truer reading of the lessons taught by modern physiology—will be found to demonstrate, that the practical conclusion adopted by us is not justified by sound premises.

With this object in view, I will, therefore, in the first place, briefly relate the causes, real or supposed, which have brought about this modern revolution in practice, and examine their reasonableness. And having done this, I will then inquire more particularly what are the actual effects over diseases produced by the loss of blood; and shall attempt to deduce from such considerations the conclusion, that blood-letting, rightly applied, is now, as it ever has been, a good remedy in diseases.

The first cause which presents itself for our consideration, as explanatory of this present bloodless epoch of medical practice, is the *change in type* which diseases are said to have undergone; and undergone, indeed, as some assure us, even while the present generation of doctors has been passing from youth to advanced age. This explanation has been accepted by some of the very highest authorities in our profession, and therefore demands our most careful and respectful consideration. With the profession at large, I believe the idea has been admitted without any very critical inquiry as to its merits.

And, *in limine*, without wishing to prejudice the theory, I cannot help remarking that, unless I am much mistaken, this theory has been called in, I will not say as a *Deus ex machinâ* to explain the difficulty, but certainly after the difficulty had presented itself for explanation. I look in vain for any proof of the assertion, that doctors left off bleeding because they began to note that their patient's bodies would no longer suffer the bleeding as in former days.

Bleeding, indeed, as an universal and infallible remedy in all diseases, appears to have begun its fall into disrepute—I mean its present fall—at the very time when our art, under the enlightenment of modern scientific investigation, was emerging from what I would call the dark ages of medicine. And I, therefore, cannot help calling your notice to the suspicious circumstance, that the asserted facts on which this change-of-type theory is founded—the disrepute of wholesale blood-lettings, the departure of the antiquated humoral theory, and the life of our modern scientific medicine—apparently all occurred at a somewhat similar period of the history of medicine. I think, therefore, that even at the threshold of the inquiry, the theory may be fairly regarded with some degree of suspicion.

I know not to whom is due the credit of first suggesting the term of change of type in diseases, nor when it first appeared in medical literature; nor do I know what was the precise idea attached to it by its inventor; but by the term is meant, as I understand it, not any imaginative alteration in the essential nature of diseases themselves, but some change in the condition of the body which is the subject of diseases. Inflammations, I suppose it would be argued, are the same now, in so far as their characters, anatomical and dynamical, are concerned, as they ever were since diseases fell on man; but the body in which they manifest themselves is somehow changed. The general diathesis of humanity has undergone some gradual transformation, so that the manifestations of the reactions of diseases upon mankind are different now from what they were in former days. Moreover, this change, some supporters of the theory tell us, is no partial one; the whole civilised human family has come under the novel phasis. Not only here, but at the antipodes, men will no longer bear the bleedings to which they were once beneficially subjected. And I believe that even veterinary surgeons have found, or have thought to find, the same to be true of the constitution of the animals subjected to their care.

Besides this, it is not to be imagined that now, for the first time in the history of nosology, such peculiar modifications have occurred in man's nature. The course of diseases amongst mankind, authority assures us, has ever, at different epochs, been marked by variableness and shadows of change. To use the words of the authority referred to: "There are waves of time, through which the sthenic and asthenic characters of disease prevail in succession, and we are at present living amid one of its adynamic phases." "I share in the belief" (he adds) "which has grown out of the experience of many thoughtful and observant men, that, in this country at least, the human constitution has for several years been suffering a gradual change; that almost all inflammatory disorders assume now-a-days a more adynamic type, and require less energetic treatment than in the early part of the present century."

It must also be remembered, that this supposed change in constitution is something quite distinct from the changes in man's bodily state which result from any of the well defined influences of occupation or climate to which he may be accidentally subjected. This peculiar change is, in fact, the resultant of an influence—an unknown influence—totally distinct from those ordinary influences, whose good or evil operations on the body we can note and appreciate; and, as I understand it, it has fallen alike upon all—upon the ruddy rustic, the corpulent alderman, the thin, sallow, anxious-faced man of business, and the pallid artisan; affecting each of them, and more and less, according to the varying merits of their constitutions.

Let me now ask you to consider the grounds upon which is based this change-of-type theory. Have we, indeed, good reason to believe that the human constitution has undergone some decided and inexplicable modification—the modification being manifested to us in an alteration of the effects produced by venesection in inflammations? for you will remember, that the entire basis of the argument in favour of the theory rests upon the assumed conclusion, that venesection produces different effects now from what it formerly did.

In approaching the subject argumentatively, we at once perceive that the theory rests on very unsatisfactory evidence; that it, in fact, is founded mainly on what I may be permitted to call the fluctuating basis of personal opinion, rather than upon clear and tangible facts. Consider what difficult problems we have to satisfy before we can rightly accept the conclusion involved in this change-of-type theory. The theory rests upon the assumption, that the effects of blood-letting now are different from what they were in other days—rests consequently upon a comparative estimate of blood-letting at different and distant periods of time. Could a more difficult question be proposed for solution? To answer it, we have, in the first place, to determine absolutely what were the effects of blood-letting in certain given diseases at different periods—in the past and at the present time. We have, in truth, as it seems to me, to compare things which are utterly incapable of any fair comparison; viz., the practice of men of medicine of the past generation with the practice of these times. Or, again, we have to compare the results of our own practice at long and distant intervals of time. We have to satisfy ourselves that the remedy which was a good one in the hands of our forefathers is a bad one—or rather no remedy at all—now; that the bleedings of twenty-five and fifty years ago were good, useful, and justifiable bleedings, and are neither good, useful, nor justifiable now. And we have to do all this out of a comparison of the recorded practice of past days with the practice of the present day; or out of a recollection of what happened to us in our treatment of diseases when we were a quarter of a century and more younger in ideas and younger in experience than we now are, and, of course, completely innocent of all the important facts and theories which the last quarter or half-century has added to our knowledge. No easy task this, I venture to think; and especially when attempted at this present age of fluctuating therapeutical opinions.

It must be remembered, as I have said, that the proof of this change in type of disease rests mainly upon the assumption—rather is, in fact, deduced from the circumstance—that men did bleed in other days, and that they do not bleed now; and that, in both cases, the practice was equally right. But how is it possible for us to compare to any useful purpose the curative (the bleeding) practice of men who lived half a century and more ago with the practice of men of the present day? Where are the data for such a comparison? The clinical medicine, the diagnosis, the pathology, and the therapeutics, of Cullen and Gregory, are not the clinical medicine, the diagnosis, the pathology, and the therapeutics, of this present day. Where are the tangible records left to us by them, from which we may draw anything like a reasonable comparison between what were the effects of bleeding in their hands, and what they are in our own? Where are the clinical records left by Cullen and Gregory to which we can refer, as to tests of the real value of their practice? At this period of day, when our whole therapeutical proceedings are subjected to the rudest shocks—are, I may say, being revolutionised—is it possible to admit, that the mere use or disuse of a remedy at different epochs of time can be any real or proper test of its merits; and especially when the real virtues of the remedy have ever been, and still actually are, matter of disputation? In such a difficult case as this, and in such a fluctuating business, as is the treatment of disease—ever so much a matter of personal opinion—surely, except on the very strongest proofs, no one can reasonably ask us to repose unlimited confidence in the mere assertions even of the very highest authorities who have adorned the practice of our most fallible art. But it is, in truth, on the strength of mere assertion, that the change-of-type theory is founded. And if so, then it follows, that the practice of bleeding, said to have been so largely and universally adopted by those great men in past days, affords in itself no proof demonstrative of the actual value of the remedy, or of its proper application in all the cases in which it was employed by them; any more than does the general abstinence from venesection which characterises the present day absolutely prove its inutility as a remedy now.

And here, perhaps, I may usefully draw an illustration from the pages of an authority highly esteemed by all of us, to show how dangerous it is to adopt conclusions as to the value of a remedy from the mere fact of its being largely employed and highly extolled by a master of our art. Had Andral, like Cullen and Gregory, left us no clinical records of his practice, but merely the general assertion of his admiration of blood-letting as a remedy in acute inflammations of the chest, his authority, like theirs, might have been quoted in favour of the theory that diseases have changed in type. Andral asserted, some forty years ago, that, of all remedies in pneumonia, there was none to compare with blood-letting. The experience of ages, he tells us, has taught physicians to be more prodigal in the abstracting of blood in this disease than in any other. There is no period of the disease, no condition of the pulse, no debilitated state of the system, no age, in which the remedy may not be used. Such was the conclusion which his experience led him to entertain of the value of blood-letting.

And now let us see the results of his practice, as given in his truthful and admirable pages. He records sixty-five cases of pneumonia; and of these, thirty-six, or more than one-half, died. Of nine uncomplicated cases of pneumonia, which reached only the first stage of congestion, two (or about one in four) died. Of thirteen who reached the second stage, five (or about one in two and a half) died. Of seven in the third stage, gray hepatisation, all died; and of thirty-six complicated cases, twenty-two died. I need not stop to say, how little Andral's practice justifies his eulogium of blood-letting. But we may surely judge from this fact of the value of Cullen's, Gregory's, and other opinions, upon which Dr. Alison laid so much stress, in this matter. They, like Andral, bore the warmest testimony to the excellent effects of blood-letting in inflammations; but, unlike Andral, they have left no record whereby to test the worth of their conclusions. But why should we trust their recorded assertions any more than the recorded assertions of Andral? Why may not they, equally as Andral, have misinterpreted the effects of bleeding, the results of their own practice? I have referred to this instance in Andral, not for the purpose of showing that blood-letting rightly used is an improper remedy in pneumonia, but solely to show how ill sustained this theory may be when supported on the assertion of mere authority. Andral's fatal practice, in my view, proves only the abuse and bad application of a most excellent remedy in pneumonia.

Another useful illustration of the difficulty of drawing satisfactory conclusions concerning the change of type in diseases from a comparative consideration of the treatment adopted by our forefathers and by ourselves, may be obtained from the history of the treatment of acute rheumatism. Here we have an acute inflammatory disease, striking and simple in its aspects, which must have been as familiar to our forefathers as it is to us—requiring none of our modern methods of diagnosis for its determination; moreover, a disease bearing with it, in a very marked degree, the characters to which the idea of phlogistic especially appertains; and which, in truth, has in past times ever been regarded as an inflammation demanding, in an especial manner, the free use of antiphlogistic remedies for its cure. But who, at this day, will venture to affirm, from the mere fact that such was the practice of the greatest authorities in the past, that venesection was ever, at any time, a right and proper remedy in acute rheumatism? I suppose no one thinks it necessary in this case to call in the change-of-type theory to account for the change of practice; though it is hard to see in what particular the case differs from that of pneumonia, which is so especially used as illustrative of the change-of-type theory. The purer pathology and the better knowledge of the nature of diseases which belong to the medicine of this day inevitably bring us to the conclusion, that venesection neither is, nor ever could have been, the right remedy in this disease.

In this case, then, of acute rheumatism, there is no pretence for concluding, from the fact of the change in its treatment, that the disease has undergone a change in type. We know, indeed, that blood-letting neither is, nor ever could have been, a right remedy for the cure of acute rheumatism, even though there are present in it all those signs which, as we are assured, incontestably indicated the propriety of blood-letting to Cullen and Gregory and their predecessors.

Gregory and his predecessors, it has been argued by Dr. Alison, might have been ignorant of the exact condition of the thoracic organs of their patients—whether, in fact, they had to deal with pneumonia, or pleurisy, or pericarditis, or other inflammation of parts within the thorax; but the state of the pulse, and the tongue, and the fever, and the abstracted blood, were facts which they could appreciate as well as we; and that, therefore, they knew when to bleed as well as we do. But, surely, those who thus argue will not assert, that those things—the hard, full pulse, and the coated tongue, and the high fever, etc., of acute rheumatism—were a justification of blood-letting in this disease. And if so, then it clearly follows that the main argument—viz., the propriety of the practice of Cullen and Gregory—upon which is based the theory, that the diseases of humanity in the time of Cullen and of Gregory required blood-letting for their cure, but do not require it now, falls to the ground.

Another illustration of the position I am asserting, may be drawn from the history of the treatment of fevers. There have been times when blood-letting has been a very favourite remedy in the treatment of these diseases; and, in truth, never was it more so than during the first thirty years of the present century—the epoch which is connected in this wise with the names of Armstrong, and Clutterbuck, and Bateman. Never, indeed, has more blood flowed from the veins and arteries of mankind, under the authority of medicine, than during the first quarter of the present century; during the time, remember, when "the asthenic tide" was rolling in upon us. Let me give you an example of what was done about forty years ago, and in the words of a living authority. "I remember," says Dr. Stokes, "when I was a student of the old Meath Hospital, there was hardly a morning that some twenty or thirty unfortunate creatures were not phlebotomised largely. The floor was running with blood; it was difficult to cross the prescribing hall for fear of slipping. Patients were seen wallowing in their own blood, like leeches after a salt emetic." Dr. Rush tells us that ninety ounces were at one sitting taken from his friend Dr. Dewees, and of course with advantage. Dr. Dewees, again, on his part, took eighty ounces from a young delicate woman in puerperal convulsions; and from another like woman, under similar circumstances, he drew 120 ounces within five or six hours, and twenty ounces more on the next day. This patient, however, lost her sight for a fortnight, and did not recover for six months; but do not (says Dr. Clutterbuck, who tells the tale to his students) hastily conclude that the loss of blood caused the blindness; "a much more rational cause is to be found in the affection of the brain which caused the convulsions." Dr. James Currie of Liverpool was bled to 200 ounces between October and May, and was rescued from pulmonary consumption, says the same author; but he nevertheless died eventually of the same. Another physician gives us the case of a boy suffering from diabetes, from whom 209 ounces (thirteen pounds) were taken in the course of fifty-one days. A taste of his own practice is also given us by Dr. Clutterbuck. In 1836, he visited a Mrs. M., in consultation, who had suffered from various attacks of inflammation. The uterus, the chest, and latterly the brain, had all been in turn violently affected, "so as to call for frequently repeated blood-letting, which always produced great, though only temporary, relief." A minute account of this lady's loss of blood had been kept; and the sum total is worth note, considering it was taken during the so-called asthenic phase of disease. Fifty-eight was the number of her bleedings in the arms; five times she had been cupped; and at least 1000 leeches had been applied to her body. Dr. Clutterbuck considered himself a very cautious practitioner; and, therefore, has to draw illustrations of what he considered boldness in the use of the lancet outside his own practice. In one of our great hospitals lately, he says, a case occurred where 128 ounces (eight pounds) were drawn at one time, in order, by inducing syncope, to facilitate the reduction of a dislocated thigh. The patient died in a week after the blood-letting; of course, not from loss of blood, but from inflammation of the vein.

I need not occupy your time by giving you other illustrations of the fact, that blood-letting saw its palmiest days during the period I am speaking of—a supposed asthenic phase of time. But does the fact of the frequency of its use in fevers, in any way prove, or satisfy you, that blood-letting was a proper remedy in fevers? Is it not almost clear as the simplest demonstration, that we do not bleed in fevers because our pathological views of their nature show the inutility, and worse than inutility, of the practice? Is it not certain, that Clutterbuck, and Armstrong, and their numerous disciples, bled because their pathological views led them to see in local inflammations the essential characters of fever? Are we not all ready to predict that, whatever be the future ebbs and flows of diseases in their sthenic and asthenic aspects, never again will blood-letting be a proper remedy in fevers? We recognise, what neither Armstrong nor those others did, the essential nature of these diseases; we see that they have a prescribed course to run; and that to take the whole mass of the blood out of the body would not remove the disease out of it. As these fevers are, so have they ever been, and so may we conclude that they will ever be. True, we do read of wonderful benefits which have attended blood-letting in fevers; but these supposed benefits were obtained by comparing the results of the practice at different periods, by showing a less mortality in one particular epidemic of fever than in some other epidemic. The results really show nothing more than that in certain forms of fever blood-letting is less injurious than it is in others—for example, in relapsing or inflammatory than in typhus fever.

I ask you, then, are you ready to maintain that the practice of our forefathers, in this matter of bleeding in fevers, was a proper practice? I may surely answer, No. And if such be the answer, then what follows is this: their practice was wrong; and all conclusions founded on the assumption of the propriety of such practice must be ill founded, and therefore the conclusion that diseases have changed their type.

I might apply the same kind of reasoning to the cases of tubercular and other adynamic diseases, and ask if the mere fact that blood-letting was a common remedy with our forefathers in those diseases is any proof of the propriety of its use? and whether, therefore, we can fairly draw any reasonable conclusions as to a change of type in diseases from the mere fact that we do not resort to blood-letting now in their treatment, as our fathers did? Does not modern pathology inevitably show that blood-letting neither is nor ever could have been a right remedy for the cure of such tubercular diseases?

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.

LOCK WARD, NO. II.

CASE OF PHAGEDÆNIC ULCERATION: USE OF MERCURY.

Under the care of K. E. KNIGHT, Esq.

M. M., aged 20, was admitted November 3rd, 1863, with a sloughing ulcer over the right trochanter; a deep ulcer three inches in diameter, over the right nates; an immense sloughing ulcer of the calf of the right leg, the fleshy portions of the gastrocnemius and soleus being eaten away, and the deep popliteal fascia laid bare. The patient was obliged to lie on her face. She was ordered to have bark and ammonia wine, and liberal diet; opium at night; and a linseed poultice to the sores. Under this treatment, the sloughing was arrested. She was ordered to take five grains of blue pill and half a grain of powdered opium night and morning; and to have a lotion of dilute nitric acid applied to the painful part.

As soon as the mercury affected the system, the effect was magical. The ulcers assumed a healthy aspect, and healed rapidly. The patient left the hospital at the end of two months, cured. Practical men can draw their own conclusions from this case.

EPITHELIAL CANCER OF PENIS AND SCROTUM; REMOVAL: RECOVERY.

Under the care of F. PAGE, M.D.

T. D., a pensioner, aged 63 years, was admitted February 2nd, 1863, with epithelial cancer of the penis, involving a considerable portion of the scrotum, of two years' duration. The whole surface of the parts was ulcerated; and the urethra was destroyed from the orifice to the pubes. The inguinal glands were healthy.

Dr. Page operated as follows. Commencing below, he removed all the anterior portion of the scrotum, laying bare the testes, and amputated the penis close to the pubes. The hæmorrhage was inconsiderable. The patient recovered without a single bad symptom; and at the end of twelve months he appears in robust health, and the parts operated on in a perfectly sound condition.

The result of this operation would go to show that epithelial cancer of the genitals offers a better chance of cure by removal than when the disease is situated in any other part of the body.

Original Communications.

THE NATURE OF SO-CALLED "PARASITES" OF THE SKIN.

By W. TILBURY FOX, M.D.Lond.; University Medical Scholar; Physician to the Farringdon General Dispensary.

[*Concluded from page* 312.]

THE effects of treatment are worthy of mention.

In the tineæ, if the parasite be destroyed, a cure is effected without the use of any internal remedies. It is so in herpes circinatus, in many cases of tinea tonsurans, and in pityriasis versicolor, for instance. Depilation acts in the same way by the removal of the parasite in part, and more especially by enabling us to reach the fungous elements more easily with parasiticides. Mr. Wilson admits that depilation "disposes to the cure of the local disease"; and adds: "But we do and must disbelieve that the removal of the fungus is the proper explanation of the cure." It is partly by removal, and partly by affording facility of access to the fungus; that is the true *modus operandi* of the operation. "We see," says Mr. Wilson, "in depilation a stimulant, and a valuable stimulant," etc.; and "we have been led to regard avulsion as one of the best, indeed, our only reliable remedy, for producing *deep stimulation of the cutaneous tissues*, for setting up a new action in the papillæ of the hair; as the only remedy, in fact, by which we can reach successfully the fundus of the hair-follicle." "It sets up a new action, a healthful inflammatory process, in place of a morbid inflammatory process—a process whose natural course is to end in resolution, instead of one whose nature is perpetuity. For morbid cell-germs, it establishes healthy and plastic inflammation, and sometimes healthy suppuration; when, as Bazin declares, the fungus is starved or drowned." Now, in the very worst forms of the disease, the hairs are perfectly loose, and can be even readily combed out; hence avulsion can do nothing here by stimulation, only by removing the sporules. Indeed, if there be a point of practical importance in the treatment of parasitic disease, it is the removal of all "dark stubs", which are quite loose, but which are literally crammed with "germs" of disease. How the mere removal of a hair from its follicle can set up a healthy process, and alter *in toto* the particular form of nutrition upon which depends the morbid cell-genesis, is a problem which would be indeed difficult to prove; it is curious pathology. The depilation is followed by a reparative action, by which the hair is reproduced in integrity, upon the same principle that all local injuries are remedied. "Even

Bazin has recourse to avulsion as a stimulant in old cases of mentagra, wherein the hair acts the part of a foreign body, of a thorn, in the skin, and so keeps up irritation". This is an admission that the hair acts as an *irritant*. But a healthy hair does not do so; consequently, the removal of the hair is effected not with the view of *stimulation*. In addition, it creates a free outlet for the retained contents of the follicle. Stimulation is best promoted by anything which increases the supply of blood (in harmony with proper nutrition) to the follicle and its papilla; at least, so teaches pathology. In ophthalmia tarsi, the extraction of the hairs acts in a great degree in like manner, by giving a free outlet for the contents of the inflamed follicles. Depilation, *plus* the use of parasiticides, is the most efficacious plan of treatment; for the least amount of fungus left behind will itself overcome the good effects of avulsion. These considerations are very relevant to the question under consideration.

At page 202 of Mr. Wilson's essay, we read: "We have remarked, that the chief difference between favus and the other forms of phytodermic disease is due to a pustular complication. In fact, we have observed that the layer of the favus-cup, which lies in contact with the basement-membrane, is composed of pus-globules." This is not consonant with general observation; it is rather the exception, according to most observation.

At page 215, we read: "Suppuration of the follicles performs the part of a natural cure of the disease. Bazin emphatically observes, that pus destroys the parasitic fungus; and therefore, in seeking to find it when suppuration has commenced, we must avoid those follicles and those hairs which are bathed with pus." So far, then, there is an evident contradiction. Pus is the great destroyer, and yet the great producer, of the parasitic growth ("granular degeneration"): to avoid which, Mr. Wilson adds: "That kind of inflammation which is productive of normal pus is not the form of inflammation which causes granular degeneration of the cell-tissues of the skin, but, on the contrary, is opposed to it." I dare call this argument pure assumption. My examinations have been carefully made, and have not resulted in determining the existence of the presence of pus and a luxuriating state of fungus; nay, the reverse. Nor does it occur to me to adduce, as a matter of fairness, any fact in support of the existence of a specificity in the attendant inflammation. An abnormal state of nutrition exists, which is seen by the presence in the follicle, in favus especially, of a secretion "possessing a fluid or semifluid state when first formed, and hardening into a kind of paste, which subsequently becomes dry and pulverulent," etc. This is not pus; it is observed in the convalescence from favus, when the true favus-matter has disappeared, and is typified by the "secondary eruptions" which follow the fully developed disease. It is an evidence of the existence of a special pabulum or soil; and, be it observed, does not give origin to the "granules" or parasites, which arise from out their own proper germs. Pus, then, is often absent; and there is no ground for believing in the existence of a specific kind of inflammation, but in a state of nutrition which, *per se*, does not give origin to parasites. But there is another consideration. It has been clearly shown that there is *great similitude* between the spores of favus (supposed by Mr. Wilson to arise from pus-nuclei) and those of the trichophyton and even oidium and torula, if there be not an identity.

"We can only say that we attach very little weight to the opinion of any man who has the temerity to pretend to establish a diagnosis between favus and trichosis tonsurans, on the more than doubtful differential characters of the achorion and trichophyton, as viewed by the microscope," says Mr. Wilson, in words which happily confirm the opinion advocated by myself in my work on *Parasitic Disease*, and which certainly imply that the "granular" bodies in the two cases have a common origin. How, then, come favus from pus, and the trichophyton from the epidermic granules?

The colour of favus has been attributed to the appropriation by that disease of the colouring principle of pus. Well, it may be. But, if the colour of parasitic vegetations (granular degenerations) be derived from the tissues, how are we to explain the red, golden, and yellow red aspect of the *zooglœa capillorum* discovered by Dr. Aloys Martin (*Med.-Chir. Review*, April 1863) upon the heads of two children ill with typhus? Such is the name given to a parasite which was found attacking the hairs after the usual method of parasitic growth. The colour of favus is, then, no very great argument in favour of the origin of the plant from pus.

It will be well to consider, in the next place, some subsidiary conditions, including also the manner in which proliferation takes place, according to my own observations. And, first, it appears to me that the trinuclear and binuclear character of the spore is not an established fact. It is not uncommon to find a nucleus and granular contents in the cells or sporules; and the arrangement may be bi- or tri-nuclear, as in torula; but this cannot be established as the rule in the parasitic fungi, except in trichophyton, achorion, and tri-sporuloides. In microsporon Audouini, nuclei are mostly invisible, and granules are even indistinct. This much is true, that whenever the nuclei are *double*, the cell has a *tendency* to assume the oblong form. The junction and growth of cells produces mycelium, and in the latter cellules are formed by endogenous growth. The sporules do not increase in number, as a general rule, by the process of budding, but by the discharge of cell-contents and the enlargement and growth of the discharged granules (or nucleoli). Dr. Bennett's doctrine appears to me to be the true one, that not division of filaments and cells, but *molecular growth*, is the true developmental process. On the contrary, Dr. Beale, in the controversy upon this point (BRITISH MEDICAL JOURNAL for 1863), asserts that cells grow until they reach a certain size, and then divide. But, as Dr. Bennett says, if the molecules divide, "how is it that the filaments can form at all?" Mr. Rainey's observations are confirmatory of Dr. Bennett's view, which is also shown to be applicable to the early formation of the ovum. The best example of the production of sporules by simple molecular growth is seen in the enlargement of the stromal (or nuclear) into the perfect form of fungus. It has never happened to me to see the division of a trinuclear cell, so as to produce a branched mycelial filament, but only a process of sprouting on a limited scale.

"Favus matter and the mucedinales of phytodermata are organic matter arrested in development at the lowest degree of life, the function of reproduction; the sporules are growing organic substance, aborted epidermic granules, the filamentary portion fully formed organic substance, beyond which there is no further growth, the highest and perfected form of development"—are the concluding words of Mr. Wilson (pp. 204-5) upon this part of the subject. It is strange that, in the animal body, we have no analogical instances to prove this view. Reference is made cursorily to the case of mucus and pus; but these two latter differ in every essential particular from the parasites, structurally, chemically, vitally. The increase of pus may take place by "cell-proliferation"; but parasites increase by endogenous growth and union of molecules (mycelium). Pus is a common product; but it never is seen to be "transformed" into a parasite, except supposedly in favus, where it is often absent.

In the last place, it is absolutely needful to scrutinise the question of the conversion of animal into vegetable tissues. Physiologists instruct us largely upon the laws of growth and reproduction; but deducible from the former is one which is second in importance to none, and it is the *law of limitation*. It is of wide and clear significance; by it tissues preserve their type, though they may deviate to a certain degree in this respect. The law of limitation, it appears to me, forbids us to entertain the conversion of which mention was made a moment since. Let us see, first of all, what Mr. Wilson's opinions are at p. 202 (*loc. cit.*). He says, after their escape, "the nuclei of the pus-globule are adherent to each other, so as to constitute the moniliform strings, etc.; and already, on the first birth of the granules, they are impressed with the type which subsequent development converts into a phytiform tissue": at p. 201, lines 22 and 23, "and which converts the higher animal organisation into a lower and phytiform organisation—an animal tissue into one which might be likened to a vegetable tissue": at line 32, "until we are led to the conclusion that we have before us no longer an animal organism, but a vegetable organism of the fungoid or mucedinous type": at line 45, "a combination which, out of the body and in the free air, would be regarded as a fungoid plant."

Dr. Willshire, some time ago, examined this question; and concluded that "low vegetable organisms are the result, and not the cause, of the maladies they are seen in connection with; and that their development is readily explainable according to well known laws ruling the so-called decomposition of organised matter."

Mr. Wilson, it would appear, thinks that the so-called sporules are altered animal tissues; but, as far as can be learnt, though he calls them phytiform tissue, he does not regard them as of vegetable nature. Then it only remains to examine Dr. Willshire's views, detailed in the *Medical Times* for 1848-49, vol. xix; which remain, I believe, with very little modification, the same in this year 1864. The presence of the oidium in thrush is admitted. Berg, Grüby, and others, taught that this was the sole cause of the disease. "Thrush" (so these writers say) "is the springing up and propagating of a parasitic fungus, the fine threads and fibres of which insert themselves in every direction amid the superior layer of the epithelial scales"; and (according to Grüby especially) even passing into the cells themselves. According to Berg, this generation of the fungoid parasite overwhelms, as it were, the mucous membrane; and is due to a reaction between the albumen and the acid in the mouth, the acid generated by the results of bad feeding, or gastric or other derangement, influencing the buccal secretion. He maintains, also, that local disorder of the buccal lining membrane itself is not to be recognised as the necessary, or even the frequent, antecedent of the true parasitic thrush disorder.

This view was soon refuted by clinical observation, which proved incontestably that "the presence of thrush deposit is preceded by symptoms, not only of a general and constitutional disorder, but of local disease of the mucous lining of the mouth .... the plastic deposit the result of a peculiar kind of membranous inflammation .... the presence of vegetable parasite, as perfectly irrelevant to the true or only essential pathology of the disorder; and consider its development as readily explainable according to well known laws ruling the so-called decomposition of organised matter." (Willshire).

With a little patience and care, the truth must have been established; the decided but erroneous views of Berg and others were, however, followed by a strong reaction; and pathologists framed a code of laws ruling the decomposition of organised bodies, which, in turn, required modification; at present little cared for, because the subject has fallen into utter neglect. What are the laws, then, *quoad* thrush, by which parasites are governed?

Dr. Willshire says: "Whenever or wherever organic matter, or the cells of vegetable or animal substance previously endowed with a special form of life, are passing into what we term a state of decomposition; a certain amount of the ultimate cells yield up their endowment of vitality to the overwhelming laws of pure chemistry and physics; their chemical elements separating and then re-combining according to these laws, and forming purely chemical compounds subservient to laws of a like nature. But other cells do not surrender up their vitality to any such influences of chemistry and physics; but preserve their great endowment of the spirit of life, and take on afresh a new kind of organic existence, differing from that expressed in the totality of such organism, of which they previously formed a part, or into the formation of whose existence they had before entered. . . . In the production of the fungus, or mould, or new organism, we observe the preservation of the vitality of certain cells, and their continued exemplification of this vitality, in the assumption of a new type of organised existence."

Here we have, then, the opinion of many moderns, that an animal may degenerate into a vegetable tissue; a doctrine which the theory of Mr. Wilson entirely upholds; affirming, as it does, the production of "granular degeneration" (shown to be vegetable in nature, *i.e.*, parasite) from an animal tissue. This extreme doctrine is a gross libel upon the laws of nature; it involves, at the outset, a total abnegation of the existence of a law of limitation; it presents a difficulty, in so far as it asserts that some cells in the decomposition undergo a chemico-physical change, and lose their vitality; but that others do not lose their vitality, and are not made subservient to chemico-physical laws. Yet the same influences and co-existences play upon the two classes in equal force and extent. How can we explain the difference? We know that the air is full of germs of the thrush and other fungi; that these have an existence independent of the body; that they grow upon vegetable structures, etc.; and that it is unnecessary to appeal to any such theory as the conversion of animal into vegetable for their production.

The experiments of M. Pasteur pretty clearly show by negative evidence, notwithstanding the recent experiments of Dr. Wyman, which are open to grave objection (as the reviewer in the *British and Foreign Medico-Chirurgical Review* for January 1864, p. 171, observes), that the origin of germs of low life is the air. We have had a view expressed in one, and a great reaction in the other direction; from which have resulted two absolutely conflicting and contrasting doctrines, and, as in all other instances of the kind, we shall find the truth to be between the two extremes, and to this present pathology is rapidly tending.

Having regard to the law of limitation, as it obtains generally; to the vegetable nature of the parasites; the differential attributes of animal and vegetable; the effects of inoculation (the latter now succeeding, now failing); the experiments of various observers, showing that nutrition is lowered in its standard in cases of parasitic disease, both in man, animals, and vegetables; the experiments of Stilling on frogs; the free existence of the germs in the air; the existence of fungi generally in the hard structures of animals; the independent life of the parasite; the adaptation of certain soils to certain vegetations; the effects of treatment (a combination of local and general remedies succeeding best in tinea); the distinct evidence of the existence of a state of local malnutrition before the appearance of any fungus—*ex.* thrush, potato-disease, and the like —it appears certain that, in all cases of parasitic complication, two conditions are necessary: the presence of a suitable soil, which may or may not be appreciable to the naked or microscopic eye; and the implantation thereon of the germs of a parasite derived *ab externo*. These conditions may vary much in degree; the parasite may take hold upon the surface, and the soil may be too little developed to nourish it; hence its death and disappearance. This explanation holds good equally in tinea, in thrush, in the instances of fungi found in the cavities of tuberculous lungs, the stools of cholera, or the shreddy discharges of muco-enteritis, as in the ordinary "mouldy jam" or oidial vine disease. The doctrine that the tissue of animals can retrograde into vegetable structures like that of spontaneous generation, shocks my mind and offends my reason.

In the case of the caterpillar, the itch in animals, the vine or potato disease, the uredinous disease of corals, the thrush of infants, the favus of children, it has been incontestably shown that this double action is at work. It is a matter of very decided importance, as concerning the therapeutics of disease. We may treat the disease—favus—locally, and cure it. We may even treat analogous cases generally and cure them, if we can exert a profound influence upon the existing state of nutrition; but the combined plan of remedial action will save us an immensity of trouble and bring us greater *kudos*.

But then, limiting our observations to those forms of parasitic disease, which the physician is called upon to treat, if there be a peculiar malnutrition present, and a growing parasite, which is the more important to notice? Shall we regard tinea favosa, for example, more deserving the name of malnutrition or of parasitic? We may put it in another way. What is the action of a parasite? Does it exert any special influence?

We leave out of consideration the tendency it has to accelerate "fermentative" action"; and, on careful inquiry, we notice that it has some special action of its own over and above that exerted by the state of soil, and that is, to destroy the formation of hair, and to disintegrate already formed hair. The disease of the hair (and epithelium) is that pathognomonic of a growing fungus; this has been shown in my work on *Parasitic Diseases* (p. 28). General disease, whereby the whole vitality and nourishment of the body is lowered, may be followed by loss of hair generally—atrophy, in fact; but this differs in every essential particular from the active localised *destruction* in parasitic disease.

No disease, except it be accompanied by the growth of a fungus, can produce splitting up of the hairs, atrophy of the bulb, and alopecia. In parasitic disease, other structures may be involved, but not necessarily. Eruption is oftentimes present, but may be evoked by the action of any *irritant;* whereas nothing but the growth of a fungus can produce the damaged hairs, etc., of tinea. Take away the latter, and nothing *diagnostic* of the ravages of the parasite remains. *Per contra*, remove all the *eruptive*, and the parasitic remains in its integrity; the *necessaries* remain, but the *accidentals* are absent. The presence of the fungus increases the local irritation. There is nothing special in that; so do other irritants; but it is not unlikely that the force exerted in its growth and development, which we know belongs in an eminent extent to fungi, may be an additional degree.

At first sight, the behaviour of entophytes (parasites of the mucous surface) appears to contradict that of epiphytes (cutaneous parasites). Remak certainly greatly erred when he wrote, "there is a remarkable difference between the pathogenetic relations of the achorion and the fungi growing in the mouth, and probably also in aphthæ," etc. There is the existence of a suitable soil in each case, the presence of a parasite in a state of growth, and certain effects produced by the latter. In the case of aphtha, it amounts to local irritation only; in the disease in which achorion occurs, hairs and hair-follicles exist and become attacked so as to produce peculiar results, in addition to mere local irritation; it is a difference, not of nature, but of extent and degree in the two cases —a difference due to the character of the structure attacked, which alters, to some extent, the plan of treatment in the two cases. In aphtha, it is the alteration of the soil which demands attention with the destruction of the fungus; or, in other words, the removal of an efficient cause of irritation. We do not destroy it with the view of curing the disease; not at all. In favus (achorion disease), we alter the soil. We destroy the parasite with the view of removing a cause of local irritation; but more especially because vast damage and destruction will happen to the hair and hair-follicles unless this be effected. This cannot happen in thrush. There is no contradiction in pathological tendencies; surely not. If it arise in our minds, it must be from a want of correct appreciation; there is perfect harmony in principle, in law, and in result, as far as it goes.

These remarks will at once recall to memory, that parasites have been divided into those which are *true* and those which are *false* (represented, generally speaking, by epiphytes and entophytes), a distinction very important in a practical point of view; but suggestive of a difference in the pathological tendency of the two cases, which cannot be maintained in strict argument. The false parasites would inevitably give rise to disease and destruction of hairs, etc., if the latter existed on the mucous surfaces; but, this not being the case, the growth of entophytes (or false parasites) is comparatively harmless, still the contrast of true and false is by no means inappropriate in a *therapeutical* point of view.

Reference has been freely made to the essay of Mr. Wilson; for it contains doctrines which are diametrically opposed to the more usually accepted view—the view which guides and directs all our treatment; and upon which is based the most efficacious of all plans of treatment, that by local means. There should be no doubt in the matter; it is one of two things: either we are absolutely wrong or right—absolutely wrong, if the so-called parasites be not vegetable in their nature, or if they be produced by a transformation of animal structures. That neither of these two hypotheses are tenable, it has been the aim of these remarks to show. The view advanced by Mr. Wilson is similar to, indeed a resuscitation of, Unger's idea, broached in 1823, that the uredo (*a parasite*) was nothing more than "broken-up cells, a disruptured and altered condition of certain portions of diseased plants"; an idea which was refuted by the fact of artificial germination.

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MORTALITY IN LABOUR-CASES.

By James Cole, Esq., Bewdley.

I forward the following fatal cases of midwifery, thinking they may very well follow in the wake of Mr. Rigden's, reported at page 218 of the Journal for February 20th; although, in a statistical point of view, they may not be of much value, as I have never kept a register of my midwifery cases, which, nevertheless, could not be set down at less than 1500. Of the six cases I have to relate, four occurred in midwives' practice; the remaining two were incidental to my own.

Case i. A strong, healthy married woman, aged 23, had been in strong labour with her first child, under the care of a midwife, for two whole days and nights, when it was thought necessary to call in medical aid; and my neighbour, who had charge of the poor, being called in, found the woman very much exhausted, and an arm-presentation. His utmost endeavours to turn the child proving abortive, owing to the rigidly contracted state of the uterus, he requested my assistance. And beyond all question, I never experienced anything like the pressure that was inflicted upon my hand while *in utero*, during the recurrence of the labour-pains, which were described as being nothing in comparison with what they had been throughout the preceding day and night. By dint of great patience and perseverance, however, I succeeded in bringing down the feet; and the delivery was accomplished soon afterwards; but the patient died within a few hours.

Case ii. This case also occurred in a strong, healthy, young married woman, and in her first labour. As in the former, the assistance of my neighbour was not sought for until the woman was worn out with suffering and undue stimulation. The case proved to be one of impaction, requiring the use of the perforator, and, owing to the swollen state of the parts and the absence of expulsory pains, the delivery proved to be a very difficult task. She died very soon afterwards; in fact, she might truly be said to be dying during the operation.

Case iii. I was called to this case myself, and was very glad to have the assistance of my neighbour before it was over. The patient was a strong, healthy married woman, aged about 40; that is, healthy up to the approach of her labour. It was her first child. The midwife was of mature years and well experienced. As in the former cases, the woman was now in the third day of her labour, and in a very exhausted state. I asked the midwife, as I proceeded to make an examination, what the presentation was? She replied, "Oh, sir, that is all quite right—the head." I found, rather high up in the pelvis, something round, but could not find either suture or fontanelle; and said that whatever it was, it was not the head. At this, the old woman suddenly awaking to a full consciousness of the serious character of her mistake, threw up her hands, and in an agony exclaimed, "Oh, my God." I soon found an axilla, which at once demonstrated that the round body was a shoulder very much swollen; and, after the usual preliminaries, I proceeded to turn the child, which proved to be in a very corrupted and putrid state. There was no particular difficulty in doing this, or in effecting the delivery of the body of the child; but when the head came to be delivered, there was great difficulty; and, in truth, while I was striving to bring it forth, the neck suddenly gave way, leaving the head behind. There are many disagreeable things connected with the practice of midwifery; but I never encountered anything like the foul air that issued from the putrid body of this child, coming forth in an audible blast as if from bellows. Finding that there would be great difficulty in removing the separated head, and seeing that the woman was very sure to die, possibly before the delivery could be effected, I called my neighbour to my assistance. And, as if the case were not already sufficiently repulsive, we found it necessary to use the perforator, and even then the operation was accomplished with difficulty. She died within two hours.

Case iv. This occurred in a delicate young woman, in her first labour. The midwife had been long in practice, and was rather an intelligent woman than otherwise; yet, strange to say, she mistook a hand for a foot. I turned the child, and effected the delivery without difficulty. As far as the labour was concerned, all seemed in a promising way; but, some hours before I was called in, when the pains were described as being of an unusually severe and forcing character, the patient broke a blood-vessel, and expectorated nearly half a pint of blood. It was this that made the parties anxious about the case, and led to my being called in within twenty hours of the commencement of the labour. She died on the third day after delivery, from the affection of the lungs. But whether more timely aid would have prevented the lesion in those organs, is more than I will venture to determine.

Such, then, according to my experience, is the character of midwifery in the hands of female practitioners. That three out of the four women might and would have been saved, had they fallen into the hands of the medical practitioner from the first, is not to be questioned. Let those who advocate the general employment of women as midwives give these cases due consideration.

Case v. Of the other two cases that occurred in my own practice, one may very properly be said to have been a case of death *in* midwifery, but not *of* it. It occurred in a delicate middle-aged woman, the mother of a numerous family, who was subject to severe attacks of bronchitis, always attended with copious expectoration of frothy mucus, and who, for a week previously to her confinement, had suffered from one of these attacks, having expectorated a pint-basinful during the day preceding her labour. This was in every respect natural and comfortable; but she died within an hour of her delivery, from want of breath.

Case vi. The last of the series was truly a fatal case of midwifery. The victim was a farmer's wife, living five miles from my home, and the mother of twelve or thirteen children. Being near her confinement, while stooping over the side and into an oak-chest, arranging its contents, without any previous pain, she was seized with a violent flooding. Her attendant said the blood flowed from her like water from a pump. I was sent for in great haste; and, when I arrived at the house, found her lying on the bed with her clothes on, her face being very much blanched, and her pulse small and weak. She had no labour-pains, but there was a continuous draining of blood from the parts. On making an examination, I found the os uteri somewhat open and in a very dilatable state, with the head of the child resting upon it, there being no trace of placenta within reach. What was to be done? I decided to wait for a time, supply nourishment, and watch the progress of events; stating to the husband that I thought his wife in a most perilous situation; that there was no safety except she was delivered; and that in all probability she would die, whether I proceeded to deliver her or not. After waiting two or three hours without any material improvement, and the drain still continuing, I resolved to risk the delivery, as giving her the best chance. She bore the operation pretty well, and very little loss attended the expulsion of the placenta; but the labour was no sooner over than she became exceedingly restless, though the uterus was well contracted and of proper size; the restlessness ended in a convulsion of short duration; and that ended in death.

It is an awful thing to feel that the life of a fellow-creature depends upon the correctness of our judgment, and more so, when the issue has proved unsuccessful, and we have misgivings as to its correctness; when we feel that it is just possible we may have decided wrong, and that our course of conduct may have led to the very catastrophe that we have been most anxious to prevent. But the whole subject of midwifery was ever a source of anxiety in my hands, as indeed it must ever be to others, who rightly appreciate the dangers and difficulties with which it is associated. That women do occasionally die in childbirth, and that, too, in spite of the utmost that art can do to save them, is unfortunately a fact too familiar to all; and, however this may be lamented, it is still more grievous that any should die through such ignorance as mistakes a shoulder for a head, or a hand for a foot, as displayed in the instances I have related.

British Medical Journal.

SATURDAY, APRIL 2ND, 1864.

PROFESSIONAL CHARITY.

As we do not like to deprive our readers of any little amusement which may turn up in our way, we beg to recommend to their perusal effusions of indignation to be found in the last numbers of the *Medical Times and Gazette*.

The writer reminds us of an occasional specimen of the volunteer Boanerges, who, with unctuous visage and profound personal satisfaction, deals out unlimited condemnation on all outsiders. Smooth-faced "Shepherds", of the genus immortalised in *Pickwick*, deal not in kind persuasion, or gentle reasoning, or calm argument; but work upon their hearers by the noisy use of a vocabulary derived from the deep and wide pit of general threatenings and disconnected abuse.

Now, we are not going to attempt to repay the indignant editor in any coin of his own kind; but simply, for the benefit of his readers, to tear off the veil of Tartuffism which is thrown over this pretence of high-sounding morality. Above all things, we detest a sham; and we repeat what we have so often said in writing down the folly of gratuitous medical services, that it is a mere and idle sham to pretend that our professional pursuits are Heavenly missions, in the sense that we sacrifice everything here for the sole purpose of working out a labour of love; that we are voluntarily devoting ourselves to this labour, our eyes directed to no reward which this world can give. All this, we say, is a sham; a stupid pretence, which the world mocks at. Medical men have mouths, and wives, and children, which tie them to this world, and they require food and raiment; and for the obtaining of these things they must receive a due payment for their services. A medical man enters the profession to get an honest livelihood—doing good to others whilst doing good to himself—and not, as some Pharisees would pretend, as a sublime missionary, who has severed all earthly ties, and whose business it is to devote himself and sacrifice himself to the gratuitous assuaging of the indefinite woes of humanity. A medical man can no more work gratuitously than can any other ordinary member of society; and it is as clear to us as argument and facts can make a thing clear, that the system of gratuitous medical services hitherto so widely given by him have had one only tendency; viz., the degradation of the profession in public estimation. To say that medical men give these gratuitous services out of a pure worship of charity is simply to state what is not the fact. They give these services solely out of a spirit of competition, and because they thereby obtain, or hope to obtain, indirectly, remuneration. We, of course, are here speaking of our public system of gratuitous medical services, and are not alluding to that truly righteous and charitable work of gratuitous advice, which all of us have abundant opportunities of performing in private—where we can, indeed, exercise charity with due discretion and propriety, and whence we can derive the conscientious sentiment of having done a work of charity. The public system of gratuitous medical services is, when sifted to the bottom, really little more than a means of public advertisement, and our conscience knows that it is so.

We have argued this question again and again in these pages; and it is a very remarkable fact, that no one has hitherto been able to deny argumentatively any one of the propositions laid down by us. The only answer now given by the *Medical Times and Gazette* is unctuous abuse. We proclaim the businesslike fact, that medical men injure themselves, and injure their profession, and injure society, by doing the work of society gratis. Thereupon, up jumps the man of high-toned morality, and declares that such teaching is horrible and unchristian, and so forth. But far better than all such noisy declamation would it be for him to come forward with argument and tell us why we doctors alone, of all classes of society, are to work gratuitously, *i.e.*, to do the work of society gratuitously.

That our efforts in this cause have not been without effect, we have lately had several occasions to note; and, we need hardly say, to note with satisfaction. We believe that our brethren are beginning to feel the truth of our arguments, and to comprehend the absurdity of the system, and to note the injury done to the profession by it, and are resolved to commence the inauguration of a new state of things.

It is really surprising to find the editor of a medical journal rivalling, or rather outbidding, anonymous writers in the Liverpool penny papers in their outpourings of abuse on certain of the doctors of Birkenhead, who object to work without remuneration. The editor would wish the world to think that in his breast alone is contained all the milk and kindness of humanity. Does he really mean to say that he believes all those medical men of Birkenhead alluded to are a set of hardened wretches? Will he dare to say, that they have not just as much charity and just as high notions of what the honour and dignity of their profession require as he has? But hear the goodly man! Oh! he says, let us be charitable to the Birkenhead doctors; let us suppose that they had some valid excuse, illness, fatigue, age, etc. Let us in mercy throw the veil over their scandalous conduct; let us forgive them, and vent our indignation on the cold-blooded atrocity of the journalist who proclaimed, that doctors do wisely not to work without proper remuneration for their services.

Now, we repeat it again, the Birkenhead doctors have taken a right and a proper standing in this matter. The argument is as clear as the day. It is the business of society to provide against all the contingencies of its social life. It is the business of society, therefore, to provide payment for the doctor who is called to cases of the kind which occurred at Birkenhead; for such cases are notorious contingencies. The doctor says to society: "The performance of this duty lies at your door. True, I have hitherto been silly enough to do your work gratuitously—viz., the work of society. I have been giving to society labour which belongs solely to myself and family, but I will commit the folly no longer. Do you loud-mouthed Pharisees, who proclaim indignation against my want of charity and so forth, prove that you mean what you say by putting your hands into your pocket and forming a fund for the payment of the doctor's services on such occasions. Do your share of the work, and I'll do mine." Yes, despite all the bluster of the Pharisees, we proclaim this to be common sense and common justice; and again we say, we rejoice to believe that the profession are opening their eyes to the truth. It is high time that all this delusion and pretence were done away with. Does the editor of the *Medical Times and Gazette* really want to make people believe that West End of London accoucheurs will jump out of their bed at night, or leave their consulting-room in the day, to attend the abode of the first casual pauper who raps at their door and declares that his wife is in labour and perhaps in danger, and that they must come directly? What would be the West End accoucheur's answer every man of sense knows perfectly well; and why should it not be the Birkenhead doctor's answer equally? The duty of medical charity weighs as heavily, nay, more heavily, on the wealthy and renowned accoucheur, than it does on the humble village accoucheur. His answer would be this: "If you are a pauper, go to the parish authorities. It is their business, the business of society, to find you relief." Does our eloquent editor mean to say that he himself is ready to obey these nightly calls to gratuitous attendance upon suffering humanity? or is his indignation really all words and frothy declamation? If the editor were calm enough to appreciate the commonest rules of argument, he would see at once that it is the business of society to appoint a doctor to meet accidents of this nature. Instead of all this uncharitable abuse, put forth under the solemn pretence of a pious indignation, let him answer the argument, if he can. Let him show the fallacy of our premises, and the fallacy of our conclusions.

And we would venture to offer him one word of advice. We cannot follow him, it is true, in his airy flights through the misty regions of high pretensions; but, from a lower standing, we would bid him, in future, in his fervour of medical humanitarianism, to admit a ray of charitable sentiment towards those from whom he may differ in opinion. We would bid him reflect that the monopoly of good works and of honest charitable sentiment is not the sole property of those who blow their trumpet at the corners of the street; and that we, who have heartily and conscientiously endeavoured to elevate the status of our profession, to win for it greater esteem and higher honour and more influence, and so a larger field for the exercise of its powers in the world at large, may perchance be engaged in furthering the cause of humanity somewhat more effectually than he who, under the garb of a highly moral profession of faith, indulges in virulence of language against those from whom he has the misfortune to differ.

We leave our readers to judge of the charity of the journal which anathematises others for their want of Christian and moral sentiments in language of the following character:—"Tradesman-like, unprofessional, and barbarous," is the conduct of the Birkenhead doctors; "a shocking scandal"; "an abominable scandal"; "British medical tradesmen". In his attacks upon this JOURNAL, the medical moralist says: it is "the apostle of inhumanity"; "cold-blooded and degrading is its teaching", not to be "accepted without loathing"; "abominable sentiments"; and so forth. Such is the stump-oratory style used by this expounder of the duties of the Christian, the moralist, and the physician! But even he has his touch of worldly-mindedness. He winds up with a caution and a hint. He says: "We could show that few things pay like a reputation for humanity." We quite agree with him in this opinion of his; and who knew the truth of it better than the irrepressible Tartuffe? but we must venture to suggest that, however profitable such a "reputation" may be, it is still a far better and higher thing to possess, if possible, the "humanity" itself, as well as the "reputation" of it. A good thing also—no doubt, ofttimes a "paying" thing—it is to have a reputation for charity—a reputation such as the editor of the *Medical Times and Gazette* assumes to himself. But here, again, we must suggest, a far better and higher thing than the mere reputation for charity is the possession of the thing itself.

The article before us is, we regret to say, a glowing example of the fact that it is one thing to *be* charitable, and another to assume the possession of a reputation for being charitable.

When our contemporary next enters the lists with us, we trust that he will condescend to common sense and connected argument, and raise himself above the vulgarity of substituting abusive language for reasoning. He should have more respect for his auditory.

MEDICAL EDUCATION.

THE subject of medical education continues to be a prominent topic of discussions. Mr. Callender, of St. Bartholomew's Hospital, has published a pamphlet on the subject; and at the last meeting of the Edinburgh Medico-Chirurgical Society, Dr. Andrew Wood discoursed at length on the matter before a large assemblage of the profession. Dr. Wood made, as most other persons have done, Mr. Syme's remarks the groundwork of his consideration of the present condition of medical education. Dr. Wood differs in certain particulars from Mr. Syme; but it seems to us that, in the main, his views are very much the views of Mr. Syme; that is, in reference to the chief practical question, What should be done to improve the present system?

The following is Dr. Wood's "*Resumé* of Proposed Plan for Adjustment of Course of Study"; and it appears to contain the chief things pointed out as desirable by Mr. Syme:

> "Make the preliminary studies and examinations in truth preliminary. For this purpose raise the age of commencing strictly professional study to 18; prune the professional course, so that the student may have fewer courses of lectures to attend, and fewer lectures in each course; re-arrange the sessions; make class-examinations imperative on teachers and students; see that ample time is left to the student for reading and reflection, and that his course of reading is properly directed; see that he has ample time and opportunity to avail himself of practical instruction in the dissecting-room, in the wards of the hospital, at the dispensary, in the laboratory; see that, while the class-examinations be as minute and searching upon all points connected with the subjects taught as may be desirable, the final examinations be chiefly based upon the requirements of practice, and be directed to ascertain whether the student retains that knowledge which he ought to retain, and without which he cannot practise safely; see that a distinction, as is right, be made between the curriculum and examinations for a simple license to practise, and those for a license to practise accompanied with a title of honour, such as the degree of an university."

Dr. Andrew Wood, in his discourse, has handled the subject carefully and wisely; only it appears to us that his mistake has been in taking it for granted that Mr. Syme desires "a complete *bouleversement*" of the present system. Certainly this is not the impression which we have derived from a perusal of Mr. Syme's proposals. He seems to us to want reform, not revolution. We, in fact, believe that Dr. Andrew Wood will find himself in the Medical Council voting with Mr. Syme in the matter of medical education.

Dr. Wood said that, in his view, the present generation of medical men was much superior to any which had preceded it. He defended the system of lectures; but he properly pointed out the fact, that certain qualities were required in the lecturer to make his teaching effective. And he was not blind to the abuse of lecturers.

> "Three, or at most four, lectures a week on each of several subjects are quite as many as a student can properly listen, digest, and read up to; nor would more be required under a system where the lecturer, as he ought to do, refers the student to private reading for much that is at present unnecessarily and wearisomely treated of in the lecture-room."

He also pointed out the advantages of Class Examinations, and would have them made imperative on teachers and students.

Some excellent and true remarks, also, Dr. Wood made on Preliminary Education, insisting on a sound classical knowledge.

> "Too long the medical profession, which ought, *par excellence*, to be a learned profession, has been accessible to men of very rude and imperfect education. A man might even become *doctor* though in no measure *doctus*."

The sessions he would have re-arranged; viz., a winter and a summer session, each of four months, with an interval of a month; and the final examination of a strictly practical character.

> "In regard to the expediency of combining and concentrating the too numerous licensing boards" (he says), "I must state it as my conviction that there is no one measure which would do more to equalise and make efficient medical education and testing than the formation of combined boards for licensing in medicine and surgery, composed—in England, of the Colleges of Physicians and Surgeons and the Apothecaries' Company; in Scotland, of the Colleges of Physicians and Surgeons and the Glasgow Faculty; and in Ireland, of the Colleges of Physicians and Surgeons and the Dublin Apothecaries. Thus there would be constituted only three instead of nine separate boards."

In the discussion which followed, Professor Laycock objected to all interference; and thought the Medical Council was too meddling. He saw no reason for diminishing the number of courses; and, indeed, suggested an addition. He saw no reason why 18 should be the age for commencing study; the period should be left open. A knowledge of Greek and Latin he considered very important. Professor Balfour approved of class examinations, and of a preliminary scientific and literary training for the student. Professor Simpson strongly agreed in the two four-months sessions proposed; and also concurred in the class examinations. Mr. Spence pointed out that there ought to be some regulated order of study laid down. Upon the whole, it may be said, that there was a pretty general agreement upon the points requiring reform.

Mr. Callender, of whose pamphlet we must say a few words, takes a very different view of these things. He considers the present system of teaching to be so perfect, that "little, if any, change is desirable." His large experience of students and of teaching at St. Bartholomew's has led him to that conclusion. He enters at length into an examination of the present required courses of lectures, etc., and finds that they are right well adapted for the purposes in view. Mr. Syme, he thinks, is wrong in supposing that the student has no time for thought, and that "medical education has become an effort of memory rather than a process of mental training."

We would refer those who are interested in this subject to Mr. Callender's pamphlet, where will be found clearly stated all that can be said in favour of our present system of education. Unfortunately for his argument, Mr. Callender seems to us to have demolished, in half-a-dozen lines at the end of his pamphlet, all that he had been constructing in his fifteen previous pages. Mr. Callender relates the following anecdote; and surely Mr. Syme could wish no better illustration of his position, that "education has become a matter of memory."

"Not long ago" (says Mr. Callender) "one of our pupils, who had distinguished himself for his knowledge of practical anatomy, went up for and passed his Primary (Scientific) Examination at the College of Surgeons. Six months later, he went up for the corresponding examination at the College of Physicians. We all know how anatomy slips from the memory. I was not surprised to learn that he had, to use a common expression, made a mess of it; though, as he said, he had looked up his anatomy from books before essaying the examination. What a pity" (Mr. Callender adds), "that he should have been compelled to get up his anatomy twice."

If we understand the tale aright, it means this, that the student's anatomy is admitted by his teacher to be a matter of memory, which even a student "distinguished for his knowledge of practical anatomy" cannot be supposed to retain more than six months. Well, may not Mr. Syme fairly ask for some change in a system which produces such fruit as this? If the groundwork of a medical man's knowledge be anatomy, what sort of foundation must his knowledge rest upon, if it cannot hold together six poor months?

◆

We have been favoured with a paper on Medical Apprenticeship, read at the South-Eastern Branch of the Association, by Mr. Martin of Reigate, in June 1847. Mr. Martin therein defends the system of apprenticeship. A five years' apprenticeship he considers too long a term; three years is long enough. A youth cannot, he says, commence his professional studies better than in the occupation of an apprentice. He learns the art of compounding, and the properties of medicines, and educates his senses in manipulating these articles; and he also acquires thereby some chemical knowledge. The smaller operations of surgery he becomes acquainted with, and gains some insight into therapeutics and medical practice. No slight advantage, too, is the superintendance exercised over his moral habits at this period of a young man's life. His apprenticeship ended, he can advantageously commence his hospital studies and his attendance on the schools.

Sir Charles Locock has this year accepted the office of President of the festival of the Medical Benevolent College. He is the first "professional" president who has sat in that chair of festivity. We are, therefore, satisfied that our medical brethren will show by their attendance on the occasion—viz., on the 14th of May—that they know how to honour a member of their own profession. We trust the results will show, that the highest aristocrats of the land have not been on any occasion more successful as Presidents of the Medical Benevolent College Festival than this respected member of our own profession.

At the Surgical Society of Paris, M. Guérin related a case, unique, we fancy, in the annals of surgery, of complete separation of the arm, produced by traction exercised for the purpose of reducing a dislocated humerus. A woman, aged 63 years, came into St. Louis with a dislocated humerus of three months' standing. M. Guérin employed, in its attempted reduction, the force of four students; the point of traction being at the forearm and above the elbow. Suddenly, during the operation, a crackling sound was heard, and the forearm fell to the ground, the blood spouting forth and covering the assistants. M. Guérin immediately seized the artery, and, cutting off the end of the broken bone and shaping the torn flaps, made a suitable stump. On examining the stump, all the tissues were found softened and friable throughout the whole limb, bones, muscles, nerves, veins, etc., breaking down under pressure. The microscope also demonstrated the degenerescence of the structures.

"The ancients," says the *Gazette Méd. d'Orient*, "in treating their patients, did not bleed them to death, nor cram them with a mass of drugs, which either neutralised each other, or set up fresh disturbance in the system, such as could be neither foreseen nor appreciated; but they confined themselves to the most simple medication. They treated diseases hygienically, whilst we treat them almost wholly with drugs."

M. Le Fort, whose report on London hospitals excited much attention in 1862, has been appointed by the Director of Public Assistance to visit many of the hospitals of Europe, and especially those of Germany and Russia.

M. Nélaton has lately injected twenty-five drops of perchloride of iron into an aneurism of the sciatic artery as large as the fist, and situated beneath the glutei muscles. The aneurism had returned after ligature of the artery, performed by M. Sappey in 1852.

Notwithstanding police regulations, syphilis in large towns, M. Fournier tells us, is ever on the increase. It is certain also that the disease is chiefly spread by the women who are under surveillance. Of 367 patients carefully questioned, 234 contracted chancres from "*filles inscrites*". M. Puche's statistics show a similar result. Of 510 cases of syphilis, 374 were derived from prostitutes under police regulations. Thus, in three-fourths of the cases, the disease is derived from our *filles publiques.* He argues, of course, that the women should be more frequently visited than every eight or fifteen days.

An order has been issued by the government at Constantinople, that the sale of haschisch shall no longer be allowed in the *cafés* for smoking-purposes, and that it shall only be sold by *pharmaciens* as a medicine prescribed by physicians.

We read, in M. Chevalier's report to the Academy of Moral and Political Sciences, the following figures. From 1853 to 1860, there have been found 5.3 stillborn children for every 100 births in the Department of La Seine, 5.16 in the town, and 3.65 in the rural population.

Dr. Frediancli, *L'Imparziale* tells us, has been assassinated at Santa Croce. His assassin had called him there under the pretence of seeing a dying person.

The French medical journals announce that a French doctor is wanted at Trebizonde, to replace the doctor who has recently died there. The salary, etc., is said to be satisfactory.

M. Broca lately ligatured the common carotid artery, in consequence of hæmorrhage produced by the separation of a slough after the removal, by M. Maisonneuve, of a cervical tumour by cauterisation.

Dr. Daremberg, librarian of the Mazarin Library, has been authorised by the Minister of Public Instruction to give a course of lectures on the History of Medicine.

A correspondent of the *Wiener Med. Wochenschr.*, writing from Schleswig, says: "There is a custom here amongst the Danes not to bury the dead before two days, and not later than eight days, after death. Through this northern respect for the dead, bodies are left as long a time as possible in the dead-house. I have seen bodies buried which had been nine or ten days in the dead-house; even in summer, they are kept unburied for four or six days. The number of the sick in some of the Austrian corps exceeds five per cent. The prevailing diseases are ophthalmia, pneumonia, and catarrh. The sick are well cared for in numerous small hospitals, which are under the charge of ladies of the district, who visit them daily.

M. Flourens tells the Academy of a living centenarian now in his 122nd year. "Centenarians," he said, "are not rare; and only a few days ago I talked with a woman 108 years old, who charmed me by her resignation, her cheerfulness, and placid disposition. The normal age of man, the physiological limit of his life, is 100 years; but the extreme limit which human beings may attain is not easily stated. Authentic facts on this head are too few."

A French journal announces the last new thing in the cure of hooping-cough. It is, we need hardly say, rapid and effectual in its action. Under the advice of a learned physician, parents now send their children attacked with hooping-cough to the gasworks, where they are made to respire the vapours which arise from the lime used in the purification of the gas. Amelioration usually follows the first inhalation. Two or three visits suffice for the entire annihilation of the hooping-cough. The director of the works offers his facilitating services, and names of cured children are at the service of parents and guardians.

No one, perhaps, has had more experience in the treatment of itch than Dr. Hardy of Hôpital St. Louis. He has lately published the treatment now adopted at that hospital. The treatment is founded on the fact that the disease is caused by the presence of the *Acarus Scabiei*. The whole of the body, excepting the head, is first of all scrubbed for half an hour with black soap. The object of this is to clean the skin, and remove foreign particles adherent to it. The patient is then at once placed in a warm bath, where he remains for an hour, and continues to rub himself with the soap. Under this treatment, the epidermis becomes swollen and macerated; the furrows between the acari are opened; and the skin prepared for the final friction with the following ointment, consisting of sixty-four parts of lard, twenty of sulphur, eight of carbonate of potash, and eight of water. This ointment, thus employed, is a veritable parasiticide. The ointment should be rapidly rubbed over the whole of the body, and the clothes put on without removing it, as it is requisite for the ointment to be in contact with the skin for several hours. During eleven years, 37,429 patients have been subjected to this treatment; and of this number, 535 only have required a second treatment. Thus sixty-nine out of seventy were cured. Since this method of treatment was introduced at St. Louis, patients do not remain in hospital; and thus 120 beds previously occupied by itch-patients are placed at the disposal of more serious skin-affections.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
SHROPSHIRE SCIENTIFIC. [Conversazione.]	Museum, Shrewsbury.	Friday, April 8, 6.30 P.M.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., April 28, 8.30 P.M.

NORTH WALES BRANCH: GENERAL MEETING.

THE intermediate general meeting of the members of this Branch was held on Tuesday, the 22nd ult., at the residence of J. H. Wolstenholme, Esq., Holywell, under the presidency of Llewellyn Lodge, Esq., of St. Asaph. There were also present twelve members. An elegant luncheon was handsomely provided by Mr. Wolstenholme and Mr. James Williams of Holywell for all who attended the meeting.

New Members. Dr. WILLIAMS (Mold) proposed, and Dr. HUGHES seconded the election of Edward Griffith Clarke, Esq., of Mold, as member of this Branch, and of the British Medical Association, which was unanimously carried. Upon the proposition of the PRESIDENT, seconded by Dr. G. T. JONES (Denbigh), — Griffith, Esq., of Abergele, was also elected member of this Branch, and of the British Medical Association.

Annual Meeting. It was agreed to hold the annual meeting on Tuesday, July 5th, at 1.30 P.M., at the Black Lion Hotel, Mold. The invitation given by Dr. Hughes of Mold for luncheon at his house at 12.30 P.M. upon the above day, was cordially received and accepted.

Papers and Cases. The following were read:

1. On Compound Dislocation of the Astragalus. By T. T. Griffith, Esq., Wrexham. An interesting discussion took place after the reading of this paper by Mr. Griffith, who has consented to publish it in the JOURNAL. Mr. J. Williams of Holywell related a case in point. Dr. Roberts of St. Asaph had also met with a case of simple dislocation successfully treated.

2. On Diphtheria. By Owen Roberts, M.D., St. Asaph. This case elicited an animated debate, in the course of which Dr. Hughes of Mold, Dr. John R. Hughes of Denbigh, and others, adduced cases to prove the dissimilarity of diphtheria and scarlatina.

Dinner. At 4 P.M., all the members, with some guests, assembled at Dr. Davies's house to dinner, and were entertained by him in a most hospitable and kind manner. The cordial reception and attention accorded by him were deeply appreciated, and suitably acknowledged.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

AN ordinary meeting of this Branch was held at the York House, Bath, on Thursday, March 24th, at 8.30 P.M.; the President, F. K. Fox, M.D., in the chair. There were also present thirty-one members and three visitors.

New Members. The following gentlemen were elected members of the Association and of this Branch: R. Budd, M.D., Barnstaple; Carey Pearse Coombs, Esq., Beckington.

Papers. The following papers were read.

1. On the Presence of Indigo in Purulent Discharges. By W. B. Herapath, M.D., F.R.S.

2. Notes of a Case of Entire Avulsion of the Scalp, with Recovery. By J. W. Teale, Esq., M.A.

3. Case of Separation of the Epiphysis of the Tibia, simulating Dislocation of the Knee. By J. W. Teale, Esq., M.A.

4. Dr. FALCONER then started a discussion on the Prevalence of Scarlatina of late; which was followed up by Dr. Budd, Mr. J. K. Spender, and others.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 8TH, 1864.

R. PARTRIDGE, Esq., F.R.S., President, in the Chair.

A NEW OPERATION FOR OBTAINING UNION OF AN UNUNITED FRACTURE, WITH REMARKS ON ITS APPLICATION IN CERTAIN CASES OF RECENT FRACTURE. BY E. R. BICKERSTETH, F.R.C.S.

IN cases of ununited fracture the author had frequently tried, in vain, friction, acupuncture, and subcutaneous division; and though resection of the ends of the bone had been successful in some instances, it involved a considerable risk to life. Dieffenbach's method had proved to be more successful; but this operation, though conducive to the formation of new bone, in no way provided for absolute immobility of the opposing fragments. The large external wound, and the injury done to the soft parts in introducing the ivory pegs, were also objections to this operation. Recognising the happy influence of Dieffenbach's plan of exciting ossific deposit, and at the same time feeling the importance of keeping the ends of the bone in a condition of absolute immobility, the author was induced to try a modification of the operation; and in the case of a man admitted under his care at the Liverpool Royal Infirmary, with an ununited fracture of the radius, he drilled a hole through the ends of both fragments, and, passing a stout wire through it, secured the bone in perfect apposition. Union took place in seven or eight weeks; but on endeavouring to remove the wire, so much traction was necessary that it caused the fracture again to be ununited. This difficulty of removing the wire induced the author to think of some other plan; and in the case of a man with an ununited fracture of the thigh, he bored, by means of a common Archimedean drill, two holes in such directions that each passed obliquely through both ends of the fractured bone, and into each he introduced a steel rod with a screw at the end. To do this it was necessary to make an incision three inches in length. Much constitutional disturbance followed, the wound suppurating freely. In ten weeks the splints were removed, but no union had taken place. The limb was then confined in gum and chalk bandages. Symptoms of pleuropneumonia came on, and the patient gradually sank. A *post mortem* examination showed tubercular deposit in the ends of the bone and other parts of the body. There was no attempt at repair at the seat of fracture, except where the drills had pierced the bone, and here there was a deposit of new bone. This proceeding showed that it was quite feasible to fix the bone in the manner described, without exciting too much inflammatory action; and also that the steel rods caused the formation of new bone.

The next case was a fracture of the lower maxilla, where the bones had united in such a position as to render the patient a most unsightly object. As the incision that would be necessary in this instance, for the purpose both of putting the bone into proper position and removing the deformity of the soft parts, would not allow the use of external splints or supports, and as it was found impracticable to effect this object by fixing the teeth by an appliance within the mouth, it was absolutely necessary that some means should be devised by which the divided portions of the jaw could be securely fixed; and it occurred to the author that pegs or nails would answer the purpose. Accordingly, at the operation, the apposition of the fractured portions was secured by means of two round-headed nails. They most effectually answered their purpose, and no external splint or bandage was required. The case did well, no undue action being set up. On the twenty-second day after the operation, one of the nails came away. The patient left the infirmary perfectly well, the jaw being firmly united in its proper position, and the deformity of the soft parts removed. One of the nails still remained in; and the last account states that its presence caused no inconvenience.

The third case recorded was one that presented many points in common with the one just narrated. No external incision was made, and ordinary drill-heads were substituted for nails. The result was everything that the author could have wished.

These cases shewed how readily and with what good effect fractured bones may be fastened together. Surgeons have ever recognised the use of sutures with regard to the soft parts. Why should we not, in cases of difficulty arising from an inability to keep the surfaces in proper apposition, adopt the same plan with the bones? Might not this process be applicable in some cases where division of the tendo Achillis is required, or where such an operation as sawing off the ends of the bone is indicated? From a consideration of the cases narrated, Mr. Bickersteth proposed to treat an ununited fracture by passing one or more drills through the broken ends of the bone in such a manner as to secure their perfect immobility, and without making any external wound beyond that caused by the entrance of the drill. The limb should then be secured by properly adjusted splints, and kept at perfect rest. After two or three weeks the drills may be removed, and water-dressing applied to the punctures. For several weeks afterwards, it would, of course, be desirable to continue the use of the splints. In conclusion, the author placed upon record three cases of ununited fracture recently treated by his friend Mr. Fletcher, on the plan that he (Mr. Bickersteth) had suggested, in each of which the result had been most satisfactory.

HARVEIAN SOCIETY OF LONDON.

Thursday, February 18th, 1864.

W. Adams, Esq., F.R.C.S., President, in the Chair.

Herpes Circinatus and Favus Combined. Dr. Tilbury Fox brought before the Society a child affected at once with herpes circinatus and favus. There were numerous patches of the former on its body, and under one axilla was a patch of favus, portions of which being placed under the microscope exhibited the cells of the achorion Schöleinii. Dr. Fox thought that in this case, perhaps, the one disease had developed into the other.

Mr. Squire said that the cells under the microscope were those of the achorion Schönleinii; but it did not follow that the occurrence of the two diseases on the same child was anything more than coincidence.

Dr. Cundell Juler thought that the favus might have appeared after the herpes circinatus by chance.

Dr. Camps remarked that the patch of favus did not appear to be implanted upon any of the patches of herpes.

Dr. Drysdale asked whether Dr. Fox had ascertained that no children in the family or in the house were suffering from favus capitis, as it might easily have been inoculated.

Dr. Fox replied, that he had carefully interrogated the mother on this subject; but that no child in the house was the subject of this complaint. He believed that the cells of herpes circinatus might develope into those of favus.

AN INQUIRY INTO NERVOUS REFLEX ACTION, AS THE CAUSATION OF DISEASES OF THE SKIN; WITH REMARKS ON THEIR TREATMENT.

BY H. CUNDELL JULER, M.D.

The author commenced by shewing that the opinion generally received of morbific blood being the *fons et origo* of diseases of the skin was erroneous; that the past discoveries of the pathologist, the histologist, and the chemist, did not warrant our arriving at such an assumption. He quoted from the works of various authors to show how many affections of the skin, as zona, erythema, pemphigus, urticaria, elephantiasis Græcorum, leprosy, etc., had been traced to a nervous influence. He instanced many cases as being clearly referrible to a morbid reflex influence on the nutrition of the sensitive nerve-fibres, passing to the cerebro-spinal axis, either from the skin or from the intestinal mucous membrane. He considered derangement of innervation as a necessary preliminary to the appearance of parasitic diseases; the different conditions of the skin in various places accounting for the appearance of two or more varieties of parasites upon the same individual. Dr. Juler stated it to be his opinion, that specific forms of diseases of the skin were induced by the morbific element in the blood, acting primarily upon the nervous centres and secondarily through the centrifugal nerves, upon the cuticular surface. He stated his conviction, that all skin-diseases had their origin in some disorder of the nervous system, and that many were attributable to nervous reflex action. He mentioned alternations of temperature as being a fruitful source of skin-disease; heat and cold being most powerful irritants to the nerves of the skin. He instanced furunculi, urticaria, lichen, erysipelas, etc., as being rapidly developed in this manner.

Dr. Juler then passed on to say that he thought that, upon the recession of a chronic cuticular eruption, the internal lining membrane of the bowels sometimes became the seat of a disease similar, in its pathological character, to skin eruptions, inducing the discharge of shreddy adherent mucus from the bowels, probably depending upon a rapid shedding of the epithelium of the mucous membrane. The reappearance of the disease upon the skin, he said, restored the bowels to their former healthy condition—the internal and external affections being vicarious of each other. He next demonstrated how skin-diseases might assume a chronic character by a morbid alteration in the blood-vessels and tissues of the skin, and thus remain after the nervous irritation which had brought them into activity had subsided. In this condition, these diseases only needed external remedies for their removal.

After showing how irritants to the afferent nerves of the skin might produce eruptions, and abnormal states or ulceration of the skin or lining mucous membrane of the body, as in burns, Dr. Juler referred to many cases to prove the converse as being also the case by the action of irritants upon the centripetal nerves of the bowels, etc., causing pain and diseases of the external surfaces of the body or intestinal surfaces. He instanced many cases to show

how skin-affections were attributable to the irritation of the nerves of the intestinal mucous membrane by indigestible ingesta, etc. He explained how irritation of afferent nerves might not always induce skin eruptions; but give rise to other nervous phenomena. He quoted Brown-Séquard to show how insanity, epilepsy, chorea, catalepsy, extasis, hydrophobia, hysteria, and other varieties of nervous complaints, might arise from slight irritation of centripetal nerves; and explained how irritation of the dental nerve, or of the nerves of the bowels in infants, gave rise at one time to skin-eruptions, at others to a discharge of a shreddy mucus from the bowels.

In discussing the treatment, Dr. Juler attributed the curative influence of arsenic upon skin-diseases to its power of establishing a counter action in the system, and so exhausting the undue irritability of the nervous system. So long as it had a morbid condition with which to contend, its action was strengthening and curative; but as soon as the disease was removed, or the system became more saturated with the remedy than by the disease, it was no longer strengthening, but set up an irritation in the system similar to that which it had removed; producing similar cuticular manifestations and all the nervous phenomena of a poison acting upon the nervous centres.

After advocating the employment of electro-galvanism in some forms of skin-disease clearly referrible to nervous reflex action, and having said a few words as to general treatment, he concluded by recording cases illustrative of his theory, and the treatment based thereon.

Dr. Fuller thought that all would agree with the author, that we should not look on arsenic as a sheet anchor in skin-disease. There were many cases in which tonics were much more serviceable. Diet is of the utmost importance in the treatment. Stimulants and generous diet are often necessary to affect a cure; and eczema is often curable by these means alone. Arsenic sometimes aggravates instead of curing. Tartarised antimony is often of use. He scarcely thought that alternations of temperature could be called frequent causes of skin-disease; for persons who used the Turkish bath were not subject to such disease. Indigestible food was a very frequent cause of skin-disease; and it was reasonable to conclude that this was caused by the absorption of some irritant into the blood, rather than by affecting the nerves.

Dr. Tilbury Fox observed that of late years the humoralists had had all their own way; but now the neuropathists were again beginning to attract attention. Perfect nutrition required good blood and correct innervation. The treatment of psoriasis was, in nine cases out of ten, entirely internal. Hebra treats psoriasis by local means—by poultices and oil, and afterwards by stimulating applications, such as oil of cade or sulphur ointment. Devergie had remarked of arsenic, that he believed that it rather injured than benefited in cases of psoriasis.

Mr. Squire remarked, that weals of urticaria were considered to be caused by excitation of the nerves of the skin. He thought that first attacks of psoriasis and eczema were more amenable to arsenic than later ones. Donovan's solution, which contains mercury, iodine, and arsenic, was, in his opinion, a most valuable remedy.

Mr. Ernest Hart mentioned that, in Brown-Séquard's experiments on guinea pigs, the spot at the side of the head, which, on being irritated, produced epileptic fits in the animal, was invariably covered with lice. In burns also, the bowels were apt to become ulcerated; and, again, persons who use the Turkish bath much are liable to eruptions of boils.

Dr. Hare had given arsenic for periods as long as twelve months at a time with no ill effect; but, on the contrary, good had followed. We ought not to trust, however, to one remedy in psoriasis; but study the patient's constitution. Acetate of potash was sometimes an excellent remedy; and tar ointment locally applied is often of service. In eczema, local means are often most useful, and in cloasma are all that is necessary; in the latter, the nitric oxide ointment is a good application. Tinea tonsurans also requires no internal remedy.

WESTERN MEDICAL AND SURGICAL SOCIETY.

March 4th, 1864.

W. Martyn, M.D., in the Chair.

Pulmonary Abscess. By R. T. Daniell, M.B. M. L., a tall healthy-looking Belgian girl, aged 17, was seized on November 14th, 1861, with violent pains in the hypogastric region; painful defæcation and micturition; tenderness of abdomen, particularly in the right iliac region; and all the other symptoms of inflammation in the pelvis. The illness had come on after suppression of the catamenia from the direct application of cold. The symptoms were alleviated by anodynes and purges of castor oil; but for three weeks a hardness and fulness in the right iliac region remained, with a frequent pulse, periodical sweats, and other symptoms of hectic fever. The formation of a pelvic abscess was expected. As the foregoing symptoms subsided, she was attacked with an acute pain in the right side of the chest, about the sixth and seventh ribs, extending upwards to the right shoulder-joint. There was a frequent short cough, and an expectoration of clear mucus, soon becoming thick, tenacious, and muco-purulent. There was a slight attack of hæmoptysis. As the pain was relieved, the cough became more troublesome, particularly when lying on her right side or on her back. The expectoration now became offensive. Her pulse was 130; there was great emaciation, particularly of the limbs; the appetite was voracious. Pus was subsequently coughed up, in paroxysms, to the amount of six ounces or more at a time. Two or three fleshy-looking pieces were occasionally observed in the sputa. In four months the patient entirely recovered her former healthy appearance, and the cough and expectoration had ceased. The author inclined to the opinion that this was an abscess of the lung, consequent upon matter forming in the pelvic region, and its subsequent absorption.

Chronic Ulcer of the Duodenum, terminating fatally from Hæmorrhage. By W. Martyn, M.D. R. A., aged 62, had a severe attack of Asiatic cholera twenty years ago in India, where he lived many years. From this date he suffered continually from indigestion. He was first under Dr. Martyn's care fourteen years ago; he was then a big, fat man, of florid complexion, of temperate habits, but lived well, though cautiously. He occasionally admitted that he had slight uneasiness after a full meal, and complained of his digestion. About twelve years since, Dr. Martyn was suddenly summoned to him. He was found vomiting blood, and passing it by stool in great quantities; he fainted, but rallied again. Upon careful examination, no hardness or tumour could be discovered in the epigastric region. There had been no pain; but there were some rigors, followed by sweating. Subsequently, every two or three years, he had a similar attack; and in one attack there was obstruction of the bowels for nearly a fortnight. The last illness commenced in July 1863, after some uneasiness in the stomach, with violent vomiting, chiefly of dark brown sour fluid, in immense quantities, followed by a severe rigor. He then vomited blood, and passed it by stool, as on previous occasions. He rallied several times, but subsequently died from exhaustion. The *post mortem* examination showed the stomach to be very large, and to contain a large quantity of blood. The mucous lining was dark and reddish towards the pyloric end. The first part of the duodenum with the pylorus were found adherent to the under surface of the liver. A large ulcer was discovered, filled with a clot of blood, occupying the posterior wall of the first part of the duodenum, just beyond the pyloric opening. Its edges were thickened and rounded. It was deep and large enough to contain a large walnut. The duodenum with the adjacent parts were exhibited to the Society.

Correspondence.

IRIDECTOMY.

Letter from James Dixon, Esq.

Sir,—I wish to say a few words in reply to Mr. Bowman's last letter, for the purpose of plainly restating what I really have said about hardness of the eyeball as a morbid condition.

In reply to a question put by your correspondent, "A Surgeon", Mr. Bowman wrote thus (British Medical Journal, Nov. 28, 1863, p. 593): "Our better acquaintance with the subject causes us to include at present, under the term glaucoma, or glaucomatous, several forms of disease which formerly were never recognised as such. *All that are attended with augmented tension of the eyeball should now be embraced within that term, and as a rule should be treated by iridectomy.*"

To this sweeping rule I demurred (British Medical Journal, Dec. 26th, p. 697); and observed that tension of the globe was present in several inflammatory conditions in which iridectomy was wholly inadmissible"; and I added that "to say that all inflamed eyes which are harder than natural are to be subjected to iridectomy, would be to inflict that operation upon numerous cases of keratitis, iritis, etc., which can be perfectly and readily cured by judicious medical means." This statement of mine Mr. Bowman misrepresented (British Medical Journal, Jan. 8, 1864, p. 55) by saying that "*ordinary* corneitis, iritis, choroiditis, retinitis, in fact, all the *ordinary* inflammations of the internal tunics, are not characterised, as a rule, by undue tension."

In my next letter of Jan. 16th, I explained that I had never said that "ordinary" inflammations of the tissues I had named were, "as a rule," attended by hardness of the eyeball; but I had stated, and I then re-affirmed, that very many cases were so. In fact, I never used the word "ordinary" at all; neither could I be supposed to assert that the hardness of an eyeball attacked by severe keratitis, iritis, etc., had that almost stony feel which we are so familiar with in true confirmed glaucoma.

Mr. Bowman's last letter (March 19th, p. 323) more fully discusses the question of tension in inflammatory conditions of the eyeball. He still dwells on the word "ordinary", as if I had asserted that increased hardness existed in all common cases of iritis, keratitis, etc.; whereas I had stated that the phenomenon was present in many of the severer, as distinguished from the "ordinary" cases. I wrote against Mr. Bowman's sweeping statement, because I felt sure that, by acting upon it, those less experienced in eye-diseases would be encouraged to perform iridectomy unnecessarily. The fact is, that a group of symptoms, taken together, make up the picture of that form of glaucoma which is curable only by operation. Of course, we all know that hardness is a prominent symptom; but the rapid diminution of sight, the progressive inactivity of the pupil, the uneven condition of the corneal epithelium, the indistinctness of the fundus oculi under the ophthalmoscope, the pain, redness, etc.—all these, taken together, constitute the unmistakable picture of acute glaucoma.

In the same way as I stated my opinion that mere hardness of the eyeball could not safely be taken as an indication for iridectomy, so had I, at a much earlier stage of the glaucoma controversy, combated the notion that cupping of the optic nerve formed, *per se*, a distinctive sign of intraocular pressure; and I mentioned cases as sometimes occurring, in which, while the optic nerve, examined with the ophthalmoscope, presented a depressed extremity, the lens and iris were not pressed forwards—a condition which could hardly fail to be the result of any eccentric force acting upon the walls of the eyeball with power sufficient to compress the very tissue of the optic nerve backwards into its sheath. Gräfe subsequently modified his statement; and allowed that there were cases in which the cupping of the optic nerve was due to wasting of its substance, and that such cases of cupping were not improved by iridectomy.

Here, then, are two signs, each of which is insufficient by itself to indicate iridectomy—*mere* cupping of the optic nerve, and *mere* increase in the hardness of the globe—always supposing I am correct in my statement that cases of severe keratitis, iritis, and other mixed forms of inflammation, sometimes occur in which the globe is harder than natural. Mr. Bowman denies that such cases are met with; and it seems useless to dispute any further about a matter of fact, which any skilful eye-surgeon is able to test for himself. I am, etc.,

James Dixon.

2, Portman Square, March 19th, 1864.

GRATUITOUS MEDICAL SERVICES.

Sir,—I was glad to observe such practical common sense views, on the subject of gratuitous medical services, as lately appeared in a leading article of the Journal, and in letters from correspondents. The public has been so long accustomed to draw freely upon us gratuitously, that we are beginning to find there is no reasonable limit to the demand; and this is consequently producing a revulsion of feeling on our part. If we received due thanks and respect from the recipients of our unpaid services, it would be more tolerable; but such is not the case. On the contrary, we too frequently experience the most base ingratitude. As one of your correspondents observes, "the public regards what is given for nothing as worth nothing."

Contrast the estimation in which our profession is held with that which is enjoyed by the Church and Law, although these bodies afford no such gratuitous services. It might be fairly asked, which of the sister professions (Divinity, Law, or Physic) has the greatest claim to the respect and gratitude of the public for services actually rendered? Which makes the greatest sacrifice of comfort and convenience? And how are they severally requited?

The parson is previously aware of the duties he has to perform, and can conveniently apportion his time. His labours are confined to one parish, and his income is independent of ordinary contingencies.

The lawyer can generally arrange his own time for the discharge of his duties, and is very certain of being paid for his services, having the law (to enforce it, if necessary) in his own power.

On the other hand, take the case of the medical man. He never has a minute which he can call his own, day or night, wet or dry. His labours are both mental and physical. He must promptly assume the highest responsibilities, which occasion a corresponding intense anxiety of mind; and as, in country practice, his patients may be scattered over more than a dozen parishes, so his bodily labour is in proportion. His income is precarious, a large percentage of what he ought to receive being annually lost; and, if he adopt proceedings for the recovery of his debts, or withhold his services from those who can but will not pay, the most base motives are imputed to him by individuals whose incomes are not liable to the same contingencies.

I will just mention an example of how clergymen, when necessary, enforce payment of their pecuniary rights. A farmer in my neighbourhood, who did not pay his tithes, had his property seized and sold off to the required amount. The same is done with regard to church rates, etc. I am not alleging that there is anything wrong in such proceedings, but notice them as a counterstroke to the disparaging way in which the clergy frequently speak of medical men when we show a justifiable regard to pecuniary considerations. A great deal more could be mentioned in the same strain, but it is unnecessary. It will suffice to say that, from the prince to the peasant, the "bread and butter" question is the same in kind, although worked differently, according to the rank or degree of the individual.

While demanding a proper recognition and pecuniary consideration for our services, I would be sorry if our beneficent calling were to be exercised in an illiberal spirit.

I fear that, as a public body, our services will never be properly acknowledged until, like other professions, we have parliamentary representatives in the councils of the nation. At the present time, when any medical question is discussed before these assemblies, we are for the most part *mis*represented.

I am, etc., J. U. B.

March 1864.

LETTER FROM WILLIAM CURRY, M.R.C.S.

SIR,—Allow me to make a remark on the all-important subject of Gratuitous Medical Services, which you so tersely and faithfully handled in one of your leaders last week. The "sapient juryman" at the Birkenhead inquest, when he said, "There ought to be a law to make the doctors go when they are sent for," only reiterated what the majority of the public already believe to be the law. Why, sir, I am continually being told—aye, and by those who ought really to know better—that their impression was, we could be compelled to attend, even if we were quite sure we should never be paid. How such an absurd notion should get possession of the minds of people, and why our profession solely should be expected to make such unreasonable sacrifices, I cannot imagine. Let us, then, quickly disabuse them of their gross misapprehensions; for little honour and dignity, still less profit, will be awarded us, so long as we ourselves continue to underrate our services. We should, therefore, unanimously combine to do away with the gratuitous system; then, if society still looks for us to work for nothing, and we resolutely refuse, society must be the sufferer, and not the doctor.

I am, etc., WILLIAM CURRY.

East Rainton, March 22nd, 1864.

HARD WORDS: MEDICAL EDUCATION.

SIR,—Dr. Laycock's letter in your impression of this week brought to my recollection a curious circumstance which bears on the point at issue between him and his reviewer. When going one day to the Hôpital de la Charité in Paris, I saw the following, or nearly the following, word written on the wall of the stair that led to the wards of an eminent professor: "Cerebrosplanchnohæmatipiorrypathie". I have myself a high appreciation of Professor Piorry as a pathological anatomist, and as an original scientific physician. His dictum, "Il n'y a pas de douleurs sans lésion d'organ," is carried out throughout all his writings with great acumen; and nowhere does his talent and grasp of his subject appear more conspicuous than when he treats of mental affections. But I do think it is much to be regretted that he should have wrapped up his nosology in such nomenclature as to make it a standing joke among his pupils and among the profession at large. His writings, I submit, ought to be a beacon instead of a model to others. All new Greek terms may take well enough with one or two medical Dominie Sampsons, but will, I am sure, be a bore to serious students. Ours is a practical age. "What new facts or discoveries can you teach me?"—that is the question. But I do not thank any one for puzzling me with jawbreakers which would make a Greek shrug his shoulders, asking, Τι θελει λεγεῖν αὐτος;—trophesia, kinesia, parakinesia, etc.?

The discussions in your JOURNAL on medical education, from the admirable article of Dr. Latham downwards to writers of less authority, are all highly suggestive. There seems to be considerable unanimity among professional men on that point. There is a feeling abroad that the system pursued by some parties, of monopolising students' time with lectures, at the expense of hospital attendance, is highly detrimental to the cause of medical education, and not in keeping with the spirit of the age. I wonder whether the thought ever suggested itself to those learned lecturers, that one hour's reading is worth a dozen lectures. The truth cannot too strongly be impressed upon the minds of students, that it is *only* in the hospital and in the dissecting-rooms that medicine and surgery is to be studied to advantage. These remarks are of a more general application; and have no reference to Professor Laycock, whose reputation as a teacher stands, to my knowledge, very high among his pupils. I am, etc., ANTHROPOPHRONESIS.

March 1864.

A PHYSICIAN KEPT BY A DRUGGIST. Our attention has been called to the following advertisement, cut from a morning paper:—"Erson's Gout and Rheumatic Liniment effectually cures recent cases. In Bottles, 2s. and 1s. each. Chronic Patients introduced to *an eminent Physician of acknowledged repute in this department of Medical Science*." (*Dub. Med. Press.*)

PROVISION FOR RECRUITS. We have already called attention to the great necessity of better provision at the rendezvous of recruits. It was currently reported that five persons froze to death at the rendezvous at Riker's Island. It is only surprising that the suffering was not much greater. The men are poorly clad, poorly fed, and poorly housed, and, in consequence, cold only adds the final consummation of death. There have been periods when the single surgeon on the Island had not a particle of medicine, and patients sank and died without let or hinderance. (*American Medical Times.*)

Medical News.

University of London. Degree of Master in Surgery, 1864.

Hewlett, Richard Whitfield, M.D., King's College
Rivington, Walter, B.A., M.B., London Hospital
Taaffe, Rickard Patrick B., M.B., St. Bartholomew's Hospital

Examination for Honours. First Class.

Hewlett, R. Whitfield, M.B. (Scholarship and Gold Medal), King's College
Rivington, Walter, M.B. (Gold Medal), London Hospital

This was the first examination for the M.S. degree in this University.

Apothecaries' Hall. On March 23rd and 24th, the following Licentiates were admitted:—

Evans, Evan, Llandyssil, Carmarthenshire
Fox, Francis, Ringwood
Hall, John, East Retford, Notts.
Lloyd, Albert, Bristol
Philips, Alfred, Lamb's Conduit Place
Powles, Revett Coleridge, Ipswich
Ricketts, James, Liverpool
Shaw, Edward Thomas, Packington Street, Islington

At the Court on the 24th, the following passed the first examination:—

Worthington, Frederick Edward, Manchester

APPOINTMENTS.

Armstrong, James H., Esq., appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne.

Jackson, T. Vincent, Esq., elected Surgeon to the South Staffordshire General Hospital, Wolverhampton.

Army.

Fogo, Surgeon J. M. S., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

Mostyn, Staff-Surgeon J. W., M.D., to be Staff-Surgeon-Major, having completed twenty years' full-pay service.

To be Staff-Assistant-Surgeons:—

Atkins, C. A.
Baker. J. E., M.B.
Barker, J.
Barry, J., M.D.
Beattie, J. F., M.D.
Bolton, R. H.
Byrne, F. J.
Collier, H. C.
Condon, E. H., M.D.
Cuffe, C. M'Donogh
Cunynghame, R. J. B., M.D.
Delmege, J. P. De Gorrequer, M.D.
Dick. F., M.D.
Elgee, W.
Fearon, G.
Forsayeth, R. W.
Gouldsbury, V. S., M.D.
Greene, H. R.
Greenhill, J. R.
Haines, C.
Howard, F., M.D.
Knaggs, Assistant-Surgeon H., Cape Mounted Riflemen
Kynsey, W. R.
Lawless, R. W.
Lyons, P. P., M.B.
Morris, H.
Preston, A. F., M.D.
Shaw, J. A., M.D.
Smith, W. P.
Thomson, A., M.D.
Troup, R. W., M.B.
Turner, A., M.D.
Weir, C. J., M.B.
White, T., M.B.

Royal Navy.

Fennell, Charles J., Esq., Assistant-Surgeon, to the *Wellesley*.

Strickland, Charles, Esq., Assistant-Surgeon, to the *Supply*.

Militia.

Lenton, D., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Barnes, G., Esq., to be Honorary Assistant-Surgeon 16th Staffordshire R.V.

Fowler, W. C., M.D., to be Assistant-Surgeon 1st Midlothian R.V.

Grayling, J., M.D., to be Assistant-Surgeon 4th Administrative Battalion Kent R.V.

Henderson, J., Esq., to be Assist.-Surg. 3rd City of London R.V.

Nicholls, J., Esq., to be Hon. Assistant-Surg. 10th Somerset R.V.

Patterson, A , M.D., to be Surgeon 5th Lanarkshire R.V.

Perry, R., M.D., to be Surgeon 2nd Administrative Battalion Lanarkshire R.V.

Platt, R., Esq., to be Hon. Assistant-Surgeon 1st Flintshire R.V.

Ross, J., M.D., to be Assistant-Surgeon 3rd Lanarkshire R.V.

Swete, E. H. W., Esq., to be Assistant-Surg. 27th Somerset R.V.

Tomkins, C. J., M.D., to be Honorary Assistant-Surgeon 2nd Tower Hamlets R.V.

Wotherspoon, W., Esq., to be Assistant-Surgeon 3rd Lanarkshire R.V.

DEATHS.

Bryden. On March 24th, at Uffculme, Devon, the wife of *R. Bryden, Esq., of a son.

*Martland, Richard, M.D., and J.P. for the county of Lancaster, at Blackburn, aged 69, on March 28.

Calcutta is in a very unhealthy state just now, and the hospitals are full of cholera patients.

The Abbé Moigno's translation of Professor Tyndall's *Heat as a Mode of Motion* is announced in Paris.

Professor Owen had on Tuesday the honour of delivering before the Queen and Royal family the first of a course of four lectures on Natural History.

The Royal Infant. On March 17th, the infant child of their Royal Highnesses the Prince and Princess of Wales was vaccinated. The vaccine produced the desired effect in the most satisfactory manner.

Production of Sulphur. The sulphur at present produced in Italy amounts to no less than 300,000 tons a year, the value of which in the rough state is, 30,000,000 francs.

An Inducement. A man advertises for a competent person to undertake the sale of a new medicine, and adds that it will be profitable to the "undertaker."

Birth Extraordinary. On the 22nd ult., Mrs. Kennaby was delivered, by Dr. Simpson, of the City Road, of four fine female infants, who, with the mother, are doing well. Mrs. Kennaby is in her twenty-fourth year.

Health of the Austrian Army. The health of the Austrian troops is less good than it was a fortnight ago, and many of the men are suffering from that disease of the skin for which sulphur is said to be a sovereign remedy.

Royal College of Surgeons. Professor Huxley brought his course of lectures on the Structure and Classification of the Mammalia to a close on Saturday last. Professor Fergusson will not commence his course until June next, when he will deliver six lectures on the Progress of Surgery during the present century.

Society of Arts. The following six lectures on "Chemistry applied to the Arts" will be delivered by Dr. F. C. Calvert, on Thursday evenings, at eight o'clock, commencing March 31st:—Lecture 1. *Bones.* Lecture 2. *Gelatine, Glue, Bone-size, Chondrine.* Lecture 3. *Leather.* Lecture 4. *Animal Fatty Matters.* Lecture 5. *Flesh.* Lecture 6. *Animal Liquids.*

Employment of the Electric Light for Scenic Effects. The electric light appears to have permanently taken its place amongst theatrical properties. In Paris where more attention is paid to scientific effects than in this country, the celebrated optician, Duboscq, has devised some marvellous imitations of lightning and of the rainbow. The former is obtained by a concave mirror, in the focus of which are the two carbon poles of a powerful battery nearly in contact, and so adjusted that when the mirror is rapidly moved in the hand, the poles touch for a brief interval, and flash a dazzling beam of light across the stage. But more wonderful than this is the rainbow. In the representation of the opera of *Moïse*, it is requisite, in the first act, to introduce a rainbow. M. Duboscq, by a happy modification of his spectrum apparatus, and by employing a curved, instead of a strait slit, and a small-angled prism, has succeeded in projecting the very brilliant electric spectrum on the scene, with the proper curvature and the identical colours of the real rainbow; and this is of such a vividness that it is plainly visible in the full light of the stage. (*Quart. Jour. of Science.*)

Royal Society. The following medical gentlemen are proposed for election as members of the Royal Society:—A. Armstrong, M.D.; W. Baird, M.D.; W. Brinton, M.D.; J. C. Bucknill, M.D.; T. S. Cobbold, M.D.; William Henry Flower; George R. H. Gueneau de Mussy, M.D.; W. A. Guy, M.B.; G. Harley, M.D.; B. Hobson, M.D.; W. C. Hood, M.D.; W. Jenner, M.D.; E. C. Johnson, M.D.; W. A. Lewis, M.B.: Sir C. Locock, M.D,; Sir J. Olliffe, M.D.; J. R. Reynolds, M.D.; G. C. Wallich, M.D.

Queen's College, Cork. The visitors of the Queen's College, Cork, are to hold a formal investigation into the cause of the memorable fire, on April 12th next. The inquiry will partake rather more of the character of a trial than anything else, and counsel are engaged on both sides. The occurrence of the fire the other day has tended to complicate the affair, especially as it appears the professor of surgery has sworn an additional information against the President, Sir Robert Kane, before the magistrates at Cork.

Resection. The German naturalists discuss at Stettin the subject of *resections*. Bardeleben explained the operation. He eulogised the plaster bandage in the after-treatment, and dwelt upon the following points. 1. None of the capsule of the joint should be allowed to remain. 2. The after-treatment must be carefully and minutely attended to. A plaster bandage strengthened by strips of wood is best adapted to this purpose, and it should be water tight, so that the water-bath may be employed. (*Medical and Surgical Journal.*)

An American Estimate of Sarracenia. Dr. N. C. Levings of New York says, in the *American Medical Times*, says that he has lately given the much vaunted remedy in small-pox to four children suffering from the disease, without in any way changing the course of the disease. Three of the children, Dr. Levings says, were not vaccinated; and the supply of the drug was obtained direct from "the putative father of the specific". He sums up thus: "Presuming to know the natural course of variola, and having three cases neither modified nor the sequence of the symptoms altered by the free use of the infusion of sarracenia purpurea, Dr. Jacobi and myself consider the sarracenia without any medicinal virtue whatever in shortening the period of variola, or 'causing the pustules' to wither or fall off' before the eighth day."

Medical Registration Association. The following contributions to the Medical Registration Association have been received up to March 28th, 1864, by Dr. Wright, of 23, Somerset Street, Portman Square, treasurer of the Indemnity Fund. J. T. Clover, Esq., £1:1; Dr. Tuke, £1:1; H. Obré, Esq., 10*s.* 6*d.*; R. Dunn, Esq., £1:1; Dr. Wright, £2:2; Dr. Savage, £1:1; J. F. Clarke, Esq., £2:2; — Slyman, Esq., £1:1; Dr. Webster (Nottingham), £1:1; Dr. Henderson, 10*s.*; Dr. Beckett, 10*s.*; Dr. Headland, £1:1; Dr. Ridsdale, 10*s.*; J. S. Wells, Esq., £1:1; G. Shepherd, Esq., 10*s.* 6*d.*; Dr. W. O. Markham, £1:1. There still remains £145:13:7 to be paid off, in the following items. Petition to Parliament (income-tax), £12:9; memorial to Medical Council, £8:10:7; stationery, £15:12:5; law expenses, £48; printing, £12:16:9; balance of rent, £30; advertisements, £18:4:10. We sincerely hope that the profession will clear off this balance, which still remains charged against the fund.

Surgeon-General Hammond. We speak the sentiments, we believe, of the American medical profession, when we pronounce the shameful persecutions of the Surgeon-General, which have culminated in the present court-martial, as a direct insult to itself. With no shadow of cause, but one of those vague rumours of malfeasance which now cluster so thickly around every department of the public service, the Surgeon-General was displaced and every effort made to remove him from office. It was only through the active interposition of those interested in the department that he was allowed to prove that the trivial charges made against him were without foundation. Such treatment the profession should resent as personal to itself. The trial is progressing, and we do not doubt that, though there may be many peculations proved to have been practised by subordinates in the medical department, yet the Surgeon-General will stand before the world without a suspicion of participation. We begin to hear vague rumours that he is to be relieved, even if the trial results favourably; that the whole proceeding was instituted to accomplish this purpose; and if it fail, he must be retired or summarily relieved. Is the profession prepared to submit to this further humiliation? (*American Medical Times.*)

Chemical Society. The annual meeting of the Chemical Society was held at Burlington House on the 30th ult. The following is the list of officers:—*President*: A. W. Williamson, Ph.D., F.R.S. *Vice-Presidents, who have filled the office of President*: W. T. Brande, F.R.S.; B. C. Brodie, F.R.S.; C. G. B. Daubeny, M.D., F.R.S.; Thomas Graham, F.R.S.: A. W. Hofmann, Ph.D., LL.D., F.R.S.; W. A. Miller, M.D., F.R.S.; Lyon Playfair, Ph.D., C.B., F.R.S.; Colonel Philip Yorke, F.R.S. *Vice-Presidents:* Walter Crum, F.R.S.; Alfred Smee, F.R.S.; John Stenhouse, LL.D., F.R.S.; Robert Warington. *Other Members of Council*: F. A. Abel, F.R.S.; Thomas Andrews, M.D., F.R.S.; Dugald Campbell; H. Debus, Ph.D., F.R.S.; J. B. Lawes, F R.S.; A. Matthiessen, Ph.D., F.R.S.; Hugo Müller, Ph.D.; E. C. Nicholson; W. J. Russell, Ph.D.; Maxwell Simpson, M.B., F.R.S.; J. T. Way; C. Greville Williams, F.R.S. *Secretaries:* Theophilus Redwood, Ph.D.; William Odling, M.B., F.R.S. *Foreign Secretary:* E. Frankland, Ph.D., F.R.S. *Treasurer:* Warren De la Rue, Ph.D., F.R.S.

The Poor-Law Board and Dr. Moore. At a meeting of the Bethnal Green guardians, the clerk of the board read a communication from the Poor-Law Commissioners respecting the charges brought by the guardians against Dr. Moore. The Commissioners say that they have received the report of their inspector, Mr. Lambert, who had been appointed by them to investigate the case. On the first charge, that of neglecting the Mandrell family, the Poor-Law Board cannot see anything censurable in the conduct of Dr. Moore, except with regard to having issued a certificate of removal to the workhouse for one of the children without having seen him. With regard to the charge of sending a midwife to attend women in labour instead of Dr. Moore going himself, the evidence in the four cases brought forward went to show that the women had themselves sent for the midwife, Mrs. North. It appeared that the charge against Dr. Moore in this matter depended upon the testimony of Mrs. North, and it was proved before the inspector that the doctor had written a letter in a feigned hand and under a feigned signature to this woman, stating that some ladies were about to establish a lying-in hospital, and offering her a situation therein if Dr. Moore would become security for her. Dr. Moore's only explanation was that he wished to get her to his house, so that, before credible witnesses, he could remonstrate with her; the Poor-Law Board regarded this as being extremely unsatisfactory, and the letter as an unworthy subterfuge. As to the charge of getting up unnecessary inquests in order to disgrace the parish, the board were of opinion that it was not proven; but the obliteration in the medical relief book, in connection with this charge, they consider calculated to excite grave suspicion. The doctor was also acquitted on the charge of making extraordinary claims for vaccination fees; but, again, the entries in the book were suspicious. No case against Dr. Moore had been made out as to demanding improper medical fees; but he was censurable, in one instance, on the charge of appealing to public charity instead of to the guardians of the parish. Passing over a multitude of minor charges, the Poor-Law Board consider that Dr. Moore was wholly unjustified in stigmatising the Bethnal Green guardians as "unblushing and mendacious slanderers," in a letter published by him on October 21st last. After an allusion to the evasive manner in which Dr. Moore answered certain questions put to him at the inquiry, the Poor-Law Board say that they consider him as having seriously neglected his duty in the case of Mrs. Dove, and conclude that, "having regard to the several circumstances affecting his conduct established against him at the first inquiry, and to the resolution passed by the guardians that they had lost all confidence in him, the board feel that they have no alternative consistent with their public duty but to require him to resign his present office."

The Leicester Infirmary. Dr. John Barclay in a lecture delivered at a literary society pointed out, as a warning to others, the errors committed in the late renovation of this building. He says: "I stood alone, to vote for an entirely new building. For the thousandth time people have now been convinced that the cheapest alteration of an old building is to pull it down. In this instance it was particularly desirable; for the retaining of one old wall, the front one, involved the adoption of the same style of building throughout. A very fine opportunity has now been lost for ever of showing what an infirmary might be. So far as the wards themselves are concerned, I believe the new ones to be the finest in England or out of it. Miss Nightingale deserves the credit of having first impressed on builders the truth that the only real ventilation is to be obtained by cross ventilation by windows. Air will not be controlled, and enter by ventilating holes and escape by others, or go up ventilating shafts to order. The faults of the infirmary are almost all due to the style imposed upon us. It left no freedom of action. Windows have to be placed where they ought to come in regular course, not where they are wanted. There is a handsome centre entrance, hardly ever used by any body, and to which a carriage cannot drive up. Patients—bad accidents and fever cases, have to be landed in the open street. Then the difference of levels involved by altering instead of rebuilding is a most serious fault. By the hoist, or lift, heavy articles, such as coals, are carried up one, two, three stories, but when they are wheeled along to the wards, we meet two, three, ten steps up or down. Everything has to be transhipped; and the ward which from its proximity to the entrance, should have been the accident ward, was rejected unanimously by the surgeons, from the dangerous descent of half a dozen steps. Further, the style adopted rendered impossible the proper construction of latrines and sculleries. The lessons taught, then, by the erection of this infirmary are these:—Have every floor on the same level from end to end; adopt the Gothic style which enables you to put windows and doors, big or little, just where they are wanted; trust entirely to nature's ventilation by windows on both sides of the wards; put your kitchens either in a separate building, or on the roof; and above all, never attempt to alter an old building, but have it entirely new."

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m. -Samaritan, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.
Tuesday.	Guy's, 1½ p.m.—Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.
Wednesday...	St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.
Thursday.....	St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.—Royal Orthopædic, 2 p.m.—Royal London Ophthalmic, 11 a.m.
Friday.......	Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.
Saturday.....	St. Thomas's, 1 p.m.—St. Bartholomew's, 1.30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.—Lock, Clinical Demonstration and Operations, 1 p.m.—Royal Free, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 p.m. Clinical Discussion.—Epidemiological Society. Annual Meeting. Address by Dr. Babington, F.R.S., on his retirement from the Presidency.—Entomological.—Odontological.

Tuesday. Pathological.

Wednesday. Obstetrical Society of London, 8 p.m. Papers by Dr. Meadows, Dr. Day, Dr. Barnes, etc.

Thursday. Harveian Society of London. 8 p.m. Mr. Weeden Cooke, "On the Tumours affecting the Female Breast"; following a discussion "On Diphtheria."—Royal.—Linnæan.—Chemical.

Friday. Astronomical.—Royal Institution.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Delta.—A person *registered* as M.R.C.S.Eng. and L.F.P.S.Glasgow, can recover for medicine and attendance in cases *purely medical.*

Equiso.—J. Hutchinson, Esq., 4, Finsbury Circus, London, is the Secretary of the New Sydenham Society. We refuse no communication whose insertion may be of use to to the profession.

The Saturday Review assures the public as follows:—"We say it with reluctance, English practitioners, having no special school of instruction for this malady (venereal diseases), are less accomplished than any other European faculty in this particular line of practice."

THE BANTING CODE.

Some glutton has stated that brave Mr. Banting
Himself has succumbed to the system he taught.
'Tis false, and he lives, neither puffing nor panting,
But down to a hundred and fifty pounds brought.

He's done it, and so may each overfed nigger
Who'll simply adopt resolution severe
To avoid, if he wouldn't grow bigger and bigger,
All bread, butter, sugar, milk, tatoes, and beer.

Take a fresh lease of life, and commence a new era,
Mr. Banting's advice makes one long to begin—
"Drink claret and sherry, good grog, and Madeira,
Take four meals a day and—grow gracefully thin."

COMMUNICATIONS have been received from:—The Registrar of the Medical Society of London; Mr. R. S. Fowler; Mr. Lowndes; Mr. S. Wood; Mr. Martin; Mr. W. Date; Mr. John Lindley; Mr. R. Bryden; Dr. Kidd; Veritas; F.R.C.S.; Mr. O'Brien; Dr. Davey; Mr. Syme; Dr. J. W. Walker; Mr. James Cole; Dr. Wolfe; Mr. Jackson; Mr. W. Jones; Mr. Thomas Martin; Dr. Wm. Ogle; Dr. H. Marshall; Mr. J. H. Armstong; Mr. D. K. Jones; Mr. J. N. Radcliffe; Dr. Frederick J. Brown; Mr. J. W. Hulke; The Registrar of the Medical Council; Mr. Thomas Jones; Chirurgus; Dr. Lorimer; Mr. Griffin; Mr. A. Kempe; Delta; and Dr. Graily Hewitt.

To the Editor of the British Medical Journal.

2, *Rutland Street, Edinburgh*, 26*th March*, 1864.

Sir,—The extreme impropriety of which Dr. Laycock has been guilty does not admit of any redress except through a court of law, and this could not be obtained without lowering the public respect for a profession which it is my duty and earnest desire to uphold. I therefore beg you will print the List of Fevers, in order that your readers may judge how far it was fairly employed as an illustration of the complexity which at present characterises some departments of medical teaching. As to the precise number of names, a few hundreds more or less do not seem to be of much consequence.

I am, etc., JAMES SYME.

II. ETIOLOGICAL NOSOLOGY OF FEVERS.

(*Extracted from a "Syllabus of the Lectures on the Causes of Fevers, delivered during the Session of* 1860-61; *with an Etiological Nosology. By* Thomas Laycock, M.D., F.R.S.E., &c., &c.)

A GENERAL FEVERS.

Pyrexiæ.—These general pyrexial states modify Specific Fevers.

I. Inflammatory Fevers—Fevers accompanying inflammations:

1. Acute Inflammatory Fever (Synocha).

2. Chronic Inflammatory Fever (Irritative Fever).

3. Suppurative Fever. Inflammatory Fever, accompanying inflammation, ending in suppuration:—

(*a*) Acute. (*b*) Chronic (Hectic Fever).

4. Adynamic or Asthenic Synocha (Typhus-like Fever—Fever of Typhoid type, but not a specific form).

II. Diathetic Fevers.

I. Articular, with inflammation of the articular structures:—

(*a*) *Rheumatic Fever.*—Cause, Lactic Acid? Carbonaceous compounds? Fibrin?

i. Bursal R. Fever—Inflammation of the Bursæ.

ii. Aponeurotic R. Fever—Inflammation? of the aponeuroses, muscles, and fibrous structures of joints.

(*b*) *Arthritic or Gouty Fever.*—Cause, Uric Acid? Nitrogenous compounds?

i. Paroxysmal or Acute Gout.—Formation or deposit of Urates in synovial membranes and derma, with neuralgic inflammation.

ii. Rheumatic Gout.—Formation or Deposits of Urates, with analogous transformation of articular tissues.

2. Visceral—With Rheumatic or Gouty inflammation of the serous, sero-fibrous, or elastic tissues of viscera; Diathetic inflammations and inflammatory fever:—

(*a*) Meningitis, Spinal and Cerebral.

(*b*) Endocarditis, Pericarditis, Arteritis.

(*c*) Pneumonia. Pleuro-pneumonia, Pleurisy.

(*d*) Hepatitis (Capsule of Glisson).

(*e*) Splenitis (Trabeculæ of Spleen).

(*f*) Nephritis (connective tissue of Kidneys—Renal Arteritis).

(*g*) Hysteritis.—Rheumatic inflammation of Cervix Uteri).

(Other inflammations of this class affect the ovary, testicle, prostate gland, fibrous tissues of eye, etc.

3. Cutaneous—With acute or chronic Diathetic inflammations of the derma (connective tissue), cutaneous glands, and blood-vessels.

(*a*) Erythema.—E. fugax, nodosum, etc.

(*b*) Roseola. (c) Urticaria. (*d*) Purpura.

B SPECIFIC FEVERS.

a Group of Endemic Fevers.—Fevers caused by specific fever-poisons derived from without the organism.

I. Malarious Fevers—Caused by the products of vegetable decomposition; pyrexial phenomena, intermittent or remittent:—

1. Uncomplicated—without local inflammation or cognisable change in the blood.

(*a*) Intermittent Fevers, or Agues proper.

(*b*) Masked Agues—"The Chills."

(c) Local Agues—The phenomenon of the paroxysm limited to a limb or portion of the body.

(*d*) Periodic Neuralgiæ (nervous system exclusively affected).

2. Complicated—with Neuroses, Visceral inflammations, or Sepsis of the blood:

(*a*) Neurose Malarious Fevers—*Cerebral*, with coma, mania, delirium, etc.; *Spinal*—Tetanus; *Sympathetic*—Visceral Neuralgiæ.

(*b*) Remittent Fevers—Malarious Fevers complicated with visceral inflammations:—

(a) Cerebro-spinal Remittents—Endemic Meningitis.

(b) Pulmonary Remittents—Pleurisy, Pneumonia.

(c) Bilious and Gastric Remittents:—

i. Endemic Gastric Fevers (Gastritis, with hepatic and splenic congestion):—(*a*) Of Temperate Regions—Bilious Remittents:—(*b*) Of Tropical Regions—Endemic Yellow Fever.

(*c*) Pernicious Remittents—Endemic Pernicious Fevers.—Malarious Fevers, complicated with septic or miasmatic poisons:—

i. Complicated with Fœcal miasmata (sewer and dunghill evacuations); Choleraic Remittents; Dysenteric Remittents; Malarious Continued Fevers, with abdominal symptoms.

ii. Complicated with Sepsis; Petechial and Scorbutic Remittents; Endemic Pernicious Fevers, with hæmorrhages, black vomit, etc.

II. Miasmatic Fevers—Fevers caused by products of decomposing animal matter.—Pyrexial phenomena continuous; Gastro-intestinal symptoms predominant.

1. Fœcal Miasmatic Fevers—caused by sewers and dung-hill miasms:—

(*a*) Ephemeral Fœcal Miasmatic Fevers—terminating in one to four days:

i. Endemic Summer Diarrhœa; ii. Endemic Summer Cholera; iii. Endemic Dysentery.

(*b*) Continued Fœcal Miasmatic Fevers, terminating from seven to twenty-one days:

i. Simple Continued Fever; ii. Typhoid Continued Fever (with adynamic symptoms).

III. Septic Fevers—caused by putrescent animal matter:—

1. Glandular Erysipelas (wounds poisoned by putrescent stuff).

2. Hospital Erysipelas

3. Hospital Gangrene.

4. Puerperal Fever?

These three last may be classed also with the Ochlotic Fevers.

5. Septic Ileo-typhus—from drinking putrescent fluids, or eating putrescent flesh.

b Group of Epidemic Fevers.—Poisons derived from within the organism.

I. Ochlotic Fevers.—The Typhus Group. These are Fevers spreading epidemically, with cutaneous inflammations more or less distinct, and sepsis of the blood. The poisons which cause them arise *de novo*, during overcrowding of men and animals. from the consequent putrescent emanations from the lungs and skin. They vary in their nature according to race and climate, and are modified deeply by the operation of malarious and miasmatic fever-poisons, or by any of the causes of sepsis of the blood. When, from these concomitant conditions, the Ochlotic Fevers are intensified, and cause a great mortality, and death commonly occurs before the seventh day, they are termed Plagues, Pests, Pestilential Fevers One attack is generally prophylactic against a second; the fever-poison ceases, therefore. to spread in a district so soon as the entire population has been subjected to its influence. Numerous variations from the typical forms occur during the progress of an epidemic.

Three classes of Ochlotic Fevers are observed—the Cutaneous, Pulmonary, and Gastro-enteric:—

1. *Cutaneous* Ochlotic Fevers.—Typhus Fevers, with inflammation of cutaneous glands, and the phenomena of disordered function of the Nervous system: –

(*a*) Exanthematic Typhus. *Synonyms:* Typhus exanthematicus; Spotted Fever; Pullicular (or Flea-bite) Fever; Hungarian Fever; Nervous Fever; War Typhus. In the European Typhus, head symptoms predominant; a rubeolar or mulberry eruption commonly appears on the fifth or sixth day.

(a) Nosological varieties.—i. T. Mitior; ii. T. Gravior; iii. Petechial Typhus. with purpura-eruption; iv. Miliary Fever, with miliary eruptions and profuse sweats. (This occurs also as a Gastro-enteric Typhus.)

(b) Epidemical Varieties (*i e.*, variations from the typical form observed in the course of an Epidemic).—i. Gastric; ii. Cerebral; iii. Putrid; iv. Ambulatory; v. Latent; vi. Relapsing.

(*b*) Sweating Pestilential Typhus.—The "Sudor Anglicanus," or English Sweat. Transformed into the miliary typhus?

(*c*) Dysenteric Typhus.—With adynamic dysentery of a communicable character. Usually complicated with fœcal miasm, as in camps.

(*d*) Glandular Typhus.—*Synonyms:* Levant Typhus; the Levant Plague; Bubo Plague. Occurs in Asia Minor, Egypt, and on the shores of the Mediterranean. Transformed in Northern Europe into an Ex. Typhus? A rubeolar eruption, with or without buboes or carbuncles.

Epidemical Varieties of Levant Plague or Glandular Typhus:—i. Typical, with buboes or carbuncles; ii. *Collapse*, the "Pestis Siderans"; iii. *Continued*, Pestis Typhoides; iv. *Ephemeral*, Pestis Mitior; v. *Renal*, with urinary suppression; vi. *Icterode*, resembling epidemic yellow fever; vii. *Ambulatory;* viii. *Local*, buboes without fever.

2. *Pulmonary* Ochlotic Fevers of Epizootic origin? caused by Ochlesis of domestic animals?—

(*a*) Pulmonic Typhus.

(*b*) Epidemic Peripneumonia with Sepsis (the Black Death)

(*c*) Influenza.—Epidemic Catarrh.

Epidemical Varieties of Influenza or Epidemic Catarrh.—i. Coryza, or Catarrh, the typical form; ii. Gastro-enteric; iii. Renal; iv. Exanthematous—as (a) Miliary, (b) Scarlatinal, (c) Diphtherial; v. Sweating; vi. Remittent or Intermittent.

3. *Gastric and Enteric* Ochlotic Fevers. This class is specially complicated by the effects of malaria and miasm.

(*a*) Relapsing Fever.—After apparent recovery, relapses; Gastric symptoms, with splenic and hepatic congestion and inflammation. *Synonyms:* Febris recurrens; the Short Fever; Five-day Fever; Seven-day Fever; Bilious Remittent; Remittent Icteric Fever; Bilious Typhoid; Mild Yellow Fever. Prevails epidemically in Europe. A transformation of the Epidemic Yellow Fever? Appears with or without a rubeolar eruption.

Nosological Varieties—

1. British Relapsing Fever.—Gastric symptoms predominant; no well-marked eruption.

2. Silesian Relapsing Fever.—Very commonly there is a rubeolar or measly eruption.

Epidemical Varieties: i. Cerebral; ii. Collapse-form; iii. Renal; iv. Miliary or Sweating.

3. Bilious Typhoid; Relapsing Typhoid. A variety of Levant Plague or Yellow Fever?

4. The *Dengue.*—With scarlatinal exanthematous, and articular complications. Prevalent in the East and West Indies and South America. (The Nosological position of this Epidemic Fever doubtful.

(*b*) Gastro-enteric Typhus. *Synonyms:* Morbus Mucosus; Gastro-adynamic Fever; Gastric Fever; Entero-mesenteric Fever; Intestinal Fever; Adynamic Gastro-enteritis; Dothinenteria; Follicular-enteritis; Typhoide; Abdominal Typhus. Spreads over the towns of Europe and the United States, and probably also of India. Specially associated with sewer or fœcal miasm. Gastric and enteric symptoms predominant; frequently a papular inflammation of a rose colour appears about the seventh day.

Epidemical Varieties.

These very numerous, according to the class of blood-glands affected, and according to the visceral complications. They are determined by climate and season, or by domestic, dietetic, diathetic, and other social and personal conditions.

(*c*) Occidental Gastric-Typhus—Epidemic Yellow Fever.—The plague of the Western Continent, having its centre on the coasts of the Gulf of Mexico; has spread in Europe, in Italy, Spain, and Portugal. Prevails most fatally where malaria and miasmata abound. Gastric symptoms, with hæmorrhage or black vomit, most predominant. An eruption occasionally observed.

Epidemical Varieties—

i. Remittent or typical form; ii. Prolonged or continued, passing into ordinary Typhus; iii. Adynamic—Typhus symptoms from the first; iv. Cerebral, with renal disorder; v. Collapse-form; vi. Ambulatory; vii. Ephemeral, with mild febrile symptoms; viii. Toxic: Hæmatemesis or Icterus, without pyrexia. The relations of this typhus to the Relapsing fever, European typhus, and Levant plague have yet to be investigated. It is certain that the specific-fever-poison is introduced into Europe, and probable that, modified by climate, and other conditions, thus introduced, it produces typhus symptoms, but not the usual phenomena of yellow fever.

(*d*) Asiatic Gastro-enteric Typhus—Epidemic Cholera.—Developed, *de novo*, in India amongst crowds of men subject to fœcal miasm and malaria. Naturalised in Europe. Typhus stage marked by rubeolar eruption.

Epidemical Varieties—

i. Typical-form—death in collapse-stage; ii. Dry Cholera, or Cholera Siderans—no diarrhœa or vomiting; iii. Cholerine, or Choleraic Diarrhœa; iv. Choleraic Dysentery; v. Renal complication—(*a*) with suppression of urine, (*b*) with diuresis; v. Continued form—Choleraic Typhus.

II. The Exanthemata—Are fevers arising from specific fever-poisons generated within living organisms, which usually are accompanied by or cause inflammation of the skin and mucous surfaces; and an attack of which is commonly prophylactic against a second. The cutaneous inflammation is congestive, desquamative, effusive, or suppurative, and commences on from the first to the fourth day of the fever.

1. Variolous Fever—Variola, Small Pox.—A fever of fourteen days' duration, in which the inflammation is usually first congestive, and then effusive and suppurative. It may, however, occur without cutaneous inflammation, or the inflammation may be congestive only, or congestive and effusive. The epidemical varieties are determined by variations in the inflammation, and in the course of the fever, and by the operation of other fever-poisons.

Varieties of Variolous Fever—

i. Varieties of Variola from variation in the character of the suppurative inflammation. These protect from a second attack.

(*a*) V. Discreta. Pustules few, and distinct from each other.

(*b*) V. Coherens. Pustules numerous and contiguous.

(*c*) V. Confluens. Pustules very numerous and confluent.

(*d*) V. cum Petechiis. Petechial papulæ intermingled with the pustules.

(*e*) V. since Variolis. No eruption on the skin

(*f*) Inoculated Variola. Pustules few, and at first limited to the inoculated spot.

(*g*) V. Vaccinia. Variola from a variolous fever-poison developed in the cow.

ii. Irregular and Spurious Variolous Fevers. Varieties of variola from variations both in the order of the symptons and in the character of the inflammation. Fever usually of short duration; inflammation less destructive. Not protective against true Variola.

(*a*) Varioloid—Irregular small-pox. Occurs usually, but not necessarily, after a previous attack of regular Variola or V. Vaccinia.

(*b*) Varicella—Chicken-pox. Inflammation effusive, pock vesicular.

(*c*) Globular Varioloid—The Hives. Eruption in successive crops, mingled with varioloid and swine-pox.

(*d*) Conical pustular Varicella—Swine-pox. Terminates within seven days.

iii. Complex Variolous Fevers. Varieties of Variola from operation of other fever-poisons. Cutaneous inflammation often either wanting, or congestive only.

(*a*) Malignant; (*b*) Typhoid; (*c*) Erysipelatous; (*d*) Rubeolar; (*e*) Miliary; (*f*) Diphtherial; (*g*) Gastric; (*h*) Dysenteric.

iv. Complicated Variolous Fevers. Varieties with important visceral complications.

2. Rubeolar Fever. Morbilli; Rubeola; The Measles. Congestive inflammation of the mucous surfaces supplied by the respiratory nerves (Coryza); inflammation of the skin, usually seen on the fourth day—at first pulicular, then confluent, and forming crescentic patches. Fever terminates in fourteen days.

Epidemical Varieties—

i. As to the fever and inflammation:

(*a*) R. sine febre. Eruption, with little or no fever. Usually at the commencement of epidemics.

(*b*) R. sine eruptione. Specific coryza without cutaneous inflammation.

(c) R. retrocedens. Inflammation of skin suddenly ceasing.

ii. As to the character of the eruption:

(*a*) R. lævis; (*b*) papular; (*c*) vesicular or miliary; (*d*) hybrid or scarlatinal; (*e*) confluent; (*f*) petechial, with hæmorrhages; (*g*) livid or "black" (with pneumonia).

iii As to complication with other fever-poisons:

(*a*) Typhoid and Gangrenous or "putrid;"

(*b*) Diphtherial or croupose; (c) Enteric.

3. Scarlatinal fever, Scarlet fever, Scarlatina, Angina erysipelatosa &c., Congestive and Desquamative inflammation of the skin, kidneys, and mucous surfaces, with or without inflammation of the salivary glands and tonsils. Eruption usually on the second day; fever terminates in fourteen to twenty-one days: occasionally relapsing in character—

a. Nosological Varieties—

i. Scarlatina simplex—Inflammation of the skin and mucous surfaces of throat, without inflammation of the glands.

ii. S. Anginosa—inflammation of the tonsils with or without cutaneous eruption.

iii. S. Glandularis—eruption and inflammation of the parotid and submaxillary glands.

iv. S. Glandularis sine eruptione.—The Mumps, *Scottice* Branks, attacks pubescent youth, and is sometimes complicated with inflammation of the ovaries or testes. Is an allied form of scarlatina, and sometimes there is an eruption.

(*b*) Epidemical varieties of Scarlatinal fevers—

i. From variations as to the cutaneous inflammation and general symptoms.

(*a*) Rubeolar. (*b*) Arthritic, with neuralgia and inflammation of larger joints. (*c*) Rheumatic; the Dengue, a relapsing fever with scarlet eruption. (*d*) Relapse Form—return of inflammation and fever on the eighth or ninth day. (*e*) Anasarcous, with desquamative nephritis.

ii. Varieties from complications with other fever-poisons.

(*a*) Encephalic. (*b*) Gastro-enteric. (*c*) Relapsing. (*d*) Gangrenous; these termed Malignant. (*e*) Diphtherial.

III. Communicable Fevers, allied to the Exanthemata of Doubtful Nature and Origin:—

1. Diphtheria.—Fever, with pellicular inflammation of the

throat, extending thence to the air-passages, gastro-intestinal mucous surfaces, and skin. Is epidemic, endemic, and sporadic. Nature of cause doubtful; probably a hæmatophyte.

a. Nosological Varieties of Epidemic Diphtheria—

i. *Diphtherial* Angina. *Synonyms:* Diphtheritic Pharyngitis; Stomacace; Malignant, Putrid, Pestilential, Suffocating Angina; throat Croup. Asthenic inflammation of the tonsils and pharynx; pellicle amorphous, not plastic; glands of neck swollen.

ii. D. Stomatitis. Infantile or gangrenous stomatitis. Livid red inflammation of the lip and cheeks, ending in gangrene; pellicle pulpy, commencing with vesicles; parotids and submaxillary glands enlarged; gastric and gastro-enteric symptoms.

iii. D. Coryza. Pellicle, extending to the mucous membrane of the nares; occasionally profuse epistaxis.

iv. D. Trachealis. Diphtheritic tracheitis. *Synonyms*: Angina membranacea; Angina trachealis; croup; Larynx croup; Pellicular croup. Pellicular inflammation of the larynx and trachea, extending to the bronchi. Cough often spasmodic.

v. Diphtheria Cutanea. Pellicular inflammation of portions of the skin, conjunctiva, &c. Usually accompanies the other forms.

b. Complex Varieties.—Diphtherial inflammation complicates epidemics of Ochlotic and Exanthematous fevers. Hence varieties of a Complex character—(*a*) Erysipelatous (with Influenza); (*b*) Variolous; (*c*) Rubeolar; (*d*) Scarlatinal; (*e*) Aphthous; (*f*) Typhus; (*g*) Gastro-enteric or Typhoid.

c. Endemic Varieties—

i. Endemic Stomatitis. *Synonyms:* Muguet; Thrush. Is Ochlotic, and occurs in foundling hospitals, the wards of general hospitals, &c. Pellicle contains sporules and thalli of the Oidium Albicans, and extends from the tongue along the gastro-intestinal mucous surfaces.

ii. Contagious Blennorhœa. Inflammation of mucous surfaces from a specific fever-poison, communicable by contact only? due to a microscopic alga? (*a*) Vaginal and urethral Blennorhœa; (*b*) Contagious ophthalmia.

2. Vesicular Aphtha.—Vesicular inflammation of mouth. Epidemic; attacks only once.

3. Pertussis.—Inflammation of the respiratory mucous surfaces from a specific fever-poison, ending in a spasmodic affection of respiratory motor nerves. Attacks commonly but once in a lifetime.

VI. Impure Fevers.—Constitutional blood diseases, continuing for the most part for a prolonged period, with recurrent pyrexial attacks, terminating within from seven to fourteen days. Inflammation due to a specific poison, and manifested primarily on the skin and mucous surfaces.

1. True Leprosy.—A constitutional disease of indefinite duration (arising from uncleanness or squalor?), with pyrexial paroxysms and congestive papular, or tubercular inflammation of the skin and air-passages, with or without neuroses. (Contagious?)

Nosological Varieties—

i. Erythematous; ii. Squamous, with rapid production of epithelium; iii. Black, with pigment-deposit in skin or scales; iv. Tubercular—with plastic deposit in connective tissue of skin and mucous surfaces; v. Gangrenous—with dry gangrene of the extremities, especially of the fingers and toes; vi. The Anæsthetic.—Loss of the sensibility of the surface of the body; cutaneous inflammation congestive or bulbose, rarely plastic; vii. The Cerebral—with mania, melancholia, &c.

2. The Syphilids.—Syphilitic Diseases—Constitutional diseases due to a specific poison, terminating in a defioite period (one to three years?), and characterised by pyrexial paroxysms with specific inflammations of the skin, mucous surfaces, and periosteum.

a Nosological Varieties of European Syphilis:—

i. Benign Syphilis.—Inflammation superficial:—

(*a*) Virulent Gonnorhœa.—Primary ulcer simple, or a patchy excoriation; cutaneous inflammation congestive.

(*b*) Papular Syphilis.—Primary ulcer simple; cutaneous exanthem papular.

(*c*) Pustular Syphilis.—Primary ulcer with raised but not indurated edges; exanthem effusive and suppurative, ending in superficial ulcerations and crusts.

(*d*) Phagædenic Syphilis.—Primary ulcer either corroding or gangrenous; exanthem pustular or tubercular, ending in ulcers that extend by a margin (Rupia).

ii. True or Scaly Syphilis.—Inflammation of derma deep-seated. Primary ulcer excavated, with a thickened edge and base. Exanthem at first congestive and ending in (*a*) desquamation; (*b*) tubercles and ulceration; (*c*) condyiomata; (*d*) fungoid growths; (*c*) periosteal inflammation.

iii. Ethnic and Climatic Varieties of Syphilis.

(*a*) Yaws or Pian; Frambœsia: African Syphilis—Inflammation commonly superficial; ulcerations, Rupia-like with fungoid growths. Terminates in health in about two years.

(*b*) Radesyge, Norwegian Syphilis.—Inflammations figurate and tubercular, or pustular and papular; ulcerations rupious and serpiginous.

(*c*) Scherlievo.—Frambœsia of Eastern Europe, Inflammation pustular or tubercular; ulcers rupious; yaw-like growths and condylomata.

(*d*) Sibbens.—Frambœsia of Scotland. Inflammation both superficial and deep-seated, roseolar, condylomatous, fungoid.

(*e*) Button Scurvy.—Frambœsia of Ireland.

VII. Epizootic Fevers.—Acute fevers, due to a specific fever-poison communicated from brutes to man:—

1. Hydrophobia.—A fever terminating within seven days. Poison acts primarily on the pneumogastric system, and the surfaces supplied from it; secondarily upon the cerebro-spinal axis. Derived from the saliva of the dog and cat races when in fever.

2. Equinia of Maliasmus—Human Glanders.—Fever and inflammation usually of a septic character. Caused by the pus or mucus of a glundered horse or ass.

3. Carbuncular Fever--Malignant Carbuncle.—Acute typhus-like fever, with carbuncular inflammation, rapidly becoming gangrenous. Poison derived from cattle, with malignant typhus.

4. Contagious Furunculoid.—Inflammation of the skin, occurring epidemically—furuncular, carbuncular, ecthymatous or gangrenous; the cause of which is doubtful, but suspected to be of epizootic origin.

5. Epizootic Stomatitis.—Vesicular inflammation of the mouth, due to the poison of the disease of cattle termed Murrain. Is a contagious stomatitis.

6. Epizootic Peripneumonia?—The histories of some epidemics of influenza point to the lower animals as the probable first source of the fever-poison.

Liverpool Royal Infirmary and SCHOOL OF MEDICINE. — The SUMMER SESSION commences on Monday, May 2nd, 1864.

HOSPITAL PRACTICE—ROYAL INFIRMARY.

Physicians—Dr. Vose, Dr. Turnbull, Dr. Inman.
Surgeons—Mr. Stubbs, Mr. Long, Mr E. R. Bickersteth.
House-Surgeons—Dr. Rawdon, Mr. Nash.
Dental Surgeon--Mr. Snape.

The Infirmary contains 270 Beds. The number of In-Patients is upwards of 2,300 annually, and 2,300 Surgical casualties were, last year, treated as Out-Patients.

Clinical Lectures are regularly delivered by the Physicians and Surgeons.

Six Dressers and Six Clinical Clerks are elected quarterly from the Pupils of the Infirmary.

LECTURES.

Midwifery and Diseases of Women—Mr. Batty.
Diseases of Children—T. F. Grimsdale, M.R.C.P.Edin.
Materia Medica and Therapeutics—J. Birkbeck Nevins, M.D.Lond.
Medical Jurisprudence and Toxicology—E. Whittle, M.D.Lond., M.R.I.A., and J. B. Edwards, Ph.D.
Botany—C. Collingwood, M.A.Oxon., M.B., M.R C.P.
Ophthalmic Medicine and Surgery—R. Hibbert Taylor, M.D.
Practical Chemistry—J. B. Edwards, Ph.D.
Pathological Anatomy—R. Gee, M.D., M.R.C.P.
Dental Surgery—Mr. Snape, L.D.S., R.C.S.
Dental Mechanics—
Dental Anatomy and Physiology, Comparative and Human--Mr. Fletcher and Dr. Waters.
Metallurgy—Dr. Edwards.

F. D. FLETCHER, Secretary, 13, Mornington Terrace, Liverpool.

Royal Medical Benevolent COLLEGE. — The Council have the pleasure to announce that SIR CHARLES LOCOCK, Bart., M.D., has kindly consented to take the Chair at the TWELFTH ANNUAL FESTIVAL of the College, which will take place at Willis's Rooms, King Street, St. James's, on Saturday, the 14th of May next, when it is earnestly hoped that there will be a large meeting of the friends of the Institution.

Gentlemen who are willing to serve as Stewards on the occasion are requested to forward their names to the Treasurer, John Propert, Esq., 6, New Cavendish Street, W. There is no liability attached to the office.

By order of the Council,
ROBERT FREEMAN, Secretary.

37, Soho Square, London, 30th March, 1864.

The General Hospital, BirmingHAM. — There are VACANCIES for TWO RESIDENT STUDENTS, either as Apprentices for Five Years or Pupils for One Year. The Hospital contains 223 Beds for In-Patients, and it has a Convalescent Branch containing twenty Beds, recently established by Miss Ryland, at Spark Hill. The attendance of Out-Patients averages 400 per diem, and the number of Accidents and Urgent Medical Cases consequent upon the position of the Hospital in the centre of a thickly populated manufacturing and mining district amounts to upwards of 15,000 per Annum. Unusual facilities are thus afforded for the Student to acquire a thorough practical knowledge of his profession. Attendance on the Hospital and on the Medical Schools in the town qualifies for all the Examining Boards.—Terms, etc., may be ascertained on application to the undersigned, at the Hospital.

March 11th, 1864. WILLIAM R. HUGHES, Secretary.

Dover Union—General Medical

ATTENDANCE, VACCINATION, etc.—The Board of Guardians of this Union will be ready on Friday, the 15th April, 1864, to receive Applications from legally qualified Medical Practitioners, to supply Medical and Surgical Attendance upon the Paupers of the First Division of St. James's District, which comprises the Parishes of Charlton, Guston, St. James, and Whitfield, at a Salary of £60 per annum. Also for the First Division of the Haugham District, which comprises the Parishes of Alkham, Buckland, Caple, Ewell, Haugham, Poulton, and River, at a Salary of £60 per annum.

These Salaries are exclusive of the Fees set forth in Article 177 of the General Consolidated Order of the Poor Law Board; 10s. 6d. will also be paid for each case of Midwifery, and 1s. 6d. for every case of successful Vaccination if performed at or within two miles of the Medical Officer's residence, and 2s. 6d. if beyond two miles.

The Gentleman or Gentlemen who may be appointed, will be required to keep the several Books specified in the Orders of the Poor Law Board, and generally to carry out their Rules and Regulations, as well as the directions of the Board of Guardians.

By order of the Board of Ghardians,
Dover Union, Buckland, WILLIAM CROSS, Clerk.
24th March, 1864.

St. Bartholomew's Hospital

AND MEDICAL COLLEGE.
SUMMER SESSION, commencing May 2, 1864.

LECTURES.

Materia Medica—Dr. Farre.
Botany—Dr. Harris.
Forensic Medicine—Dr. Martin and Dr. Odling.
Midwifery—Dr. Greenhalgh.
Comparative Anatomy—Mr. Callender.
Practical Chemistry—Dr. Frankland and Dr. Odling.

The Hospital contains 650 Beds, and Clinical Lectures are delivered—on the Medical Cases, by Dr. Burrows, Dr. Farre, and Dr. Black; on the Surgical Cases, by Mr. Lawrence, Mr. Skey, and Mr. Paget; and on Diseases of Women, by Dr. Greenhalgh.

Collegiate Establishment.—Students can reside within the Hospital walls, subject to the collegiate regulations. Some of the teachers connected with the Hospital also receive students to reside with them.

Seven Scholarships, varying in value, from £20 to £50, are rewarded annually. Further information respecting these and other details may be obtained from Mr. Holden, Mr. Callender, or any of the Medical or Surgical Officers or Lecturers; or at the Anatomical Museum or Library.

St. George's Hospital Medical

School. The SUMMER SESSION Commences on FRIDAY, May 1.

LECTURES.

Midwifery—Dr. Robert Lee, F.R.S.
Materia Medica—Dr. Barclay.
Practical Chemistry—Dr. Noad, F.R.S.
Botany—Mr. Maxwell Masters.
Medical Jurisprudence—Dr. Fuller.
Pathology—Mr. Henry Lee.
Dental Surgery—Mr, Vasey.

On the payment of a compounding fee of £100, a pupil becomes perpetual to the Practice of the Physicians and Surgeons and to all Lectures, may compete for all Prizes, Exhibitions, and for the office of Surgeon, Medical and Surgical Registrar, and may become Clinical Clerk and Dresser for two periods of three months each.

On the payment of £90—one half, £45, to be paid at the commencement of the First Summer Session, and the other half, £45, at the commencement of the Second Summer Session—a pupil will be admitted to the Hospital Practice and Lectures required for Examination by the various Examining Bodies.

Gentlemen can enter to the Hospital Practice and Lectures separately, or to any one Course of Lectures.

The Hospital contains 350 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week.

A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital; and a Ward is devoted for the reception of woman suffering under diseases peculiar to the sex.

The following Prizes will be awarded at the termination of the Session:—

Sir Charles Clarke's Prize for Good Conduct.
The Thompson Medal.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Lewis Powell Clinical Prize in Medicine.
The Henry Charles Johnson Memorial Prize in Anatomy.

A General Examination will be held at the end of the Session, and a certificate of proficiency given to each Pupil who passes to the satisfaction, of the Examiners, and the following prizes to the most distinguished, viz.:—

A Prize of Ten Guineas to Pupils in their First Year.
A Prize of Ten Guineas to Pupils in their Second Year.
A Prize of Ten Guineas to Pupils in their Third Year.

Further information may be obtained from Dr. Barclay, the Treasurer of the School, from any of the Lecturers, or from Mr. Hammerton, at the Hospital.

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St. Bartholomew's Hospital—

BURROWS TESTIMONIAL.—At a Meeting held at St. Bartholomew's Hospital, on Saturday, the 5th day of March, 1864, the following resolutions were unanimously adopted:

That a testimonial of esteem and regard be presented to Dr. Burrows on his retirement from the office of Senior Physician.

That a Subscription be entered into for defraying the expense of the testimonial, and that the amount of each Subscription shall not exceed £2 : 2.

Gentlemen who desire to subscribe are requested to remit their subscriptions either to Dr. Kirkes, 2, Lower Seymour Street, Portman Square; Dr. Edwards, 1, Finsbury Square; or Mr. Callender, 47, Queen Anne Street, Cavendish Square.

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PHYSICIAN TO ST. MARY'S HOSPITAL.

[*Continued from page* 363.]

ANOTHER argument, though of a like nature, adduced in support of this theory, is one derived from the personal observation of medical men, and of medical men of high repute and of large experience, whose opinions rightly claim our respect and full consideration. These gentlemen do not rely solely upon tradition—upon the records of the past—as proofs of the position they assume. They tell us that they have seen with their eyes the facts on which their belief is founded. They have witnessed the effects of blood-letting in other long-gone-past days; and they have also seen and noted its effects in these more recent times, and are therefore able, of their personal knowledge, to contrast the past with the present effects, and so to deduce the—to them—legitimate conclusion, that diseases have passed during the interval from a sthenic into an asthenic phase.

To meet this argument, which bears, on the face of it, strong apparent testimony in favour of the theory, I am necessarily driven to the somewhat presumptuous position of questioning the correctness of the observations referred to. Happily, however, the high authorities who have given their sanction to the theory are the very men who have always taught the profession, above all things, never *jurare in verba magistri* in matters medical; but to try all things by the light of their own reasoning and observation. They, therefore, I may confidently feel, are the last men who will object to the freest criticism of their opinions.

Let me here again remind you that the change in type theory rests solely upon the assertion that blood-letting was found by practitioners of medicine to be well borne and of high service in inflammations some thirty, forty, fifty, or seventy years ago: and that it is not found to be so borne now; and that the assertion is based solely upon a comparison of the effects of blood-letting in past days with its effects at this present day. I have already attempted to show you how impossible it is for us, practising medicine in the middle of the nineteenth century, to compare the results of our treatment with the results of the treatment of the past generation of practitioners. I shall now attempt to show, with the greatest deference to those high authorities who have sanctioned the theory disputed, that neither can any safe conclusions be drawn from a comparison of the practice of men of the same generation, made at distant intervals of time.

In the first place, I would ask, Where is the scientific man of medicine, who at sixty years of age sees diseases and treats diseases as he saw and treated them when under the influence of the ideas which held possession of his mind at twenty-five? His belief in his curative powers, his enthusiastic faith in the energetic power of his art to cure diseases, will probably have gradually abated, and *pari passu* with his advance in years. With the development of his reasoning powers, his questioning of the efficacy of his remedies will probably have become stricter. At all events, and most assuredly, the activity, the heroism of his treatment will be found to have declined with his increased age and better experience. Let any one call to mind the exact state of medical knowledge at the beginning of this century—during the first quarter of it, for example; let him turn to the works from which men of medicine then drew their inspiration in medical knowledge; let him compare that knowledge with the scientific knowledge of this day,—and then say if he can believe that even the calmest judgment and the most gifted observation, so trained and fed, would be able now, at this time of day and under the bright light of all our advanced and accumulated knowledge, to calculate and measure to any effective purpose the analogies and differences between the results of the practice of those past and of these present days? Where is the philosophic and experienced physician of modern days, whose ideal of medicine has not been revolutionised since the day when he first entered upon practice? Is it possible that, with these modernised views of his concerning the powers and virtues of his therapeutical agents, and the nature of diseases, he should be able, out of his general recollection of what the effects of blood-letting were some thirty or forty years ago, to draw trustworthy conclusions as to the effects of bleeding at this present day? With these difficulties before me, and calling to mind the deep meaning and profound truth of the aphoristic words of the wise man, who warned us that, in the practice of medicine, experience was fallacious, and a right conclusion hard to come at—I think I may fairly question the correctness of a theory which rests upon so unstable and fluctuating a basis. Every page of the history of medicine records the painful fact that, in matters medical, it is most difficult to extract the right conclusion from the lessons of experience; and that, in fact, theory has not been a more fertile breeder of errors in medicine than this so highly extolled experience. Men may observe and record the facts which lie before them most correctly; but still ever is it that some one or more essential items of the case may have escaped their observation—so compound are the phenomena touching disease and its treatment, so many and so hidden or dimly seen the disturbing causes which affect its right reading.

I have said that the change-in-type theory of diseases was not adopted until long after the practice of blood-letting in inflammations had been generally given up; and I must adduce what seems to me the proof of this very significant fact.

How comes it, that the authorities who now tell us that this present asthenic phase of disease came upon us soon after the advent of cholera in 1832, did not make the discovery or note it down at that time? How comes it, that the fact of this change in type—the fact that men would not bear bleeding as they formerly did—was not announced until twenty or twenty-five years after the asserted change displayed itself? Surely the asthenic change in type could not have been more clearly seen now out of a distant memory of past practice, than it was then, at the moment when (as we are told) men manifestly bore bleeding ill—at the moment when they were actually under the lancet, and displayed the signs of the asthenia—at the time when physicians gave up the practice of bleeding, because they saw their patients would no longer bear the bleeding? We are, in fact, asked to give our assent to a theory based upon conclusions drawn from the observation of facts made a quarter of a century ago, the main significance of which facts (so far as records tell us) entirely escaped notice at the very moment when it must have been most prominently marked. We give up blood-letting twenty-five years ago; and it takes us twenty-five years to discover that we gave it up because patients would not bear it, or, in other words, because diseases had changed their type! It seems to me inexplicable, except on the supposition that there must be some fallacy in the argument, that Dr. Alison and other high authorities, who believe in this change of type, should have continued, for twenty years at least after the change is said to have occurred, to eulogise in the strongest terms the practice of blood-letting in inflammations. And, curiously enough, we even find these authorities actually explaining to the student how it is that they, who at that time so highly extolled blood-letting, so rarely resorted to it in their hospital practice. We should have expected that the first reason given would be this change in type; but nothing of the kind. The reason is, as Dr. Alison and others say: When this class of patients come under our hands, the time for blood-letting is past; and, besides, they have often been bled largely before they came into hospital. Everywhere, in fact, do these authorities extol in the highest language the virtues of blood-letting in inflammations; and nowhere do they tell—at least, until a very late date—that the human body is in an asthenic phase, and will not now bear blood-letting. Nay, years after the assumed advent of this asthenic type, do we find authorities actually warning the student against being led away by the fallacious therapeutics of Louis, who was misguiding the minds of the French youth by teaching them that pneumonia could be cured without blood-letting.

One remarkable exception, it is true, is made; but the exception clearly goes to prove the fallacy of the general argument. Fevers, we were long ago told—I mean, told in the recorded words of authorities—have not borne bleeding well since 1832. But how comes it, I would ask, that it has been recorded as a fact, that fevers did not bear bleeding; and yet no kind of allusion made at the same time to the *now* asserted fact, that neither have pneumonia and other inflammations borne bleeding well since 1832? How comes it, that the physician failed to note the asthenic character of pneumonia, as well as the asthenic character of fevers? How is it, that for the first time in 1857 we are told that pneumonia has been for a quarter of a century of an asthenic, non-bleedable type? If the fact could long ago be so clearly predicated of fevers, why was it so undiscernable in pneumonia?

Now, it does happen that we can give a very satisfactory explanation of why blood-letting was said, and no doubt truly said, to be so ill borne in fevers. Firstly, men's theories of fever were completely revolutionised about the year 1830; and, secondly, as Dr. Murchison has so well shown, the prevailing fever in this country at that date was typhus; the inflammatory or relapsing sort, which had previously been so common, having become then very rare. But it is a well known fact that blood-letting is infinitely better borne in relapsing than in typhus fever—*i. e.*, does infinitely less mischief. Consequently, blood-letting in typhus would naturally produce worse results in practice than blood-letting in inflammatory fever. No doubt, under the benign influence of better theories, men observed this greater injury done by bleeding in typhus, and therefore they wisely abstained from blood-letting; and therefore, I must also add, unreasonably assumed that diseases had changed their type.

It seems to me, therefore, that a consideration of this subject clearly leads us to this conclusion: that the high authorities to whom I have alluded very correctly recorded their views that fevers were injuriously treated by blood-letting, but that they fell into the *ex post facto* error of judging of the use of bloodletting in pneumonia and other inflammations by the light of the ill effects produced by blood-letting in fevers; and that, in truth, the change-of-type theory, as applied to inflammations in general, was in reality based upon what was observed of the result of blood-letting employed in typhus fever?

Sydenham has been called the prince of observers; but who, at this day, can read those beautiful lessons, and not note—I might almost say on every page—proofs of the fact, that his observation was trammeled by the preconceived ideas which possessed his mind when he came to engage in the practice of medicine? Can we believe that Sydenham's observation was based on a true record of what he saw, when he tells of the rapid changes—I suppose he meant what we call change in type—which fevers underwent, according to the particular constitution of the year? And it is interesting to note, that Sydenham appears to have judged, or rather to have learnt the existence, of these changes, just as they have been learnt in modern days; viz., from noting the different effects produced, as he believed, by his remedies at different periods. Thus, he tells us, that he often found a remedy which would cure a fever at the beginning of a year would kill the patient at the end of the year. "This, at least," his words run, "on the strength of a multiplicity of accurate observations, I am convinced of; that diseases of the character alluded to, and more especially continued fevers, differ from one another, north and south; and that the remedy which would cure a patient at the beginning of the year will kill him perhaps at the close." And, again, he says, "When once, by good fortune, I have hit upon the true and proper practice that this or that fever requires, I can, with the assistance of the Almighty, by taking my aim in the same direction, generally succeed in my results, respect being always had to the age and temperament of the patient, etc. This lasts until the first form of epidemic becomes extinct, and until a fresh one sets in. Then I am again in a quandary; and am puzzled to think how I can give relief. And now, unless I use exceeding caution, and unless I exert the full energies of my mind, it is as much as—nay, it is more than—I can do, to avoid risking the lives of one or two of the first who apply to me as patients."

Can we now, with all our modern knowledge of the nature of fevers, be satisfied that these diseases had really changed their constitution in the brief period alluded to? But if Sydenham fell into such error, is it not probable that we also may err in drawing conclusions in a like case from a comparison of what we saw twenty-five years ago with what we see now?

And, again, how comes it, that the other equally remarkable changes in the use of certain capital remedies which have occurred during the last quarter of a century, have not been also adduced as proofs of the change in type of diseases? If the conclusion, as drawn from the effects of bleeding at the present day, be good, why should it not be equally valid as drawn from analogous instances—the employment of other remedies? Thus, for example, why should we not argue that diseases have changed their type, because, at the present day, various acute diseases—peritonitis, pneumonia, meningitis, and carditis—are found to undergo resolution without the induction of salivation? Surely the revolution which has banished the use of mercury, or something like it, from our practice in such cases, is as remarkable as that which has discarded venesection. Why may we not with equal justice and reason say, these acute diseases no longer require mercury for their cure, and have, therefore, changed their type, as say that they have changed their type because we cure them without bleeding?

No one pretends that syphilis has changed its type, because doctors cure it now without mercury, or without giving mercury so as to run off three or four pints of saliva daily from the mouth of the mercurialised victim.

Moreover, the conclusion which I am combating, that men do not bear bleeding now as they did formerly, seems to be still further vitiated by the fact, that not only are we, as observers, unfitted to make the comparison, but that the actual elements of a fair comparison are wanting. In those other past days to which we are referred, bleeding was a sort of universal remedy. Whatever were their diseases, men were let blood for the cure of them. Surgeons prepared their patients for operations by a seasonable bleeding; and, in fact, men in perfect health had themselves periodically bled in order to anticipate the possible occurrence of disease. Hence, the medical man of long experience, who has such a vivid recollection of the excellent effects of blood-letting in his youthful days and in the supposed sthenic times of inflammations, derived his esteem of it from what he saw of the effects in cases which he counted by the hundreds: whereas he now condemns its use from what he notes of its effects in a few rare and isolated instances. He forgets that, in most of his ancient cases, the bleeding was never required at all; and that, being frequently practised on persons who were but little injured by disease, it was not likely to produce injurious effects. I would venture to ask this learned assemblage, how many there are of us who have given up the practice of bleeding through a personal witnessing of its pernicious and depressing effects on man at the present day? I think, indeed, I may safely assert, that the profession as a body has accepted the suspicious conclusion solely on the "word of the master"; this word of the master having been accepted without examination, and re-echoed again and again so repeatedly, that at last what was originally suggested hypothetically has been generally accepted as an undeniable and unanswerable fact.

Besides this, I might add that, in those other days, and under the lingering influence of the old humoral theory, men did not note the injuries inflicted on the human constitution by immoderate bleeding, as we, in our wiser generation, have been enabled to do. And they, therefore, never thought to lay to the charge of their lancet any ill effects of their blood-lettings; but put them all down to the credit of the disease for which the bleeding was practised. The data, therefore, for any true comparison between the effects of bleeding as the physician noted them in his youthful days, and the effects as he notes them now, are completely wanting; leaving out of the case all consideration of personal incapacity for making the comparison on the part of the observer, resulting from the revolution which his ideas must have undergone whilst passing from youth to advanced age.

Then, again, it must not be forgotten, that there are practitioners who to this moment refuse to admit the truth of the proposition, that the human body will not now bear losses of blood well, and who still practise blood-letting. Certainly, arguing from my own limited personal experience of the effects of blood-letting during late years, and from what I can learn on the subject from others, the conclusion—that men will not bear bleeding, and that we are living in an asthenic phase of time—seems to me erroneous. I cannot, indeed, help saying, that the evil effects of blood-letting have been greatly exaggerated at the present day; indeed, beyond all proof and reason. Where are the proofs of the facts asserted? Who can produce them? I fancy there are few of my auditors who could give any satisfactory reply to the question out of his own personal knowledge. Is not the idea, in truth, so generally accepted, of the dangers of blood-letting, founded rather on some vaguely floating notions—received from authority and accepted without inquiry—than on any tangible and real valid facts? On the other hand, have we not strong proofs to show that the human body still bears large loss of blood with as little prejudice as ever it did? Have we not the experience of those who still practise bleeding? Have we not also the constant fact before us that men lose large quantities of blood in various diseases, from the lungs and the stomach, etc., and yet note that they recover rapidly and well from the hæmorrhage? Again, women after parturition, at times, lose enormous quantities of blood now as formerly; but accoucheurs do not complain that women bear these losses less well at this time of day. Patients, in the hands of the surgeon, also, after accidents and under operations, often suffer severe hæmorrhage; but I never heard of a surgeon who invoked this change-of-type theory to account for any evil results of the same.

Again, even in diseases deemed of peculiar asthenic character, we often observe a similar result. In typhoid fever, for example, large quantities of blood are often daily passed by the half unconscious prostrate patient, who yet may make a capital recovery, and apparently none the worse for his loss. How is it, one cannot but ask, that no illustrations of the change-of-type theory have been afforded us from these quarters?

Moreover, I must also call your attention to the remarkable fact, that the idea of the human body bearing bleeding ill is not an idea of the present generation. There, probably, has never been an age, from the days of Galen to our own, in which blood-letting has not been denounced as injurious to the constitution. But, to keep closely to the case in hand, I will content myself with showing you that, for the last hundred years at all events, men of high authority have never ceased to affirm, that man's constitution was growing weaker; the proof and test of their assertion being founded on the very fact which forms the base of the modern argument; viz., that men did not bear bleeding as formerly. The opinion of those physicians was, in truth, just the opinion which is now held; only, instead of saying that diseases had changed their type, they say that the human body is less tolerant of loss of blood than it was formerly. I will give you, rapidly, a few proofs of this.

I have already given you the words of those who affirm a present existing asthenic type of disease. I will, therefore, take you back about thirty years, and give you the high authority of Mr. Lawrence at that time, who refutes the theory, let it be observed, while referring to its existence. "A notion," he says, "has prevailed, that people who live in London and other large towns, do not bear depletion well. I consider that this opinion is supported neither by experience nor argument. The dread of depletion has been transmitted from one writer to another without examination or inquiry, and has led to an inert practice." Dr. Southwood Smith and Dr. Tweedie strongly recommended bleeding in fever in 1830; and at that time—the asthenic period, remember, of modern authors—Dr. Tweedie tells us, "No remedy in the treatment of fevers has been more abused than wine." Writing in 1816, Dr. Armstrong deprecates the stimulating practice of erysipelas "still followed in some metropolitan hospitals; for the sake of science and humanity, he earnestly hoped that it would be soon abandoned:" thus rebuking the dread of asthenia which at that time existed amongst certain physicians. Dr. Bateman, again, writing in 1818, thus speaks of blood-letting: "The other active remedy which I have mentioned as capable of abridging the course of fever, if employed early, is blood-letting. I believe there are few physicians, who, like myself, commenced their professional career impressed with the doctrines that prevailed in the schools *at the close of the past century, in which the term of debility was certainly predominant*, who will not acknowledge that their subsequent practice has been a continued struggle between the prejudices of education and the staring conviction of opposing facts, which were continually forcing themselves upon their observation; and that they have more especially been compelled to a gradual, but material, change in their views respecting the use of the lancet, not only in fever, but in other diseases. I am fully convinced of the extent to which my own practice has been cramped by this prejudice." Why, here, at the very time when, as we are told by some authorities, the sthenic phase of disease was in full operation, we have the learned Dr. Bateman assuring us that blood-letting is the remedy, and rebuking the ignorance of those who, in his youth, had such a dread of debility!

Still further back, we have the testimony of John Hunter that the physicians of his day, just like physicians of our own day, laboured under the idea that inflammations were more asthenic than formerly—*i. e.*, would not bear bleeding as well; the two phrases being then, as now, exactly convertible. "It is observed," he says, "by some of the ablest physicians of this day, that the fever called inflammatory is not now so common in this country as it was formerly represented to have been; that it is now seldom that in fevers they are obliged to have recourse to the lancet, at least to that excess which is described by authors in former times. They are now more obliged to have recourse to cordials than evacuations; and, indeed, the disease called the putrid fever and putrid sore-throat are but of late date. I remember when the last was called Fothergill's sore-throat, because he first published upon it and altered the mode of practice. I remember when practitioners uniformly bled in putrid fevers; but signs of debility and want of success made them alter their practice. I believe we have much less occasion for evacuations in inflammations than there was formerly. The lancet, therefore, in inflammations, and also purgatives, are much more laid aside."

Why! are not these the very words which are met with in our text-books at the present day? What could be said, or is said, more against the practice of bleeding, than what John Hunter said? And yet men actually base their theory of the change of type on the assumed fact of the greater tolerance of bleeding in men of Hunter's day, and even of days long subsequent to his time.

Another quotation from Hunter I must give, because, curiously enough, he finds in the fast-living of men of his time a reason why they bear bleeding so badly in inflammations; whilst, on the other hand, we find writers of the present day suggesting that we don't bear bleeding as our forefathers did, because we don't live as freely as they did! Never was a more remarkable illustration of the bending of facts to make them fit theory. Hunter says: "We certainly live now more fully than they did formerly. We may be said to live above par. At the full stretch of living, therefore, when disease attacks us, our powers cannot be excited further, and we sink, so as to require being supported and kept up to that mode of life to which we have been accustomed." Hence, then, we see that for a hundred years past, at all events, men of authority have continually, and at all periods of the century, maintained the same doctrine; viz., that men's constitutions were weaker than formerly; and that, therefore, they would not bear bleeding; that this theory of change of type, which now exercises so powerful an influence over our practice, is the very same theory which has existed for at least a hundred past years; and that John Hunter said the very same things about the incapacity of men to bear bleeding in his day, as authorities of this day say.

Surely, then, I may conclude that the practice of physicians at different periods tells little either in favour of or against bleeding. The remarks of Bordeu—the most sagacious Bordeu—delivered about a hundred years ago, express, as I believe, the actual facts of the case. They are golden words. "It has always been thus with physicians," he says. "Past ages ever exhibit them, sometimes storming against bleeding, and desirous of banishing it altogether from medicine; and sometimes using it as a cure for all diseases—counting their victories by the number of their bleedings. The public, too, has always taken a part in these quarrels. We have even known whole towns divided into sections—the friends of the bleeding doctor, and the friends of the doctor opposed to bleeding. Truth to say, bleeding has ever been a subject of dispute, and of most surprising dissensions. But let it be said, to the honour of medicine and of those who cultivate it carefully, that there have always existed physicians of judgment—*médecins* *d'élite*—who have joined neither party, rejecting the extreme ideas alike of the ultra worshippers of bleeding and of its enemies. There have always been, and always will be, patricians of this high class in medicine." Elsewhere he sums up, and still in golden words, the actual value of bleeding. "It may be said that, as a rule, the partisans of bleeding overestimate the value of its effects and the necessity for its use; and that, on the other hand, those who rarely resort to bleeding have an unreasonable dread of its consequences. It is not true that numbers die from bleeding, as some would have us believe; and still less is it true that those who rarely ever bleed lose as many patients as the partisans of bleeding say they do. Daily observation in hospitals shows the fallacy of both these conclusions; and the truth is, that it is not easy to distinguish between bleedings which are useful and necessary, and bleedings which are hurtful and injurious."

[*To be continued.*]

Clinical Records.

BY

HENRY LEE, Esq., F.R.C.S.,

SURGEON TO ST. GEORGE'S HOSPITAL.

XIII.—Unusually Severe and Protracted Case of Syphilitic Disease cured by Calomel Fumigation: with Observations.

In 1856, Mr. — contracted syphilis in India, and went under a course of mercury. In June of the same year, secondary symptoms made their appearance. These consisted chiefly of copper coloured patches, appearing first on the palms of the hands, subsequently on the arms and legs, and on the body. Numerous excoriations, very tender to the touch, appeared on the scalp. The nails of the toes and fingers became affected, and in two or three instances they fell off. Iodide of potassium and sarsaparilla were the remedies chiefly employed at this time. The eruption gradually disappeared, and the remedies were discontinued. In about a fortnight afterwards, however, all the symptoms appeared again. The same remedies were given, and the symptoms again disappeared. In about a month after he left off these medicines, the eruption appeared for the third time, now accompanied by sores on the tongue and lips. The tongue was also fissured, and presented some warty elevations. This third attack of symptoms did not yield readily to treatment. The eruption, however, gradually subsided and disappeared, while the patient was taking nitric acid; but reappeared a fourth time, soon after that medicine was left off. Various medicines were now tried, including the liquor potassæ.

In June 1857, the circular spots of discoloration were still apparent on the body; and the affection of the nails had reappeared. The tongue and lips were also at this time affected. A great variety of local applications were made to the nails, and also to fissures on the tongue, without benefit. The whole of the soft palate gradually participated in the disease, and, together with the sides of the tongue, were excessively tender. Nocturnal pain in the limbs and in the head now made their appearance; and Mr. — became generally out of health, and was subject to much dyspepsia, accompanied occasionally by vomiting and colic.

One of the testicles now became enlarged, and resisted all the ordinary modes of treatment. As there appeared no probability of Mr. —'s being restored to health, he was recommended to return to Europe, which he did in October 1857.

Mr. — remained in England, being under treatment the whole time, until August 1859, when he returned to Bombay. He continued tolerably well until June 1860, when he contracted fever. This was followed by the appearance of ulcers on the legs. These ulcers healed under the internal use of iodine; but were followed by others of a much more intractable character. The latter were treated by nitrate of silver, zinc ointment, and iodine internally. The ulcerations ultimately healed; but shortly broke out again, and he was now treated by nitro-muriatic acid internally.

Mr. — now appeared to recover; but after being again attacked with fever, the ulcers again broke out, and extended much farther than before. Mineral acids, iodine, guaiacum, and a variety of other medicines, were now given without any apparent benefit.

Fearing that Mr. —'s stomach would become impaired if any more medicine were forced upon him, the surgeon under whose care he was recommended him again to proceed to England with all convenient despatch.

Mr. — arrived in England the second time in September 1861, and underwent treatment by a country practitioner for nine months.

In August 1862, I saw Mr. — for the first time. The upper part of the left tibia was much enlarged and extremely tender to the touch. He suffered much from nocturnal pain in the leg and in the head, accompanied by occasional profuse perspiration.

His legs were scarred in every direction with dark brown cicatrices, and there were some remains of the secondary syphilitic eruptions on the skin. He complained particularly of "flushings of heat", and of pains in the limbs, which were, to use his own expression, "excruciating." Feeling his health undermined, and broken in spirit, he contemplated leaving his profession, and had almost made up his mind to do so.

This gentleman commenced the use of the calomel vapour-bath in August 1862, and continued it steadily for nearly three months. He used occasionally other remedies; but the calomel vapour-bath was the only specific treatment that was adopted. From a very short period after commencing his treatment, his improvement was marked. The enlargement of the upper extremity of the tibia disappeared. The pains in the limbs subsided; the flushings of heat and perspirations ceased. He gained flesh; his spirits revived; and at the expiration of eleven months, he left again to join his regiment in India, apparently cured, and having during that period had no fresh symptom of a specific character. I have had the satisfaction of hearing from this patient that he continued in better health than he had enjoyed for years, on the 1st of January last.

The foregoing is one out of a large number of cases in which the use of the calomel bath has appeared to have been eminently successful, after all other ordinary remedies had failed.

It very frequently happens that patients return from India or China, having suffered from syphilis, and with their constitutions more or less impaired by the influences of a tropical climate. Such patients have often already taken large quantities of mercury internally; and the further use of the medicine in that form is, for many reasons, inadmissible.

When given internally, mercury produces a direct effect upon the liver, probably in consequence of its absorption into the portal system; and, in patients who have previously suffered from liver complaints, any prolonged irritation of this nature may act most prejudicially.

The absorption of mercury through the skin and mucous membrane of the nose, mouth, and throat, affords, in such instances, an admirable mode of producing the specific action of the medicine without communicating any additional irritation to any of the abdominal organs previously affected.

The symptoms of constitutional syphilis are sometimes masked by the coexistence of other diseases in tropical climates; and, at other times, they do not there appear to develope themselves as they would in more temperate regions. Some of the most protracted cases of syphilis that have fallen under my notice, have afforded instances of the secondary forms of the disease appearing when the patients have been suffering from diarrhœa, or from some form of fever, and when they have, consequently, not been subject to any sustained specific treatment. In some of these cases, the character of the eruption has long remained unrecognised, and the disease has continued to reappear for years in succession, always being attributed to the depressed state of the patient's health.

As soon as the real nature of the affection has been ascertained after a return to England, such patients have not only been relieved of their eruptions by the judicious use of the calomel bath, but have, at the same time, regained their general health.

Such cases as the preceding afford the best practical answer to those who, on the one hand, maintain that syphilis can be cured without mercury; and to those, on the other hand, who believe that syphilis can be satisfactorily treated by mercury administered internally.

Original Communications.

ON THE VALUE OF OIL OF MALE-FERN AS A REMEDY FOR TAPE-WORM, AND ON THE MODE OF ADMINISTERING IT: WITH CASES.

By J. D. Rendle, M.D., Medical Officer of the Government Convict Prison, Brixton, Surrey.

The report of Dr. Fleming, published in the British Medical Journal on January 16th of this year, on the value of the oil of male-fern as a remedy in tape-worm, has induced me to publish the following cases, all of which were successfully treated with this remedy.

The preparation of the patients by abstinence from solid food, and the mode of administering the oil, were somewhat different from that of the cases given in Dr. Fleming's report. I have, however, in every case of tape-worm which I have treated for the last few years, invariably given the remedy in question, in the way I am about to describe; and the result in every instance, has been the rapid expulsion of the worm after *a single dose* of the drug.

The prisoners confined in the Brixton Prison are women under long sentences—penal servitude for three years and upwards. Cases of tape-worm are not of unfrequent occurrence among these prisoners during the early part of their sentences. The whole of the cases which follow have occurred since last July.

I will first give a short record of each case, and afterwards add the remarks I wish to make thereon.

Case i. A. J., aged 22, a thin delicate woman, formerly resident in Liverpool, had been treated for tape-worm for many months before her admission to the Brixton Prison. Portions of the worm had been expelled, and the treatment gave temporary relief, but in a few weeks all the unfavourable symptoms returned. In July 1863, I ordered one dose of the oil of male-fern. A worm six yards and a quarter long was passed, since which she has never complained.

Case ii. S. S., aged 26, a strong and stout woman, formerly resident at Wakefield, had suffered from tape-worm for nine or ten years, for which she had been repeatedly under treatment, taking various remedies, including castor-oil and turpentine. Tape-worms, she stated, had frequently been passed after taking the remedies mentioned, but in two or three months there had always been a relapse. In August, after one dose of the oil of male-fern, a worm four yards and a half long was passed, and from that time she has been quite well.

Case iii is particularly important and interesting. A. B., aged 22, a healthy-looking strong woman, whose former place of residence was Manchester, was brought to the infirmary from her ward on August 27th, 1863, apparently in an epileptic fit. There had been no previous knowledge or suspicion of the existence of tape-worm; but, in an evacuation from the bowels consequent on the action of a black draught, a single joint of a tape-worm was discovered. The cause of the fit was thereby suspected, and the treatment directed for the expulsion of a worm. After a single dose of the oil of male-fern, a worm four yards in length was passed. This patient had suffered from occasional fits since the age of eleven years, but there had not been, as I before stated, any suspicion of the existence of tape-worm. I have repeatedly seen this woman since August, and up to this time (March 8th), she has been altogether free from the fits she formerly suffered, and her general health has been good. During the first week of October, she thought that one or two joints of a small worm had on one occasion been passed from the bowels; I therefore at that time, subjected her a second time to treatment, and a thin narrow tape-worm, four inches in length, was passed after the usual dose of the male-fern.

In every case of tape-worm which I have treated for the last three years, the mode of preparing the patient, the dose of the male-fern, and the way in which it was given, have been the same; all of which I will now briefly describe. The patient is sent to the infirmary, and late in the evening on the day of admission, the treatment is commenced by giving an ordinary two-ounce black draught; on the following day all solid food is forbidden, but an almost unlimited supply of beef-tea is allowed; even milk, which is said to be the favourite food of the worm, I purposely forbid. On the evening of this day, half an ounce of castor oil is administered; and early on the following morning, about thirty-four hours after taking the black draught, two fluid drachms of the oil of male-fern are given, suspended in two ounces of thin mucilage of acacia. The result without an exception, in every case which I have thus treated, has been the expulsion of a dead worm within two hours after taking the remedy, and in one instance the worm was passed in fifteen minutes.

I have had no difficulty in getting the patients to submit to this mode of treatment, nor have they complained of hunger. In order, however, to enable them to bear without much discomfort the prolonged abstinence from solid food, the supply of good beef-tea has, as I have stated, not only been unlimited, but each patient has also been kept in bed during the whole of the treatment.

The principle of this mode of treatment is, evidently, simply that of emptying the stomach and small intestines by abstaining from all solid food, and by purging; and so, by thus thoroughly uncovering the worm, exposing it to the full and almost immediate action of the remedy.

I have never, in a single instance, given more than one dose of the drug before the parasite was expelled; nor has the two-drachm dose given as I have mentioned, caused vomiting or troublesome purging; and in every case the worm was passed dead, and generally in one unbroken piece. No medicine of any kind is given except that which I have before mentioned; and, in a few hours after the worm is passed, the patients are restored to their ordinary diet.

Before I was in the habit of preparing patients by the previous purging and abstinence which I have described, I generally found that the oil of male-fern failed as a remedy for the cases under consideration; but since I have adopted the mode of treatment which I now make public, I can say that I have never known it fail; and I cannot but feel certain that the remedy in question, if given as I have mentioned, will invariably, first poison, and then quickly dislodge this troublesome parasite from the human body.

CASE OF GLAUCOMA WITH ACUTE INFLAMMATION, TREATED BY IRIDECTOMY.

By J. W. Hulke, Esq.

At the present moment, when so many persons doubt the efficacy of Iridectomy in Glaucoma, the following case is peculiarly valuable, from the circumstances under which the operation was performed, and from the fact that the results, after an interval of more than two years, are stated by an independent observer.

A lady, aged about 50, mentally deranged, residing under the charge of a physician to an asylum situated about sixty miles from town, lost the sight of her right eye from a deeply seated affection attended with severe inflammation, which rapidly ran its course, in spite of a well directed treatment. A few months after this, her left eye was similarly attacked. Her anxiety lest she should lose this, her only eye, was extreme. She was now brought to town by the physician, with an attendant, and reached my house at noon, August 24th, 1861.

The right eye was in the fourth stage of glaucoma—the stage of degeneration. The left eye was in the second stage of "glaucoma with peracute inflammation". The globe was very hard (T+3). The pupil was dilated and motionless. The anterior chamber was very shallow. The cornea was hazy. The optic nerve and retinal vessels could not be distinguished with the ophthalmoscope; owing to the cloudiness of the transparent media, the fundus returned merely a faint red glow. The sclerotic and conjunctiva were very red; the latter was very œdematous, and overlapped the cornea. The upper eyelid was œdematous. Acuteness of vision had rapidly decreased. A couple of days previously, she had been able to read, but now the figure of a person at a yard's distance appeared to her as a dim shadow. The field of vision was much contracted; but her extreme distress prevented an exact estimate of the extent of this diminution. She was suffering constant violent pain, with paroxysmal exacerbations. In her own words, "I feel as if my head were coming off".

In this condition, I knew that immediate iridectomy alone could prevent the destruction of the eye; and I proposed that she should remain in town a few days, when I hoped she might be able to travel home. She readily acceded to the proposal of iridectomy. But then a difficulty arose: the physician held himself responsible for the safe charge of his patient; and he could neither remain with her in town, nor leave her safely in lodgings with the attendant. Thus it was evident that she must either forego the only measure which could save her eye, or submit to it notwithstanding the disadvantages of a fatiguing journey shortly after. I strongly urged the operation, in spite of this unfavourable circumstance. At 1 o'clock, she was put under the influence of chloroform; and I performed iridectomy, removing about one-seventh of the iris. She awoke after sleeping about an hour, and took a light meal. At 4 o'clock, she left town by rail, wearing a light compress upon the eye, which felt sore, but was free from the violent pain experienced before the operation. The swelling of the eyelids was less—perhaps, in part, from the pressure of the compress. A fortnight afterwards, I heard that "the pain has not returned; all redness is gone; the eye is still weak; sight is improved." In reply to an inquiry, the physician, under whose care she still continued, wrote me the following letter.

"November 13th, 1863.

"My dear Sir,—I am glad to be able to inform you that the operation on Mrs. ——'s eye was a great success. Her vision is really good, as she can read No. 2 (pearl) on your test-type sheet with facility. She cannot manage No. 1 (brilliant); nor could many others of her age, without previous disease. She wears spectacles, as she has done some years. The pain before the operation was very great; it, however, ceased entirely and immediately; and she has had none since. (The eye, however, which had been lost when you saw her, is still the seat of occasional pain, at times rather severe.) The tension of the eyeball is now natural, the hardness having disappeared. It would look like an ordinary eye, except for the change in the figure of the pupil, which is elliptical, with the iris curiously thinned at one edge; and there is a small fleshy tubercle at the cicatrix, which nevertheless is no inconvenience to her. I regard the case as one of the most successful I ever saw in surgery. I know, by the rate at which she became blind with the other eye, how soon she would have been totally blind, but for your help; and this, too, is her own thought on the subject. It is the more interesting, as she is decidedly insane, of a very passionate temperament, and in delicate health. "Very sincerely yours,

"——."

The Highly Moral Journal. The *Dublin Medical Press* and the British Medical Journal appear to be the only journals determined to put down the gigantic and still increasing evil of "gratuitous services," for which the latter journal comes in for an immense amount of editorial abuse from the *Medical Times* of the last two weeks. "Is Medicine a Human Profession?" Its last "leader" on the subject was no doubt intended by the writer for the approaching "Spring Meetings" at Exeter Hall; but being short of an article it appears this week in the *Medical Times and Gazette*, and was intended to annihilate the *British Medical*, which journal, however, returns again to the attack on the "gratuitous" humbugging system now prevailing, and, undeterred by the Pecksniffian sermonising of any journal, produces proofs every week of the injurious effect of the system on the profession at large. (*Dublin Medical Press.*)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

THE PLEA OF INSANITY.

By JAMES G. DAVEY, M.D., Northwoods, Bristol.

[*Read at Clifton, February 18th, 1864.*]

YOU will all have heard of George Victor Townley, and of the circumstances attending the sad fate of his victim, Miss Goodwin. The case is one which is eminently deserving our best attention; and I have thought the present a very favourable opportunity to demonstrate to you what I conceive to be the very unreasonable and inconclusive nature of the arguments adopted by the lawyers in reference to the *plea of insanity*. I will put before you the most prominent fallacies contained in the speeches of Mr. Boden and Mr. Baron Martin; and I make no doubt that, having done so, we shall directly perceive the necessity there exists for an immediate and complete revision of all that relates to the plea of insanity in criminal cases.

Mr. Boden said: "If he regarded it rightly, the question for them to consider would be, *whether he had sufficient reason to be capable of knowing that the act which he did was contrary to law and an injury to mankind.* Now the prisoner might be, as Dr. Winslow said, in a state of derangement—that was to say, not in a perfect state of soundness and rationality; *but if he had sufficient reason left to know that the act he committed was prohibited by law, and was wrong, then he was held, in law, responsible criminally.*"

Mr. Baron Martin alluded at some length to the law of insanity, to establish which, he said, "it must be shown that, at the time the prisoner committed the act, he believed he was doing an act which was not wrong, and that he was doing an act of which he did not know the nature or the consequences. . . . . If the prisoner did not know the difference between right and wrong—between what the law of man called right and wrong and the law of God called right and wrong—then he should be considered insane."

Such, then, are the fallacies which are expected to influence a jury of our countrymen when deciding on the sanity or insanity, the responsibility or irresponsibility, of a prisoner at the bar. Let me add in this place, that the law involved in the foregoing extracts from the speeches of Mr. Boden and Mr. Baron Martin assumed for the first time, I believe, a definite and essentially practical shape so lately as 1843. Until then, the authorities on the plea of insanity in criminal cases were Lord Hale, the Chief Justice Mansfield, Sir Simon Le Blanc, and Lord Lyndhurst; but in 1843 occurred the murder, by Macnaughten, of Mr. Drummond; and this circumstance it was which caused the House of Lords to address to the judges "several questions relating to crimes committed by persons supposed to be insane or afflicted with monomania." These questions, five in number, with the replies thereto, relate, as do the fallacies I have quoted from the speeches of Mr. Boden and Mr. Baron Martin, exclusively to the state of the mere knowing faculties of the mind in him accused. Can we, by any possibility, as physiologists, be satisfied with so meagre an exposition of this plea of insanity, as explained or advocated by the lawyers? Why, it must be asked, do they ignore the very existence of the ever active emotions and moral feelings in him charged with crime? On what grounds are the lawyers justified in taking no kind of heed of the propensities—*i. e.*, the passions—in man? They can know nothing of the mind, as the Creator has formed it. The specific character of an individual man is to be found in the quality or force of his moral nature, and not in the particular state of his mere knowing faculties. The character of each gentleman to whom I address myself resides, so to speak, in the measure of his benevolence, conscientiousness, veneration, self-esteem, caution, love of approbation, firmness, attachment, acquisitiveness, amativeness, and so on, through the whole of the primitive faculties or feelings which belong to the genus *homo*, not forgetting their co-operation and reflex action the one on the other. Now Mr. Boden and Mr. Baron Martin told the jury nothing of all this. They dwelt with pertinacity on the "reason", the "capability of knowing", etc., possessed by Townley. They insisted that, to prove his insanity, it is necessary to show that, at the time the murder was committed, he (Townley) "*believed* he was doing an act which was not wrong," and that "he did not know the difference between right and wrong;" that the law holds that a man is insane who supposes a state of things to exist that does not exist, whose mind is in such a state that he thinks things real that are not, and acts accordingly;" and that, as Mr. Justice Le Blanc said, "the question was, whether the person, when he committed the offence with which he was charged, was capable of distinguishing between right and wrong."

Do the expositors of our laws require, at this time, to be informed that the springs of all human action are to be sought for in the tone or quality of our moral feelings—*i. e.*, the affections and propensities—which, in fact, constitute the very essence of individual character? The fact is, the lawyers have much yet to learn in respect to the sound mind.

The manner in which Mr. Baron Martin treats the question of delusion occurring to one insane, is singularly infelicitous. "Delusion", regarded as a symptom of mental alienation, is one which is to be referred not so much to a perverted intelligence, as to depraved moral feeling or sentiment.

The very best thing for Mr. Baron Martin and Mr. Boden to do, in order to be rid of their fallacies, would be to visit our lunatic ayslums. I can fancy their astonishment at beholding the mass of the patients at Hanwell and Colney Hatch, for instance, in the exercise and enjoyment, day by day, of their mere knowing or intellectual powers. In the various workshops and scenes of industry which therein meet the eye, they would find tailors, shoemakers, carpenters, masons, cooks, gardeners, etc., all well and honourably employed. They are all mad enough; but they lack not the full knowledge of their surroundings. Speak to the tailor, or carpenter, or gardener, and you will find that he has lost none of his peculiar skill; that he can still command the same success that he ever did in his particular calling. Analyse the mind of either one of them, taking care to avoid any reference to his diseased emotional faculties or moral feelings, one or two or more of which will be sure to be at the root of the mental malady; and you will find (or I am greatly mistaken) that he still knows as well as he ever did; and that, if he have delusions, these are located in the moral man, and not in the intellectual man; that, in fact, these are, to speak figuratively, of the heart, not of the head.

It is concluded, then, that consciousness, or the ability to distinguish right from wrong, is no criterion of either a sound mind or of responsibility; that, in fact, nine-tenths of those insane persons who possess the physical power necessary to commit violence *know* full well what is going on about them; and that, moreover, they will commonly manifest, during even the greatest excitement, an acute intelligence, and not unfrequently really surprise one by the force and brilliancy of their reasoning powers. Writing on this subject so long back as 1843, I have these words: "The maniac is acutely sensible of his unhappy condition; and like the hysterical maiden, or the sufferer from St. Vitus's dance; or like him goaded by the delirious impulses of hydrophobia; or, in point of fact, like him worn and shaken by the deadly rigors of a tropical intermittent fever,—*he* (the maniac) is unable to restrain the indications of the disease which afflicts him; he, like them, is very commonly without delusion of any kind, perfectly capable of distinguishing right from wrong, and in all respects sensible of every individual act; but he (the maniac) is, nevertheless, as completely irresponsible for his actions as the veriest idiot which has existence."

In regard to the nature of the case of Townley, it is not a little difficult to judge of his present state of mind. I am quite inclined to think that Dr. F. Winslow and Mr. Gisborne were pretty close to the truth in their report of him. The Lunacy Commissioners, Messrs. Forster, Campbell, and Wilkes, have certified in effect, as you are aware, that, whilst agreeing with Dr. F. Winslow and Mr. Gisborne, they feel that he (Townley) was very properly found guilty of the murder of Miss Goodwin. The Commissioners apparently regard Townley as medically, not legally, insane; as if the one affected in no way his responsibility for the crime committed, whilst the other not less necessarily absolved him from punishment.

The only way for the country to be rid of so unscientific a view of cerebro-mental disorder is to insist on another plea of insanity—one in harmony with the principles of physiological and pathological science.

The last piece of information of Townley has, I fancy, taken us all by surprise. Drs. Hood, Bucknill, Meyer, and Helps, may or may not be right. However, I doubt not that Townley was, to all intents and purposes, insane and irresponsible at the time when he murdered poor Miss Goodwin. A very few words will explain to you my reasons for so thinking. Townley is by nature a kind and amiable man. His life has been passed in the obedience of the higher, the moral, laws of our nature. He becomes deeply attached to a young lady. They are engaged to be married; his hopes of life and happiness are centered in Miss Goodwin. After some years of fond anticipation, the lady named alters her mind. The intelligence shocks him. Now, the natural (mental) elasticity of a healthy man rises, ere long, to a level with the necessities of the case. But Townley came into the world *minus* the essential elements of *mental health;* his parents transmitted a certain predisposition to mental disease. Without the normal elasticity of mind, Townley was, or is, without the power to bear the heavy blow; and he succumbs to it. His mind is prostrated; he can scarcely sleep or eat. Small doses of morphia are given to him, to relieve his sufferings; but with the very opposite effect. Now, Mr. Baron Martin tells us that it was with "*the greatest anguish and distress of mind,*" the "*most painful and agonising suffering,*" and with "*feelings deeply hurt,*" he (Townley) sought a last fond look of her whom he had so long and deeply loved. Under such circumstances, we, as medical men, are driven to the conclusion that Townley killed Miss Goodwin under the influence of a paroxysm of impulsive and homicidal mania. The absence of all premeditation in regard to the crime justifies, in itself, this conclusion. It is important, too, that on the first occurrence of insanity in him—now a year and a half since—he was affected with "eccentric delusions", under the influence of which he bought no end of hats and umbrellas, turned the pictures in his room upside down, jumped into swimming-baths without removing his clothes, and "played no end of pranks", "equally significant of craziness". His conduct on the occasion of the death of Miss Goodwin, gives to this conclusion no little weight; for a criminal would not have remained by his victim as Townley did; nor have helped her in any way; nor sought to modify or lighten the sad consequences of his rash act. The criminal makes the best efforts he can to escape his responsibilities; the insane man seldom if ever—a fact of much diagnostic value to the practical psychologist.

No medical man requires to be told that mania is essentially a paroxysmal disease. Like neuralgia, or asthma, or angina pectoris, etc., it comes and it goes. The insanity of Townley was very likely but a very temporary affair. The disorder may have begun and ended in him during his interview with Miss Goodwin. Since 1840, I have had patients under my care, the character of whose deep afflictions justifies me in making the above remarks. I attended, some twenty years since, a lady in her accouchement with twin children. On the third or fourth day after her confinement, she became maniacal. The attack lasted barely one hour. Not a month ago, a lady in this county was attacked with a strong desire to commit suicide; she could not, she said, get rid of the dreadful thought. After some hours only, the mind recovered itself. A patient, under my care, awoke in the night, having gone to bed in her usual health; and, under the pressure of a paroxysm of homicidal mania, sought to kill her infant child. When I saw this poor creature in the morning, she was distressed beyond measure at the idea of the crime which had pressed on her. The removal of some temporary indisposition of the body very effectually relieved the mind. An eminent lawyer, a year or two since, went to bed in his usual health. He awoke from his first sleep in a state of acute mania. He remained insane eight months, and then recovered. The recovery of the insane from long standing cerebro-mental disease is, now and then, and under peculiar circumstances, not less sudden and unlooked for than the first origin of this dire malady. A patient of my own, a lady, after some years of mental suffering, became all at once sane when walking home from church. To hear Miss —— recite this strange fact of her sudden restoration to health is indeed interesting. Many similar cases are on record. Homicidal and suicidal acts occurring to those of doubtful mental health, and to those to all intents and purposes insane, are, for the most part, capricious and impulsive. Doubtless, "transitory homicidal mania", as it is called, is a fact in pathology; and as such it must eventually be recognised.

It can matter but little what the newspaper press has to say on this subject. With us rests the responsibility of compelling the recognition of a rational plea of insanity. The Insane Prisoners Act Amendment Bill, as it is called, must be in harmony with the facts of medical science. Can Mr. Hardy suppose for one moment that the commission he recommends, "for the purpose of instituting a solemn judicial and open inquiry as to the fact" of a prisoner's insanity, would prove satisfactory, if "lay persons were introduced to settle those questions on which doctors differed"? Mr. Hardy says he should be sorry to see a commission such as he suggests composed of doctors alone. Where are the lay persons to be found in any way competent to overrule medical men on a question of medical science? The idea of the thing is simply absurd. Mere law must give way to science. The legal element must be made subordinate to the medical one. Mr. M. Smith advises the old constitutional tribunal, viz., trial by jury. Twelve honest butchers, or bakers, or tilers, he believes, are much "more likely to be nearer the truth than the same number of professional men". Sir G. Bowyer and

Mr. Alderman Rose are little in favour of the medical element in the proposed congress. The first named gentleman says that physicians should not be asked to judge of the question of insanity, but should be required merely to tell an "independent and impartial authority" what they may know—*i. e.*, to answer questions. The second thinks that a "medical tribunal" would be impracticable, because "they might have, when they came to the medical evidence, as much as they pleased any way." So much for the opinions of our legislators. If, Mr. President, the British Medical Association were duly represented in our House of Commons, then would there be some hope that the plea of insanity would be amended as it should be; or, what is the same thing, that doctors, like astronomers, engineers, and other scientific men, would be required, at all times and under all circumstances, to do the work which belongs to them. In a paper on Medical Evidence written by me in 1856, and read before this Association at Bath, are these words: "I feel satisfied that the present anomalous relative position of law and medicine—*i. e.*, of lawyers and doctors—must cease; that the practice now adopted of obtaining the testimony of medical men in cases of suspected lunacy, as well as in criminal cases, is throughout objectionable, and fraught with much mischief; that it is desirable for the sake of science, and not less for the honour of the medical profession, that in all cases, of whatever kind, involving in any degree a knowledge of the principles and practice of medicine and its collateral branches, a plain statement of all the facts should be drawn up and submitted to a medical arbitration; and that then the various opinions of medical men would be found to approximate, and the medical chasms which now appear would be bridged over in an easy, graceful, and truthful manner."

Reviews and Notices.

ANNALS OF MILITARY AND NAVAL SURGERY AND TROPICAL MEDICINE AND HYGIENE; being an Annual Retrospect, embracing the experience of the Medical Officers of Her Majesty's Armies and Fleets in all parts of the World. Vol. I, for the year 1863. Pp. 376. London: 1864.

IT has often been made matter of regret that so much valuable information contained in the reports which arrive from all parts of the world, emanating from the Army and Navy Medical Departments, should not be made more available for the information and guidance of the public and the medical officers serving on the various stations. The Army and Navy Health Reports are becoming every year more valuable; but both these and the Medical Blue Books are issued in too bulky a form for general use. They are rather calculated for the use of the medical reviewer and the statistician than of the executive medical officers. Not very accessible at home, they will be found absolutely unattainable at some distant stations; to some extent, the same is the case with the medical periodicals and new works of interest which abound in metropolitan circles.

These wants this volume is intended to supply in some measure. Most medical officers will be glad to find the principal improvements in practice and hygiene brought into one focus, as it were, for their advantage. The editor says that each annual volume is intended to supply a retrospective history of military and naval medicine and surgery during each year, and hopes that the mass of materials selected, abridged, and arranged, may form an "accessible storehouse of departmental investigation, useful to his professional brethren, and well worthy of the attention of the soldier, the sailor, and the statesman."

The basis of this volume is the Army Health Report for 1861, combined with the Navy Report for 1860, from both of which copious extracts and analyses are made. A distinct part is devoted to each principal station of the army and navy. The reader will not be surprised to find that a large proportion of the space is occupied by the Home Station: partly, from the large number of troops and of garrisons on this station; partly, also, from the admission of various articles from the pens of eminent practitioners in the depôts and hospitals for invalided men, including the great Netley Hospital. But still larger is the space allotted to the news regarding practice and hygiene coming from the East India and China Stations. In fact, we have a valuable collection of topics relating to Tropical Hygiene and Medicine: not confined to the observations of the executive medical officers, British and Indian, at present serving in the east; for we find extracts from the publications of Sir R. Martin, McClelland, Professor Giraud, Dr. Davy, Deputy-Inspector Leith, etc.

The concluding part contains short obituary notices of some of the most noted surgeons connected with the militant services, who have died during the year.

We think that this volume will be welcomed by many classes, and particularly by the soldier and sailor doctors, as tending to supply the want of that impracticability on foreign service and at distant stations—an extensive medical library.

THE PRESCRIBER'S COMPANION. By ALFRED MEADOWS, M.D., M.R.C.P., Physician-Accoucheur to the General Lying-in Hospital, etc. Pp. 152. London: 1864.

THIS book has been compiled with the view of assisting the student and practitioner in their adoption of a new pharmacopœia. The book is divided into six parts:—Remedies for External Use; Medicines which act, or are supposed to act, on the Blood, the Nervous, the Ganglionic, the Secreting, and the Generative Systems; and lastly, Substances Useful as Disinfectants, and a Table of Poisons and their Antidotes. The author has retained many of the old pharmacopœial preparations, and has given others which he considers of value. Such preparations are distinguished from those of the *British Pharmacopœia*, by being set a little to the right; whereas, to the officinal drugs the letters B.P. are affixed.

Dr. MEADOWS has also given the composition of the various preparations, shewing the alterations that have taken place in their strength and composition, as compared with those in the old *Pharmacopœias.* The dose of each remedy is given for the adult and for the child; and occasionally, brief notes are added on the specific action of the more important and less frequently employed substances.

THE PRESCRIBER'S ANALYSIS OF THE BRITISH PHARMACOPŒIA. By J. B. NEVINS, M.D. Pp. 94. London: 1864.

THE object of this little volume is, Dr. NEVINS says, to "enable the prescriber to see at a glance whether any change has been made in the formulæ that he has been accustomed to use; and if so, what is its nature and extent." Medical men will have need of all useful aids to enable them to comprehend the changes which have been admitted into the new *Pharmacopœia;* and therefore will doubtless find this little volume a help in time of need.

British Medical Journal.

SATURDAY, APRIL 9TH, 1864.

OUR MEDICAL ACT AND MEDICAL COUNCIL.

THERE are periods in the life of individuals and of corporate bodies, when it becomes fitting for them to survey their past history, to inquire into their present state, and to take stock of their actual position. The uses of such an examination are obvious. If past action shows a satisfactory progress, we advance hopefully on in our career; but if we find that our expectations have not been fulfilled, and that our efforts in the past have not produced the good anticipated, we then, if we are wise, endeavour to learn the causes of our failure, and from the experience of the past gather lessons of wisdom for the future.

The profession will, we believe, agree with us that the corporate body called the *Medical Council* may usefully subject itself, or be subjected, at the present moment, to an inquiry of this kind. More than five years have now elapsed since the Medical Act received the sanction of the legislature—the Act of Parliament which was to relieve all the many woes and throes of a long-suffering medical community. Now, this Act was designed for the fulfilling and carrying out of certain special purposes—for the remedying of evils and defects supposed to exist in the then state of the medical profession. We, therefore, now propose to inquire to what extent those objects have been actually accomplished during the past quinquennial period, and to take a measure, if possible, of the successes and the shortcomings of this legislative interference with the interests of the medical profession; to inquire to what extent the objects and purposes of the Act have been fulfilled, and what yet remains to be done.

The main objects of the Act appear to have been threefold: 1. To regulate the qualifications of practitioners in medicine and surgery; 2. To enable persons requiring medical aid to distinguish qualified from unqualified practitioners; and 3. To provide for the publication of a *British Pharmacopœia.*

To carry out these objects, of course, some intelligent machinery was necessary; and therefore was provided a Medical Council, composed of individuals representing the varied and often opposing interests of all the medical bodies in Great Britain and Ireland. This Medical Council was, in fact, selected as a grand national medical discussion-forum, wherein, under the influence of rational argument and by mutual self-sacrifices, conflicting interests were to be gradually worn down, and all the various medical bodies of the country reduced into the state of one happy family. Of course, such a Council required a certain liberty of action and certain powers of action; and these it received under the Medical Act. With these powers, it necessarily also accepted responsibilities. It had certain duties to perform, as well as power given it for their performance.

The duties imposed upon the Council under the Act were: to take orders for regulating the medical registers to be kept under the Act; to inquire into the courses of study, etc., required for obtaining qualifications; to take care that such courses of study were full and sufficient; and to bring before the Privy Council, for condign punishment, any medical corporation whose courses of study or examination were, in the opinion of the Medical Council, defective. Also the Council's business was to strike off from the *Register* names of persons guilty of infamous conduct; to keep good accounts (and to publish them) of cash received and expended; and to publish a *British Pharmacopœia.*

Let us now see what sort of an account the Medical Council can render of this its stewardship; and also consider the benefits which the profession may be supposed to have derived from the Medical Act, as so administered.

In the first place, the Medical Council has published a *Register*—has settled the registration of the medical profession; and this registration has been, we need hardly say, the milch cow, which has enabled the Council to live and operate. It was the golden key of the whole Act; and a most expensive key has it proved to the profession. During the five years which have elapsed since the passing of the Medical Act, the profession has paid down in hard cash £49,908 : 5 for the honour of being registered according to Act of Parliament, and of possessing a Medical Council. But few medical men will, we fear, be brought to affirm that the possession of this *Register* is worth £50,000 to the profession. Many say it is not worth 50,000 pence, and, indeed, boldly ask, Of what earthly use is it to us? Others there are, who do not at all appreciate the honour of having their names stuck cheek-by-jowl in this authentic and official document with all the loose characters who possess professional titles—with cancer- and consumption-curers; with kinesipathists; with mesmerists; with homœopathists; and other more or less well pronounced specimens of the *ambubiarum collegi* class. We will not, however, stop to uselessly discuss this foregone conclusion. It is the old man of the mountain: we have it on our necks, and must wear it. We will content ourselves with observing only this, that obviously the *Register* is of infinitely greater service to the public than it is to the profession; and that, therefore, the legislature deserves no great blessings at our hands for mulcting us to the tune of £50,000 *for the benefit of the public.* We suppose the government knew how fond the profession is of doing the work of the public gratuitously, and took advantage of its generous weakness! Yes, £50,000 we have paid down during the past five years, and about £4,000 *per annum* we are paying at present, and shall pay for the future, thanks to the Medical Act.

But we have something for our money. We have, at all events, one great blessing—a Medical Council. For we may safely assume that, had no due remuneration been attached to the services of the Council, candidates for the honour of representing corporate interests in the council-chamber would not have been forthcoming.

Another of its duties the Council has also accomplished. It has published a *British Pharmacopœia.* And here, we regret to say, we may almost repeat our criticisms of the registration. Here again we have been playing the benevolent part of *sic vos non vobis.* We have paid a heavy sum for the fabrication of an instrument which belongs to the dispensing department—to the pharmaceutist—quite as much as it does to the purely professional man. Besides, if we are to believe the criticisms which fall from every quarter on this devoted book, the last title which can be aptly applied to it is that of a *British Pharmacopœia.* Never do we remember an issue from the press, which has been so lamentably battered by the English, the Irish, and the Scotch. We have paid an enormous sum (we will venture to put it, until better informed, at £8,000) for the mere composition—not the printing, be it observed—of a volume which, so far, has not been accepted into general use. Hard-working professional men naturally are averse to change; and the *Pharmacopœia*, like all innovations, has produced much confusion. The President of the Royal College of Physicians and many other men feel disinclined, after reaching a mature age, to go to school a second time and learn a new book. It is enough, surely, for a man to have mastered one *Pharmacopœia* in his lifetime; and to learn another, in which he has but small faith, would be an act of self-sacrifice scarcely to be expected, except in a devotee to drugs and chemicals.

Well, then, so much of its duties the Council has performed. It has given us a *Register*, and it has given us a *British Pharmacopœia.* Its third function it has yet to discharge; viz., the settlement of the education of the British medical student. Before, however, we come to this interesting remainder, our readers may perhaps like to know what the Medical Council has been paid for the work already accomplished by it. Here is the figure. During the five past years, £8,288 have been paid as fees to Council; as travelling expenses, £1,463; and as hotel expenses, £913. That is to say, we have paid the Council up to the present time, in round figures, £10,664 for the services rendered by them. Whether we have or have not had an equivalent for our money, people must decide for themselves; and, if the Council has not hitherto been happy in its performances, we must remember that it has been unfortunate in the kind of work imposed upon it, rather than in its execution of the work. This *Register* and this *Pharmacopœia* were no voluntary works, but things ordained for completion by Act of Parliament. We have no right, therefore, to vent any useless anger on the Council, if we feel dissatisfied with the goods they have so far delivered us for our money. If the bargain has been a bad one, it was one we made with the government before the Medical Council had an existence; and it is one, therefore, which we must digest as well as we may.

But the grandest functions of the Medical Council have yet to be performed; and herein it must, indeed, answer to the profession; give an account of its behaviour; stand upon its trial, and prove its worth. It has to settle the vital question of medical education; or, in the words of the Act, to regulate the qualifications of practitioners in medicine and surgery. For this purpose, it possesses not only freedom of action, but has power to enforce the carrying out of its conclusions. What it has hitherto done—its gift of these comparatively insignificant, though most costly, appendices, a *Register* and a *Pharmacopœia*—is really nothing in comparison with the work which it has now to do for the profession.

The question of medical education is one which the Council—a "Council of Medical Education"—is bound to investigate thoroughly and anxiously, and to regulate with extremest impartiality and patriotism. The whole profession, if necessary, should in this matter assist the Council by giving it that force of public opinion which may be necessary to bring it to a due performance of its functions. The duty of the Medical Council in this matter is manifestly this: To lay down a minimum of professional study and education; and by the power vested in it through the Privy Council, to force the acceptance of such minimum upon all the medical corporations of the country. Its duty also is to direct and arrange the courses of study of the student. If the Council do not this, it abrogates its special duties, and becomes little more than an expensive millstone on the necks of the profession.

We earnestly call the attention of the profession to this matter; and we are satisfied that those gentlemen in Council who are really anxious to settle, not nominally but in reality, the important question of medical education will feel themselves greatly strengthened by the pressure of professional opinion urging the Council to an energetic performance of its duty. And such professional opinion must be quickly awake; for the Council will, before another month is passed, have come, have met, and have gone.

We will next week consider more particularly the subject of medical education, and the special duties of the Council in relation to it.

IRIDECTOMY.

The subject of iridectomy has been so fully discussed in the Journal that we apprehend there is little more to be said *pro* or *con* on the subject in the present state of our knowledge. No one can doubt that the discussion has been productive of great service both to science and to humanity. It is impossible that the interchange of opinion which has been thereby elicited can have failed in enlarging as well as testing the views of our surgical brethren, whatever their opinions may have originally been upon the subject. In discussions of this nature, it is certain that much more good is effected than appears upon the surface, the way for the settlement of differences being paved imperceptibly.

Our anxious wish has been, and still is, that the question should be handled in our pages solely and simply in its scientific bearings; and for obvious reasons. Nothing but disfigurement of a really deeply interesting question, could have resulted from the introduction into it of mere personal considerations. The point we would have debated is one solely of fact and of science; and from the high vantage ground of science alone can it receive full solution. We have felt compelled to refuse several very interesting communications on the subject, because we feel (as we know the profession feels) that all that science can say at the present moment has been said about iridectomy. That there is yet much to be worked out—much that is still obscure and uncertain in the matter—no one can deny. The operation is one which does not yet rest on principles capable of clear and satisfactory definition, as other surgical operations do. It rather reposes on that lesser kind of evidence, which usually guides the hand of the physician; viz., the results of practical experience. We readily admit that, if general and large experience determines a surgical operation to be of service, we are fully warranted in resorting to it, even though its *modus operandi* be not clearly explicable. We should, in fact, be guilty of worse than folly if we neglected to do so.

Now, we find (and we state this without pretending to enter into the merits of the operation) that there does appear to exist in the minds of a great many surgeons who have performed iridectomy, a very firm belief in the efficacy of the operation in certain cases; so that we may, in truth, say that the value of the operation has been tried by, and received the warrant of, a large experience. Some surgeons, it is true, altogether reject the operation as useless and inadmissible. But, amongst the majority of ophthalmic surgeons, the main difference of opinion seems to be rather in the matter of the right application of the operation than of its actual utility. Some ophthalmic surgeons assert it to be an operation which is very frequently requisite; whilst others, on the contrary, tell us that it is only very rarely that they encounter the case in which it is applicable. There is still, therefore, a deep and most important difference of opinion existing as to the uses and right application of iridectomy, amongst those even who accept the operation as a good and legitimate one. Future observation and experiment will, doubtless, compose this difference; and we need hardly add, that the sooner the accordance in opinion is arrived at, the happier will it be for humanity.

To elicit a discussion which might tend to the removal of these differences of opinion, in the interests of humanity as well as of surgery, was the object we had in view in raising this inquiry into the subject of iridectomy. The profession will, we are satisfied, feel that the discussion must have, both directly and indirectly, tended to the furtherance of the end desired; and we believe we may, without hesitation, say, in the words of a well known surgeon, that "the discussion has been the most important scientific surgical inquiry which has of late arrested the attention of the profession." In conclusion, we would again suggest that, as all that the science and practical experience of the day can say of iridectomy on the one side and on the other has been fully said, it is time that this discussion ceased.

As the matter now stands, and as Mr. Bowman puts it, the operation must be judged of mainly by its fruits. The great authority of Von Gräfe and of Mr. Bowman will naturally have its due influence with the profession; but, as other authorities differ from them on matters of fact and of observation, to facts and to observation must be the appeal for a final solution of the question. What, therefore, is now required, is a simple detail of clinical facts—we mean of clinical facts stamped with the seal of authority and of correct observation. There is no other criterion by which the question can be finally adjusted. Argument has said its last word.

Mr. Griffin has issued an able summary of the principal points of evidence relating to the medical relief of the poor submitted to the Select Committee of the House of Commons. We regret to learn that the Committee does not take a view favourable to the interests of the Poor-law medical officers. Mr. Griffin has fought the battle with wonderful energy and perseverance; and, whatever be the results, the profession must be ever under great obligations to him.

We beg to recommend the following sensible and business-like resolutions passed on the 31st ult. by the Medical Society of Liverpool, to the consideration of the editor of the *Medical Times and Gazette.* We trust he will consider it a plain-spoken answer to his late very abusive article. We do indeed congratulate ourselves on finding that the profession is really getting alive to the destructive system of gratuitous medical advice.

> "That the Medical Society of Liverpool regrets that sudden and dangerous accidents and illnesses occasionally occur among the poor of large towns, to meet which the present arrangements of the Poor-law Board and of the medical charities are inadequate.
>
> "That the public has no right to expect that the members of the medical profession shall, *nolentes volentes,* be burthened with gratuitous attendance upon such cases, and insulted at inquests for declining to attend strangers.
>
> "That it is the duty of boards of health or of the police to secure medical attendance on such cases by paying, out of the public purse, fees for all such urgent cases as the police officer on the beat may report as requiring immediate attendance."

M. Moura relates a case in which a pin which had been swallowed, and whose presence had been recognised in the pharynx, where it remained two days, by the aid of the laryngoscope, traversed the whole of the intestinal canal. M. Délore communicated to the Academy a case of contraction of the larynx, which had been successfully incised by the aid of the laryngoscope.

Dr. Caradec, in *L'Union Médicale,* calls attention to the great use of nitrate of silver in dysentery. He administers it both by the mouth and in the form of injections. He first of all clears out the intestinal canal with castor oil or Epsom salts; and then gives, night and morning, a lavement of about 4 or 4½ grains of nitrate of silver. Each time, immediately before giving the lavement, the rectum is washed out with a simple injection of water. A few drops of laudanum are added to the nitrate of silver injecjection, if the rectum be irritable. Pills he gives, of one *centigramme* (3-20ths of a grain) of nitrate of silver, if the injections should happen to fail.

The death of Dr. Lhonneur is another sacrifice of the life of a French surgeon to Mexican fever.

M. Legrand du Saulle, *physician-expert* attached to the Civil Tribunal of the Seine, has published a volume of 624 pages, which should contain matter of very high interest to all of us. The title of his book is, *La Folie devant les Tribunaux* (Madness from a Legal Point of View). M. Legrand seems to possess especial qualifications for the treatment of this subject. He was originally a student of law, as well as a student of medicine, and was during many years occupied in the service of lunatic asylums. Since then, he has made the study of lunacy almost a special one. The *Gazette des Hôpitaux* gives us an idea of the contents of his work. He shows the relation of the different forms of insanity to criminal acts. He insists on the characters which distinguish the lunatic from the criminal, and shows how a medico-legal inquiry should be conducted. Among other important questions are discussed the following: the degree of responsibility; the responsibility of persons under restraint; lucid intervals regarded from a legal point of view; the medico-legal condition of the drunken delirious; natural somnambulism; the mental condition of the leprous, the hysterical, the epileptic," etc. "If, as I believe," said M. Flourens, "M. Legrand has given a true definition of insanity, if he has pointed out the line of conduct to be followed by magistrates in this matter, his work will have rendered a great service."

Two French *pharmaciens* have been lately fined, each of them 500 *francs* (£20), for making up and selling medicines not prescribed by the physician; and also 15 *francs* for illegally practising medicine. What would say our pharmaceutical chemists and druggists to this kind of treatment?

M. Ollier has again called the attention of the Société de Chirurgie to the subject of the regeneration of bone. According to his experiments, the regeneration of bone is a settled fact. It occurs most readily and rapidly and certainly in the long bones. The preservation of the periosteum is an essential condition. In the case of the long bones, the extremities remain a long time in the state of cartilage before they consolidate into bone. The flat bones may be reproduced from their external periosteum. M. Ollier has in this way produced a solid bony covering for the nose out of flaps of periosteum taken from the frontal bone. The internal periosteum of the cranial—the dura mater—will also produce ossification. The mucous periosteum of the nasal fossæ, of the palatine arch, and also produces bony matter; but the production takes place slowly, requiring five, six, seven, and even eight months for its completion. The short bones may likewise be reproduced. M. Ollier has reproduced the calcaneum, the cuboid bone, etc., in animals. The new bone, he says, in these cases, sometimes attains a size even larger than that of the original bone. Certain conditions are necessary for the success of the regeneration; and of these, especially, he refers to the thickness of the periosteum, and its firmness.

Dr. Gayetant, who was born in 1777, has just published a volume on human longevity. In 1777, he says, the value of man's life in France was 23 years; in 1798, it was about 26 years; in 1836, it was 33; and at present it is 39 years. He totally objects to the modern doctrine, that the human race is falling into a state of decay.

THE STATE OF LUNACY IN ITALY.

By G. Mackenzie Bacon, M.D.

Having long felt, with Keats, "a languishment for skies Italian," I gladly availed myself of an opportunity to visit a land so famous, and have spent in it and some other parts of the continent the last four months. During this period, I have made a point of seeing the principal asylums of the countries through which I passed; and beg to offer some of my *impressions de voyage* on these institutions.

The first feeling of every Englishman on visiting the continental asylums must, I imagine, be one of disappointment, so inferior are they, as a rule, to those of this country in size, comfort, and general arrangement. The wealth, political condition, religion, and even position, of a country, are each and all influences having a direct bearing on the state of its social institutions; and in all these points England differs very widely from other nations.

The liberty which this country enjoys has enabled local governments to provide for their insane poor almost at will, allowing a freedom of action which contrasts most favourably in its results with the centralised authority of paternal governments, whilst the wealth of the kingdom has furnished the most ample means for the furtherance of such beneficent efforts. On the continent generally, where the people have little or no share in the regulation of their own affairs, social reforms depend almost entirely on the will of an absolute ruler, and the character of the government is reflected in the institutions of the country.

In France, where revolution has for years distracted the land, the provision for the insane is lamentably bad and insufficient; and a people who are fond of considering themselves the first among civilised nations, cannot show more than two asylums equal to that which even the little Duchy of Baden has possessed for nearly twenty years. Austria, where everything is "royal and imperial", has produced but one modern asylum, though that is of the highest character. Switzerland—an oasis of liberty in the deserts of despotism—has some of the most creditable institutions on the continent. And Italy, so long "an house divided against itself," is only now taking the first steps in the much needed reforms. But, besides these points, the prevalent form of religion, the Roman Catholic, has had some influence in arresting progress; and in this way, that till recently the care of lunatics, in common with most exercises of public charity, devolved exclusively on the religious bodies. While it will be readily understood that the exclusive care of the insane by the religious classes, even in Catholic countries, is not a plan compatible with what is now considered proper management, I do not wish to convey the idea that the presence of these persons is always objectionable; for I am convinced I have seen their influence most usefully exerted, and attended by the happiest results. In Belgium, the insane are almost universally under the care of the religious, who perform their duties in the most conscientious manner. The difficulty which every superintendent feels in the management of an asylum—that of finding good and trustworthy servants, who take an intelligent interest in their work —does not exist in Catholic countries; for in them their place is filled by a body who have no object in life, but the simple fulfilment of appointed duties, and who are protected by the aid of their religion from many of the fallibilities of those who mix more freely in the world. That their presence and moral influence are both respected, even by lunatics, and usefully exerted, may be gathered from the fact that they never meet with violence from their patients; and I have more than once seen a furious and ill-tempered woman obey instantly the gentle touch and ready smile of a sister of charity.

Whatever be the present condition of foreign asylums, one is glad to see that on all sides there are signs of progress; that everywhere the need of reform is admitted; and that in many places the work is commenced.

Thus, in France, the legislative body last year voted the sum of ten million *francs*, to be increased to fifteen if needed, for the construction of new asylums in the Department of the Seine, and nine are to be erected around Paris and within a short distance of the capital. When at Lyons, I was told that the authorities there had almost settled the plans for a new building, which would soon be commenced. In that city, at present, the lunatics share a very old hospital with syphilitic male patients, and children with skin-diseases, chiefly of the scalp. I may also mention that, in June last, an imperial decree fixed the salaries of the asylum officials at the following rate throughout the whole of France. Directors—First class, 7000 *francs*; second class, 6000 *francs*. Medical directors, 5000 *francs*. Medical officers-in-chief, 4000 *francs* and 3000 *francs*. Assistant ditto—First class, 2600 *francs*; second class, 2100 *francs*; third class, 1800 *francs*.

Italy, as a whole, is so newly formed, and at present so imperfectly consolidated, that it is hardly fair to discuss the asylums in the recently acquired dominions now dependent on the government of Turin. Most of these establishments are still found in the cloistered buildings in which they took their origin; and in many the religious orders conduct the routine under a medical director; but, without exception, these houses are condemned by the directors, and are manifestly unsuitable for their present purposes. In Piedmont, the asylums are, though old, larger and better than in Central or South Italy; and in Genoa, there is a comparatively modern one; but the newest and best was at Bassens, near Chambery, and formed, therefore, a part of the price paid by Italy to Napoleon for his "generous" assistance in the late war. At Milan, the great establishment of the Senavra is soon to be replaced by one more suitable in a different and more healthy situation; and this measure was even projected by the hated Tedeschi just previously to their expulsion. The only modern, and certainly the best, asylum in Central Italy, is at Reggio, in the old duchy of Modena. The building is well arranged, and the patients well cared for in many respects; but as I was positively refused admission to the quarter of the *furiosi*, this being never shown to strangers, I think we may conclude that there are some dark shades to this otherwise fair looking exterior. Perhaps, more interest attaches to the asylum at Aversa, near Naples, than to any other; for here has been placed as director one of Italy's most remarkable men —not to say heroes—Dr. Miraglia. This gentleman has distinguished himself by his study of phrenology among the insane, and by the zeal with which he has cultivated mental pathology, as well as by the interest he has taken in the improvement of the asylums in his country, and he has received from Victor Emmanuel the gold medal and cross of St. Maurice, the highest scientific honour; while he also enjoys the celebrity of having spent eight years in prison for expressing his opinions too freely against the Bourbon government.

All the insane of South Italy were sent to the three houses at Aversa, where the accommodation was as bad as possible; but some new buildings have just been completed after Dr. Miraglia's plans and are in excellent order.

Even at Rome, there are signs of improvement; and *non possumus* is by no means the motto of the Monsignore who directs the asylum. The most remarkable thing there is the suite of baths which has just been re-modelled, and deserves the highest praise; and the building has been enlarged and improved in many ways. I do not know that in any other part of the continent, the people are making such good use of their liberty to help themselves and raise their establishments to the level of the present day, as they are in the new provinces of the Italian kingdom; witness the following facts.

"The Council of the province of Milan has voted two million *francs* for the erection of an additional hospital for the insane poor of the province.

"The provincial deputation of Como, considering that the province requires an asylum for 300 patients, has ordered the erection of the same.

"The provincial Council of Bologna, in order to provide for the proper treatment of its lunatics, formed a commission of inquiry, composed of five professors, a lawyer, and an architect, who made suitable plans, and reported the urgent necessity of building a new asylum.

"The authorities of Bergamo have set about improving the asylum at Astino, substituted a better diet, and built an additional house to receive those capable of being employed."

There is, however, one feature in which Italy, though at every disadvantage, can give us a lesson; and that is, clinical instruction in lunacy, a matter virtually ignored in England. The *Gazetta di Medicina Mentale* regrets that there are only six Universities in Italy, where there is an "alienistic clinique." But how many has England? At Florence, Professor Bini; at Turin, Bonacossa; at Bologna, Monti; at Naples, Miraglia; at Pavia and at Cagliari, Lumbroso and Dessi-Caboni—give instruction in this branch, illustrating their lectures by reference to actual cases and practice in the wards. Professor Miraglia, in his inaugural address at the University of Naples (March 1863), recounted how, in 1849 and previous years, he had, in his works, advocated the necessity of studying the physiology of the brain in connexion with insanity; and how, after being called a materialist and atheist by the priests in the service of the then government, he was forcibly silenced; and he does not seem to have escaped the same abuse on this occasion; for he mentioned a clerical periodical which raised the same cry, though happily with but little effect.

The Austrians, though half ruined by the necessities of their enormous army, have two new asylums in hand—one at Venice, where they are building a large and good house on the island of S. Clemente for women only; and another at Ofen, in Transylvania. The latter is a very extensive three-storied building, and will be even superior to the magnificent one at Vienna, judging from a photographic plan I was shown at the Ministry of the Interior, while staying in the Austrian capital. At Venice, the work, though urgently needed, goes on very slowly, so conscious are the Austrians of the uncertainty of the duration of their hated occupation.

At Frankfort-on-the-Maine, a new asylum is just completed, and will be occupied by patients in a few weeks. It has all the appointments we are used to see in England, and would rank with some of the best in this country. It is for the city of Frankfort, situated about a mile beyond the gates, and surrounded by several acres of land for cultivation.

With respect to the question of restraint,[*] I believe there is not one asylum on the continent where it is not practised and justified by the medical men; but in the better conducted there is much less of it than in others. In one asylum in Italy, I counted thirty-three women sitting in a long room, all restrained, either by means of a jacket, or by the hands being locked in a "muff"; but this was certainly exceptional.

At Vienna, I found the work of a celebrated German psychologist on European asylums, and turned with some curiosity to the account of the British. The date of the book is 1863; but the statistics given are of three years earlier, and the general description is fairly accurate; but there are some exceptions which would rather amuse the residents in the several places, and I noted a few as follows. The Bedford Asylum is said to have no bath accommodation and *no water-closets;* Cambridgeshire has only 100 patients; Cumberland has no asylum; at the Devon, there is mild restraint; at Colney Hatch, there is the only asylum-school in England; at St. Luke's, mild restraint; at Hanwell, the cures are only 3.5 per cent.; the Norfolk has only five acres of land; the Bethel (really an old-fashioned lunatic hospital in the heart of the city) is, we read, half-a-mile from Norwich, and part of the hospital; at Northampton and Stafford, there is mild restraint; while Oxford is particularised as having ten acres of land, attendants without uniform, non-restraint, and 18 per cent. of cures; the Surrey County Asylum, situated at Springfield, near Wandsworth, has only 4.10 per cent. cures, and is under the direction of Dr. Diamond, assisted by Drs. Biggs, Meyer, and Snape; at the York Retreat, restraint is practised "as in Germany"; at the North and East Riding, there is no padded room, "because Dr. Hill prefers the use of the jacket"; and the Wakefield is under the charge of Dr. Gorsellis as sole medical man!! The licensed private houses are mostly, we learn, in the hands of laymen, though there is a growing inclination to hand them over to physicians! The term "lunatic hospital" is evidently a stumbling block, and is always translated as meaning a division of a general hospital.

In one particular, the character of mental disease differs in Italy from that observed in other countries; viz., that drunkenness is a very rare cause of disturbance of the brain-functions. In South Italy, where vice is by no means *less* prevalent than in England, inebriety is almost unknown, and a very uncommon cause of insanity; as one reaches further north, it becomes more frequent. In Lombardy, alcoholism is as potent for mischief as in Middle Europe; and in Sweden, Norway, and Russia the evil assumes serious proportions. It seems, indeed, as though one might map out the surface of Europe in zones according to the degrees of temperance observed by the inhabitants, in the same way as one makes zones for botanical purposes, knowing that certain plants and trees will be met with in certain temperatures.

To these desultory remarks I may add one more; that, as regards treatment, the chief means relied on by foreign physicians is the use of baths of greater or less duration, but generally prolonged to a degree quite unknown in England.

Not wishing to be supposed to exalt English asylums at the expense of those on the continent, or to depreciate the really fine and good ones which exist in some places, I can only say, in conclusion, that while I believe we have, from our greater wealth and freedom in government, more and better asylums than other European nations, and a more rational treatment, no one can suppose we stand alone in our glory who has visited the splendid establishments which exist at Vienna, at Munich, at Illenau, and at Frankfort, or the Hospice Guislain, so near our shores as Ghent; and I have to acknowledge very gratefully the uniform courtesy I met with at the hands of the medical and lay authorities wherever I went.

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[*] Since the above was written, Baron Mundy's paper, "An Oasis in the Desert of German Restraint", has appeared, announcing that Dr. Meyer "has had the courage to defend and practise the non-restraint system in the Hamburg Asylum."

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, MARCH 3RD, 1864.

W. ADAMS, ESQ., F.R.C.S., President, in the Chair.

Sudden Death. Dr. HICKMAN related the case of a man, aged 32, a butler, who had died suddenly. He had been quite well on going to bed; but a young man, going to call him in the morning, found him lying dead. On making an examination thirty hours after death, no changes were discoverable sufficient to cause death. The blood was fluid. There was no disease of the heart, or of the great vessels. The right side of the heart was flabby and full of blood. The brain and kidneys were healthy. Naturally suspecting that this might have been a case of suicide, Dr. Hickman removed the stomach. At the inquest, however, there was no evidence to prove that there was the least probability of suicide; nor was there any history of previous illness. Dr. Hickman not being able to pronounce as to the cause of death, the verdict was an open one. On examining the contents of the stomach, there was no poison found. Since the inquest, he had ascertained that the man had for some time complained of pain in the right side, and that he had had a fit some time before. For many years he had complained of pains in the right side on walking fast. Did he die of angina pectoris? The coronary arteries were not examined. The arteries in the brain appeared healthy.

Dr. BALLARD mentioned two cases of sudden death which he had witnessed. A healthy man, with orchitis, was lying on his sofa with a lotion on the testicle. He died suddenly, without any warning; and, on making a *post mortem* examination, no lesion could be discovered sufficient to account for his death. In the other instance, a magistrate, a patient of Dr. Ballard, had been at Goodwood races a few days before his death. On that day, at 12 noon, he was walking up and down Marylebone Lane. Being constipated, he requested Dr. Ballard to give him some medicine to relieve his bowels. Dr. Ballard sent him a draught, and also an enema; and was horrified, in about an hour afterwards, to hear that the patient had died while at stool. *Post mortem* examination disclosed ossification of the coronary arteries as the sole lesion in his body.

Mr. SEDGWICK related a case of sudden death. A young man went to bed feeling rather poorly; and his landlady had given him some warm drink, as he felt chilly. When she awoke, she found that her lodger was dead, and had apparently been dead for some time. Mr. Sedgwick, on making a *post mortem* examination, could not discover any lesion sufficient to account for death; and the verdict was left open. The young man used oxalic acid in his business, but Mr. Sedgwick could find none in the stomach.

Dr. TILBURY FOX mentioned the case of a coachman of Dr. Walshe, who, having been ailing the day before, was brought into University College Hospital, and died a few hours afterwards. No lesion was found to account for death. His urine was slightly albuminous; and possibly his brain might have become poisoned, and the heart's action thus stopped.

Dr. HICKMAN remarked, that uræmia rarely caused sudden death. He thought some alteration ought to be made in coroners' law, as there was a disposition on the part of juries to hurry on to a verdict in such difficult cases.

Spontaneous Gangrene in a Child. Dr. COCK mentioned a case of spontaneous gangrene occurring in a child eight years old. The child had been feverish for some days, when the left thigh began to swell about four inches above the knee upwards. There was no pulsation in the femoral artery or posterior tibial of the left limb. The limb was shrunken, mottled, and cold.

Dr. VINEN thought it probable that a plug of fibrine had occluded the artery.

Dr. BALLARD said that Dr. Murchison had seen thirty or forty cases of phlegmasia dolens after typhoid fever; and that the *left* thigh was almost invariably the one affected.

Dr. VINEN had lately had a similar case after typhoid fever.

Dr. HICKMAN had lately seen a case of spontaneous sloughing of the skin in both feet, small in extent, but very painful; also a case of sloughing of the skin in the breast of a young woman without any specific taint.

Mr. ADAMS had recently had under his care a case of phagedænic ulcer of the leg, extending deeply down, almost to the bone. There was no special history attached to the case, except that the patient, a girl, had been kicked on the part. This was the largest sloughing ulcer he had ever witnessed, and he had had much difficulty in making the foot useful. The girl was, however, now at service. He had also under his care now a case of sloughing of the skin of both feet from frost-bite. Both legs and feet were much swollen.

Death apparently from Inhalation of Sulphurous Acid Gas. Dr. DRYSDALE related a case where death had apparently been caused by the inhalation of sulphurous acid gas. The patient, aged 30, a healthy man, without hereditary taint, was with three other workmen engaged in a gallery in the Mint, when they became involved in the fumes of the gas. All became insensible. On recovery, the patient felt a tightness at the chest; and, a week afterwards, he had profuse hæmoptysis, after which the percussion-note was high pitched under both clavicles, more under the left. Profuse sweats ensued, bronchial breathing, and all the symptoms of rapid pulmonary phthisis. The patient walked about, but became very emaciated, and in four weeks became insane; and, on being removed to Hanwell, he died suddenly. No *post mortem* examination was obtained.

Dr. VINEN mentioned the case of a child which became insane after drinking sulphuric acid. He thought that phthisis and insanity were nearly related.

Dr. T. FOX thought it possible that the case had been one of acute abscess of the lungs, without tubercles.

Dr. COCK observed that, although the man had had no hereditary predisposition to consumption, yet, being a townsman, he might have had a disposition to it, which was excited by the irritation of the gas.

Dr. HICKMAN thought that the delirium at the close of the case might have been caused by the occurrence of tubercular meningitis.

Correspondence.

IRIDECTOMY.

Letter from William Bowman, Esq., F.R.S.

Sir,—Your readers will judge for themselves whether, in my replies to Dr. Browne, I have evaded any question worth notice.

I have taken part in this controversy as a practical man, addressing practitioners, and in the interest of all those present sufferers from glaucomatous disease in Great Britain and Ireland who are now under treatment, and to whom it is of the greatest importance, as I conceive, that right views of practice should prevail. I have done so, that I might lend my humble aid in stemming the tide of altogether unmerited and mistaken disfavour with which iridectomy in glaucoma has been encountered in this country, greatly, as I believe, to the disadvantage of our patients. It has become obvious enough to those who have mastered the subject of glaucoma as at present understood, that its symptoms, course, nature, are not yet appreciated here, I do not say by the profession at large, but by many eminent ophthalmic surgeons, whose combined field of practice is extensive, and their influence deservedly great; so that much perplexity arises in the minds both of practitioners and patients as to the course to be pursued in numerous individual cases. I have painful evidence of this in daily practice; and, indeed, every one who has seen the extraordinary opposition of opinion elicited lately in your own pages, must be at once aware that such strong differences between competent men ought no longer to exist; but should be reconciled by an acknowledgment, on one part or the other, of a change of view.

Let me recall a few facts. This treatment was introduced in 1857, *seven years ago*, and was at once brought by its illustrious proposer to the full notice of the profession in Germany, France, and England. This was done principally, after some earlier notices (*Verein für Wissenschaftliche Heilkunde: Berlin*, Feb. 1857; *Wiener Wochenschrift*, No. 19, 1857):

1. In a *Note sur la Guérison du Glaucome au moyen d'un Procédé Opératoire.* Addressé à l'Institut de France. Par le Dr. A. de Gräfe, Professeur d'Ophthalmologie à l'Université de Berlin. Berlin: 1857.

2. In an oral communication to the Ophthalmological Congress at Brussels in Sept. 1857, at which I may say, the whole of Europe was represented (England by Mr. Dixon and others, including myself). And

3. In a more detailed memoir inserted, in October 1857, in the *Archiv f. Ophthalmologie*, a work read by every one pretending to keep pace with the progress of this branch of knowledge, and which had contained most important preliminary contributions on the subject of glaucoma in the years immediately preceding.

As regards the adoption of Von Gräfe's doctrines *on the continent*. In the several visits I have made there since 1857, I have not met with any one practitioner who had not adopted them in their main particulars. That they have been universally accepted there, is conclusively attested by a letter, which it would be unbecoming in me to quote at length, written, *à propos* of the present controversy in your pages, by Dr. A. Testelin of Lille, the able and accomplished translator of English works for the universally read *Annales d'Oculistique.* Dr. Testelin says, "the cause of iridectomy has not an opponent on the continent."

And now for *our own countrymen*. Early in 1858, *six years ago*, the profession had an exposition of the new views in our own journals, accompanied by the positive favourable testimony of facts observed and openly exhibited in our greatest ophthalmic hospital, that of Moorfields, and vouched for by men not accustomed to observe inaccurately, or to relate their experience unadvisedly. (See report of the discussion at the Royal Medical and Chirurgical Society, on Jan. 12, 1858, in the *Lancet* and *Medical Times and Gazette* of that time; and a paper by Mr. Hulke in the *Medical Times and Gazette*, May 27th, 1858.) I had first operated in May 1857; and ever since the autumn of the same year, the public hospital of Moorfields has exhibited continuous and unequivocal proofs of its value.

Now, in this age, men of science in all countries form one community. It surely *ought not* to have taken *seven years* to gain for a great and important improvement, originating in one of the great centres of intelligence on the continent, a wide—indeed, an universal—acceptance wherever medical man are able to appreciate matters of science; to say nothing of their own comfort in practice, and their patients' advantage. Particularly should this not have been the case where the boon conferred relates to a disease producing blindness, and up to that time acknowledged by all to be irremediable.

It was not wonderful, indeed—and I did not complain or remonstrate—when, during the first year or two, able and accomplished men—most competent as oculists, but who did not yet know the splendid ability of Von Gräfe, and the brilliancy of the recent progress of ophthalmology, of which this formed a part, and out of which it sprung—opposed with more or less warmth, and with varying force of argument, what appeared to them so contrary to all they knew of what alone had previously passed under the name of glaucoma. Nor, perhaps, was it remarkable that such misconceptions should lead a few of the least instructed and more prejudiced minds to affect contempt for the new proposal, and to regard it as the absurd and fleeting fancy of an enthusiast, soon to be abandoned and forgotten. Such arguments were promptly and sufficiently met; and as to the absurdity, it was properly left for time to decide, in its own quiet and sure way, to which side that charge really attached.

But in 1862, *five years having elapsed*, the whole subject having been now elucidated by a great body of facts and observations, and the interval having been long enough for pardonable prejudices to subside, I thought it a simple matter of duty to give a plain sketch of the results of our experience, and to advocate in the strongest terms the necessity of adopting the new views, if we would perform our duty to our patients. This I thought I might conveniently do when the British Medical Association met in London, in August of that year; for my object was to spread the new knowledge we had acquired of glaucomatous diseases, so that, as then stated, "those suffering from so serious a malady might no longer be drifting as before into hopeless blindness." I added, that "were the scientific knowledge of them, now possessed by a few, diffused universally among all the members of our profession, failure of sight from this cause in Great Britain would be to a considerable degree prevented, and total blindness would be rare indeed."

I hoped that this paper would have been useful to practitioners; perhaps it was so in a limited degree. But though I was still aware, in the autumn of last year, when you, Mr. Editor, after seven years, opened this discussion with an apparent leaning against iridectomy, that there were still differences of opinion on this subject among men in large practice, I had not, I assure you, the least idea how deeply some minds were entrenched in the positions they held. On discovering this, I thought it my duty to take some trouble in combating what I regard as erroneous notions acting injuriously on the interests of numerous patients, and consequently on that of our profession; and I propose to continue to do what I can to make what I know to be more correct views prevail, so long as any serious opposition to them shall be maintained.

To return to Dr. Browne. After all that has been written on this subject, which he tells us in his first letter he has carefully studied, and after my categorical reply to every point of the slightest importance raised by him, after having imputed to me, and not afterwards withdrawn, charges entirely unsustained of improper treatment of some of my colleagues in the course of my recent letters, he asks, with the air of a man anxious for information, and as a reason for "maintaining his present views and opinions unaltered," for a *plain, brief, unequivocal description of the exact pathology of the disease now called glaucoma;* and says I have "evaded" the question when he has demanded, "What are the *definite principles* of iridectomy?"

My description of glaucoma must be *plain*. It must not, I suppose, comprise scientific technicalities, or enter into anything so recondite as ophthalmoscopic minutiæ or the other niceties of physical diagnosis. These have been already given; but Dr. Browne is not satisfied. He wants such a plain summary of them, for plain men, as may teach them all about a highly specialised subject, without leading them beyond "the recognised principles of scientific surgery," such as apply to the treatment of a fractured leg or a popliteal aneurism. My description must be *brief*, too; for brevity is the soul of a scientific question, no less than of wit; and if a new and extensive subject cannot be stated and explained in a formula, it must be all a delusion. My description must also be *unequivocal*, forsooth; as if we had been playing with words, using them in equivocal and ambiguous senses. The words used must be also such as all plain men can comprehend, without chance of misconception, who are only acquainted with Dr. Browne's "recognised principles of scientific surgery." Moreover, "the *exact* pathology of the disease now known as glaucoma" must be thus *plainly, briefly, unequivocally* given, or Dr. Browne will emerge triumphantly from this little discussion.

Let me at once confess my inability to comply with his demand. The *exact pathology* cannot yet be given, because it is not known; though our knowledge now is light itself, as compared with the thick darkness of ten years ago. It is now the subject of earnest investigation by many able men; and Dr. Wolfe intimates the direction in which progress is likely to be made, though very much of his explanation of the course of the phenomena, and of the *modus operandi* of iridectomy, seems to be defective. The ciliary muscle is the active organ of accommodation, the lens the passive organ. Von Gräfe has proved that accommodation may remain perfect after total removal of the iris; and Donders, that absolutely no accommodation is left after removal of the lens. So that the iris plays no essential part in that function.

But I have all along in this controversy purposely abstained from mixing up the great *practical question of whether iridectomy will lessen exalted intraocular pressure and thus arrest glaucoma*, with that other *theoretical question of how or why it so acts.* This latter would have been beside my object, because it would have led us into the mazes of what is still doubtful and obscure, which *the fact of the efficacy of iridectomy is not*; and because it is *this last fact* which the English and Irish profession and their patients are principally concerned with at present. Let iridectomy be accepted on its practical merits, and let the "exact pathology" and the *modus operandi* of the remedy be worked out by all means as soon as practicable, now or hereafter. I should be the last to disparage or discourage such inquiries, which are not merely interesting but must necessarily arise out of and accompany the observation of the facts. But in nothing has the true philosophical spirit of Von Gräfe been more clearly exhibited, than in the care with which he has always abstained from crude and premature speculations, and drawn the line between experience and hypothesis. He has thus shown himself great alike as a practitioner and man of science.

For myself I have followed such speculations and questionings, and joined in them, with the greatest interest, but I do not think they would illustrate the present discussion. Doubtless when solved they will reflect a light of their own upon practice, as all true knowledge must. But meanwhile it astonishes me beyond measure, to find men calling themselves practical, and "too old to be led away by specious theories, however ably propounded and warmly supported," refusing to accept a great practical improvement in surgery, the use of which would be an inestimable comfort to themselves and their patients, because "a *plain, brief*, and *unequivocal* description of its *exact* pathology," up to the standard they profess to require, cannot as yet be given. What, I may venture to ask, have they themselves done to advance our knowledge of glaucomatous diseases, that they should refuse the benefit of iridectomy to their patients, until those who advocate it on the grounds of positive facts shall have worked out its "*exact pathology*" to their satisfaction? It is not unlikely that had its acceptance been pressed upon them on the basis of an hypothesis not precisely fitting in with their preconceptions and their prejudices, they would have taken the opposite course, and called out—as plain, practical men—for *the facts.*

But let me say, in conclusion, that "the principles of iridectomy in glaucoma" have been already made abundantly plain to the apprehension of all really practical men, who have been content to accept the broad facts on adequate testimony, and to leave the details and the scientific handling to those who are specially devoted to this branch of surgery. All surgeons know something of the effects of *intracranial pressure*, and of its reaction on the functions of the brain; and it is surely a simple transition from this to *intraocular pressure*, and its reaction on the function of the retina. In the case of the *eye*, we can do more than in the case of the *head*. We can *feel with our fingers* that there is such pressure in glaucoma. We can often *see the arteries of the retina pulsating*, in a way absolutely demonstrative of a too high pressure on their outer surface. The region of the ocular wall through which the optic nerve passes, being weaker than the rest, yields most under continued pressure, and *we see*, as we say, *the optic disc cupped.* The area of vision contracts or is abolished, and the acuteness of sight is blunted in a manner resembling that which takes place when the globe is experimentally compressed from the exterior.

On the other hand, *after iridectomy*, the too great hardness is lessened, the *eye feels softer to the fingers. We see* that the arteries of the retina no longer pulsate. *We see*, too, that the vessels generally return to a more natural appearance. *We often see* that the cupping of the optic disc diminishes. *It is demonstrable* that the visual field expands, and that the sight becomes sharper; these last results being proportioned to the degree to which the retina had previously suffered, whether from mere temporary pressure, not sufficient as yet to have inflicted permanent structural damage—or from such intense or long-continued pressure as had already entailed irremediable structural changes in the nervous tissue, such as no one can ever have supposed that iridectomy would remedy, however effectually it may relieve the tension. I am, etc., W. Bowman.

5, Clifford Street, April 4th, 1864.

PUNCTURE OF THE CORNEA FOR THE RELIEF OF TENSION.

Letter from T. Pridgin Teale, jun., Esq.

Sir,—I gladly avail myself of Mr. Bowman's suggestion in your Journal of January 30th, and beg to relate the following cases in which tension of the globe and its attendant evils were relieved by paracentesis corneæ.

Case i. In November 1862, I extracted a hard cataract from the right eye of Mrs. G. of Leeds. The wound healed rapidly, leaving a perfect pupil; and she was able to read No. 1 Jäger. There remained, however, a semiopaque film across the lower half of the pupil, which impaired the vision of distant objects and of the causeway. On September 29, 1863, I tore through the opaque capsule with needles. For three or four days, the eye was sound, and the vision good. The eye then became painful, red, and dim, and continued so, with slight remissions, for several weeks, and then became quiescent, vision being defective. In December, I related the case to Mr. Bowman; and he suggested that I should puncture the cornea, passing the needle through the iris and posterior chamber into the vitreous humour. On my return home, I found that, during my absence, she had a return of the irritation in the eye in a much more intense form. On visiting her (December 13th), she was quite prostrate with agony, which opiates had failed to relieve. The globe was hard (T 3); the iris was bulging, and almost in contact with the cornea; the sight was very dim, and at times there had been complete blindness. I immediately punctured the cornea and iris. The pain was relieved in a few minutes, and in half an hour had ceased. The eye rapidly recovered, and is now quite sound. She reads No. 1 Jäger fluently; the pupil is perfect; the tension is natural; and the anterior chamber is of full size.

A fortnight later I had a parallel case.

Case ii. In the beginning of last November, G. A., aged 10, was struck in the left eye by a skewer, which pierced the cornea and wounded the lens. Eight weeks afterwards (January 1st), I extracted what remained of the opaque lens by the "suction-curette".* The posterior capsule appeared to have been ruptured at the time of the accident. Next day, the eye became excessively painful and hard, T 3; the iris bulging towards the cornea. He was ordered to use atropine drops; and to take five grains of Dover's powder at bed time. On January 4th (fourth day), as he had received no relief whatever, I punctured the cornea, transfixing the iris. The relief was instantaneous. On February 13th, he had had no return of pain, or any other unfavourable symptom. On Jan. 13th, he read No. 20; he now read No. 4, notwithstanding a slight opacity of the cornea. Tension was natural; and the anterior chamber had regained its normal size.

The foregoing cases, in which tension was caused by the temporary disturbance produced by an operation, simple puncture of the cornea and iris gave effectual relief. In glaucoma, however, and some other diseases attended by increased tension, it has been abundantly proved that puncture, even when frequently repeated, is not sufficient to arrest the disease. I am, etc.,

T. Pridgin Teale, jun.

Leeds, February 13th, 1864.

MERCURY IN SYPHILIS.

Letter from Charles R. Drysdale, M.D.

Sir,—In your number of March 12th is contained a letter from Mr. Gaskoin on the subject of mercury in syphilis, in which that gentleman does me the honour to allude to a criticism of a little work of mine contained in your number of February 6th. Perhaps, sir, you will allow me, in your impartial Journal, a few words in reply to the friendly criticisms upon my views with regard to mercury.

Mr. Gaskoin informs us that Sir B. Brodie was a partisan of the mercurial treatment of ulcers on the organs of generation and their secondary symptoms, and that he had recommended his pupils to read Pearson; also that he believed mercury was now far too little used. "So far from advancing, we had gone backwards; the disease being far more mismanaged than in days gone by." Now, sir, we are all most interested in the opinions held by so eminent a man as Brodie; but, at the same time, we must all be desirous to learn the steps of the evidence which led him to such a conclusion as the above. We have, alas! in the history of medicine, so many examples of great men having adopted opinions which now appear to us quite unwarranted by our present knowledge, that we are all, I believe, less liable to take for granted any assertion in therapeutics than our predecessors were.

Now, I am quite unable to discover any published data by which Brodie, Ricord, Actor, De Meric, or other partisan of the use of mercury in syphilis, has come to the conclusion that the drug is beneficial. On the contrary, however, I find, on reading over the voluminous evidence given by Fergusson, Guthrie, Hennen, John Thompson, Desruelles, Fricke, the French and Swedish Councils of Health, Syme, Hughes Bennett, Cooke, Bœck, etc., all of whom have tried *both methods*, that whenever mercury is abandoned in the treatment either of the sore or of the eruptions, both of these become, in the overwhelming majority of cases, a most tractable and mild disease.

Thus Fricke, John Thompson, Syme, Cook, Hughes Bennett, Bœck, Spencer Wells, and, I believe, also Dr. Addison and Mr. Cock of Guy's Hospital (*Medical Times and Gazette*, March 5th, 1864), with many other eminent men, assert that so-called syphilitic bone-disease is not found in the natural history of the disease without mercury. Consequently, I conclude that it is *extremely rare* when mercury is not given. Then Professor Bœck (*Recherches sur la Syphilis*, 1863) tells us that he has made comparative experiments in Christiania Hospital lately; and that nearly twice as many secondary symptoms were observed after treatment with mercury; and, moreover, that both the primary sore and the eruption took nearly twice as long to get well when mercury was used, as when abandoned. Besides which, he never sees now any tertiary symptoms among those patients who have not taken the drug.

How, then, I ask, have those practitioners who, like Mr. Lawrence, etc., still follow in the footsteps of John Hunter, arrived at their conclusions? By experience? If so, I cannot find any where published the results of that experience in a form calculated to convince any one who, like myself, in common with others, has arrived at a contrary conclusion; whilst, on the other hand, Fricke, Bœck, Desruelles, John Thompson, Guthrie, Hennen, etc., have kept long and accurate accounts of their comparative experiments both with and without mercury, and have shown that the so-called remedy is most pernicious in all cases of the disease.

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* I propose giving a drawing and description of this new instrument in the next number of the *Ophthalmic Hospital Reports*.

Mr. Gaskoin, in common with Mr. Acton, etc., tells of cases which had become very bad on account of never having taken mercury. But if such be the case (and I believe, in this assertion, he ascribes the result to a cause which is quite foreign to it), how many could men of such large experience as these gentlemen not relate, where all the sorrows man is capable of have resulted from the use of the drug. Let me quote from Pearson's work—one of the authorities recommended to students. "When mercury," he says, "is under the direction of an unskilful man, it will fail of effecting a cure more frequently than it will succeed. . . . . The complaint will be generally exasperated by it, and rendered more intractable than if no mercury had been given."

In fact, sir, I believe that mercury, in the hands of M. Ricord and his school, of six-months daily dose of iodide of mercury for indurated sores, is one of the most destructive agents of modern times to the human health; and I refer those sceptical on this point to Dr. Diday's work on the *Natural History of Syphilis*, where he points out the distressing results of what Professor Syme calls the "mercurial delusion". Dr. Hughes Bennett says, what I believe will be agreed to before many years are past, that "the idea that mercury is a specific for the venereal poison, and the incalculable mischief it has occasioned, will constitute a curious episode in the history of medicine of some future day."

If Mr. Gaskoin, or Mr. H. Lee, or others, will have the kindness to point out the flaws in the evidence adduced against mercury by Fricke, Bœck, John Thompson, Cooke, etc., I shall gladly resume any little belief I have ever had in the efficacy of the drug. Until then I shall humbly attempt to show its injurious effects on the animal frame.

I am, etc., CHARLES R. DRYSDALE.

Southampton Row, W.C., March 23rd.

[Has Dr. Drysdale read the review of his work on *Mercury* in the BRITISH MEDICAL JOURNAL for last February 6th? How does he explain away the facts there stated? EDITOR.]

FOREIGN BODIES IN THE EAR.

LETTER FROM JOHN LINDLEY, ESQ.

SIR,—Under this head I find, in your JOURNAL of March 19th, Dr. Voltolini's experience detailed, in which he says that, "beyond a bent forceps, an ear-scoop with a long handle, and a small corkscrew, almost all the instruments recommended for this purpose are mere toys, or dangerous." For all ordinary cases this may be true enough; but I feel convinced there are others that require a much greater number of instruments than is given in this list.

Some time since, a boy was brought to me who had had a cherry-stone in his ear for ten days. A great many ineffectual attempts had been made to extract it. The meatus was red and swollen. He was also suffering from great pain in the head, giddiness, and vomiting. On examination, I discovered the stone deep in the ear—in fact, loose in the cavity of the tympanum; the membranes having been ruptured in the fruitless attempts made at extraction. It is clear, I think, in such a case as this, that the above instruments would be utterly useless. A thought occurred to me that I had, when a boy, made chains of cherry-stones by boring holes in them; and that, if I could do so here, it would be easy to introduce a hook and remove it. With this view, I had several small drills made, and found that the spear-shaped one did its work the quickest, and required the least pressure; indeed, in a soft stone, a few rapid revolutions between the finger and thumb sufficed to make a hole. Having made these experiments, I proceeded to operate on my patient; but found the stone so loose in the tympanum, that it slipped away from the point of the drill when any pressure was brought to bear upon it; but, by introducing a speculum, I was enabled to steady it, and with the greatest ease succeeded in making a hole large enough for me to insert a crochet-needle, with which the stone was almost immediately withdrawn.

As cherry-stones are not unfrequently put in the ear by children, and are difficult to remove, their size being often greater than the passage, this suggestion may not be unimportant; whilst, when in the tympanum, I believe there is no other mode of procedure than the one I describe. It is, perhaps, needless to say my patient lost his hearing on that side, from the injury done, before I saw him. I have, however, the satisfaction of feeling that, but for this timely contrivance, a series of symptoms already set up might have gone on, and ultimately have proved fatal; whereas my patient soon recovered, and remains well to this day. I am, etc.,

JOHN LINDLEY.

Derby, March 23rd, 1864.

POOR-LAW MEDICAL REFORM.

LETTER FROM R. GRIFFIN, ESQ.

SIR,—Be good enough to allow me space to inform the Poor-law medical officers that, on March 30th, I forwarded to the Select Committee on Poor Relief, a pamphlet containing a summary of the principal points of evidence, relating to the medical relief of the poor, which I had the honour of submitting to them last February. I did so, in consequence of observing in *Knight's Official Advertiser*, that "it is understood the committee have determined not to examine any further witnesses, and are now considering their report." Having, therefore, great fear my evidence might not be taken into consideration, I adopted the simple course of sending a condensed report of it to each member of the Select Committee, thinking it just possible that during the Easter recess he might have leisure to read it.

Mr. Cane, in his "statement" to the Committee, took my evidence and replied to it almost *seriatim*. I have adopted a similar course with his statement, and, in like manner, have given a rejoinder, which I hope will entirely refute his plausible but erroneous conclusions. I regret that the low state of the finances would not permit me to print a sufficient number of copies for all the Poor-law medical officers; one, however, I have sent to each of the subscribers to the Association for this year; and so far as the remaining part of the two hundred copies will go, I shall be glad to forward them to those who may send their subscriptions.

I understand that it is probable the Committee will shortly make their report to Parliament. I sincerely trust that it may be favourable to our views; but whether it be so or not, I feel convinced that we have proved our case, and that judgment ought to be given in our favour.

Since March 20th, I have received the following subscriptions. R. T. Morris, Wigan, £1; P. A. La Fargue, Meriden, 5*s*.; W. Prowse, Amersham, 2*s*.; G. Fairthorne, Amersham, 2*s*.; B. A. Buckwell, Amersham, 2*s.*; Dr. Barker, Aldershott, 5*s.*; T. Odell, Atfield, 10*s.* 6*d.*; J. H. Dowling, Cerne, 5*s.*; T. M. Kendall, Freebridge, Lynn, 10*s.*; T. Harper, J. N. Stevens, J. H. Hicks, W. Dale, and J. H. S. May, all of Plymouth, 2*s.* 6*d.* each; A. S. Kingdon, Bideford, 10*s.*; T. L. Pridham, Bideford, 5*s.*; A. Fernie, Barnstaple, 10*s.*; J. P. Berryman, St. Austell, 6*s.*; W. B. Irving, Newark, 5*s.*; G. Harding, Rugby, 5*s.*; Dr. Smith, Weymouth, £1:1; G. T. Smeathman, Wycombe, 5*s.*; H. S. Wood, Tavistock, 5*s.*; W. B. Young, Reading, 10*s.*; T. L. Walford, Reading, 5*s.*; F. Workman, Reading, 5*s.*; H. Hodgson, Cockermouth, 5*s.*; H. Bell, Cockermouth, 5*s.*; H. Giles, Witham, £1; E. Moore, Bethnal Green, 2*s.* 6*d.* I am, etc.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, April 2nd, 1864.

SCHOLARSHIPS AT CAMBRIDGE.

LETTER FROM WILLIAM OGLE, M.A., M.D.CANTAB.

SIR,—The following comment upon my letter in last week's JOURNAL gives an instance of the pecuniary help which an intelligent and industrious student may obtain at Cambridge. Such an one writes to me:

"You understate the advantages of Cambridge in the money endowments. At Caius, there are special medical scholarships in chemistry, and anatomy, and physiology; besides the Tancred Scholarships 'for poor men', of £113 a year, tenable for eight years. In one year, I received £60 from scholarships; and when I came out in the Natural Science Tripos, the Caius Senior Fellows voted me £50 a year, to the time of my taking the M.A. degree. At John's, I believe, the same thing may be done; and the Natural Science place has been allowed to count towards a fellowship."

Add to this, "the chief prize", the mental training which is within the reach of every one; and Dr. Humphry may well express "regret and surprise that so few comparatively avail themselves of the advantages offered." I am, etc.,

WILLIAM OGLE.

PAUPER IDIOTS. Mr. Millard of the Eastern Counties Asylum for Idiots and Imbeciles, makes the following proposals:—1. That pauper idiots deserve to be specially cared for by the State. 2. That, as a large proportion of youthful idiots can be greatly improved by skilfully adapted training, and be thereby enabled to do much towards earning their own livelihood, such training ought to be provided for them. 3. That, as a large grant is annually voted from the Consolidated Fund towards the education of the intelligent poor, it would be equally right, as well as expedient and humane, to vote a sufficient sum to establish training schools for pauper idiots throughout the kingdom. 4. That such idiot training schools might belong to two or three counties united, and be managed by visiting justices appointed at quarter sessions, subject to the supervision of the Commissioners in Lunacy. 5. That large empty houses, or disused lunatic asylums which have proved too small for their purpose (of which there are several in different parts of the country), might be found suitable for idiot training schools, and it would be a boon to many poor families if cases not paupers were allowed to be admitted upon low rate of payment. Considerable additional provision for the training of idiotic children is being made at the Bicêtre; and surely this country will not be backward in bestowing similar care upon this afflicted portion of our population, when the widely spread want is clearly appreciated.

Medical News.

APOTHECARIES' HALL. On March 31st, the following Licentiates were admitted:—

Booth, William Reuben, Great Queen Street
Colman, Walter Tawell, London Hospital
Hadwen, Eugene St. Paul, Waterloo Road
Moore, John New, Moreton-in-the-Marsh, Gloucestershire
Osbaldeston, Lyttelton Frederick, Hatfield, Herts
Philps, Philip George, Westbourne Park Road
White, George, Thatcham, Berks
Wilson, William Samuel, Hereford Road North, Bayswater

At the same Court, the following passed the first examination:—

Brown, George Arthur, King's College
Evans, Edward Charles, King's College
Langley, John Thomas, St. Bartholomew's Hospital
Garrett, Miss Elizabeth, 22, Manchester Square

APPOINTMENTS.

HOLYOAKE, Thomas, Esq., appointed Junior House-Surgeon to the Royal Infirmary, Liverpool.

ROYAL NAVY.

GORDON, William L., M.D., Surgeon (additional), to the *Victory.*

MILITIA.

SEATON, D., Esq., to be Assistant-Surgeon Northamptonshire and Rutland Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

MATTHEWS, W. C., Esq., to be Honorary Assistant-Surgeon 33rd Lancashire R.V.
MOORE, G., Esq., to be Hon. Assistant-Surgeon 19th Durham R.V.
PERCIVAL, W., Esq., to be Assist.-Surg. 4th Northamptonshire R.V.

DEATHS.

CAMPLIN. On March 23rd, at Islington, aged 67, Sarah, widow of *John M. Camplin, M.D.

FERGUSSON. On April 1st, at George Street, Hanover Square, aged 27, William Ranken, second son of W. Fergusson, Esq., F.R.S.

KING, George H., M.B., at Horncastle, aged 40, on March 29.

M'GILCHRIST, John, M.D., at Edinburgh, on March 27.

MARTIN. On March 27th, at Brighton, aged 12, Helena, second surviving daughter of the late *Peter Martin, Esq.

SANDERSON, John T., M.D., Staff-Surgeon Indian Army, at Kurrachee, Scinde, on February 15.

WARDEN. On March 26th, at Birmingham, aged 14 months, Alice Mary, daughter of *Charles Warden, M.D.

ROYAL NAVY. The sum of £64,350 has been voted for medicine and medical stores.

DR. LIVINGSTONE. A private letter from Cape Town contradicts the report that Dr. Livingtone had met with an untimely end on his expedition to the Zambesi.

ROYAL MEDICAL BENEVOLENT COLLEGE. Miss Margeretta Elizabeth Good (daughter of the late eminent physician of that name) has just left to the College £250 duty free.

AN UNIVERSITY FOR WALES. A movement has been commenced with the view of promoting the establishment of an University in Wales. The proposed University will, as far as circumstances permit, be similarly constituted as the London and Edinburgh Universities, and entirely unsectarian.

THE VOLUNTEER REVIEW. At the late volunteers' review at Blackheath, some few, and one fatal, accidents occurred; a burnt face from explosion; a burnt arm from explosion; fatal wound of abdomen and thigh from injury through a ramrod; fractured leg; and sprained ankle. The accidents were all at once attended to, proper hospital arrangements on the ground of operation having been made for the occasion.

THE BRITISH ASSOCIATION will hold its next meeting at Bath during the week commencing Wednesday, September 14th, under the presidency of Sir Charles Lyell, F.R.S.

THE MIDDLESEX COUNTY ASYLUMS. On December 31st, 1863, there were in Colney Hatch 774 male and 1,156 female patients; and in Hanwell Asylum, 593 male and 1,009 females.

MR. J. SAMPSON GAMGEE, of Birmingham, has had the distinguished honour conferred upon him of Corresponding Member of the Society of Surgery of Paris. The diploma was accompanied by a very gratifying letter from the General Secretary, M. Legouest, Surgeon of Val de Grace.

MURDEROUS ATTACK ON A SURGEON. On Saturday last, a murderous attack was made upon Mr. Rowe, a medical practitioner in Liverpool, by two men named Brice and Scott. The general facts of the case have been given in the public papers; and, as the accused have been committed for trial, we shall probably hear more particulars. Mr. Rowe's life was considered at one time in danger; but we are glad to hear that an improvement has been manifested.

THE TOWNLEY CASE. At the Derbyshire sessions on Tuesday, the visiting justices presented a report, in which, referring to the affair of Townley, they state that "the conduct of the surgeon of the gaol in reference to that prisoner's case was so much impugned, and excited such general animadversion, that the visiting justices thought it necessary to discuss the question as to whether he ought not to be dismissed from his office; but, as they were unable to arrive at a unanimous decision, they determined to make no recommendation on the point, but to leave it to the court to decide." Colonel Wilmot moved a resolution to the effect that Mr. Gisborne, the surgeon of the gaol, be relieved from his duties. A discussion, mainly on a point of form, followed; and it was ultimately resolved that the question be referred back to the visiting justices, and that they be requested to make a recommendation upon the subject at the next quarter sessions. It was stated that seven of the visiting justices were for a dismissal, and three for the retention of Mr. Gisborne's services. (*Manchester Courier.*)

THE PHARMACEUTICAL SOCIETY is about to ask Parliament to adopt a Bill for the regulating of pharmacy. The Society thinks it can manage its own affairs better than the Medical Council. The following are the heads of the measure. "After the 1st of January, 1865, no person to keep open shop for dispensing the prescriptions of legally qualified medical practitioners who is not registered as a pharmaceutical chemist under the Pharmacy Act, or a chemist and druggist under this Act.—Examination established for all who commence business after that date.—Examiners under Pharmacy Act to be the Examiners under this Act.—Registrar under Pharmacy Act to be Registrar under this Act.—Persons in business in Great Britain before 1st January, 1865, entitled to be registered as chemists and druggists, and saving to them all their existing rights, on payment of a fee not exceeding one guinea.—Assistants and Associates under Pharmacy Act, who have passed minor examination, to be registered as chemists and druggists on commencing business.—Council of Pharmaceutical Society to make orders for regulating Registers to be kept.—Duty of Registrar to make and keep correct Register.—Evidence of qualification to be given before registration of examination on the part of those who enter business hereafter; of having been in business before a certain date by others.—Annual Register to be published and be evidence.—Penalty on wilful falsification of Register.—Penalty for obtaining registration by false representations.—Penalty for falsely pretending to be a registered person, or keeping open shop for dispensing, etc., prescriptions, not being registered.—Registered chemists and druggists, having passed minor examination, may be elected as, and continue and use title of, Associate of Pharmaceutical Society, and may vote at meetings of the Society.—Saving of rights of duly qualified practioners.—Benevolent fund may be applied to past Members and Associates; also, to pharmaceutical chemists and registered chemists and druggists."

HEALTH OF THE METROPOLIS. The total number of deaths registered in the week that ended last Saturday was 1,679; being in excess of the estimated number by 132. The deaths of persons under twenty years of age were numerous. The deaths from pneumonia were high (122.) Phthisis was fatal in 214 cases; the averages being 174. Seventy-nine children died of whooping cough, all of them under ten years, and a great majority under two years of age. Five fatal accidents in the streets by carriages, were recorded. A child died from having swallowed a halfpenny a year previously; it caused enteritis and marasmus.

A FRENCH MEDICAL REGISTER. Paris, like London, is blessed with many doctors, who fill the journals and cover the walls with their advertisements; such being the case, it appeared desirable to the Commission of the General Association of Doctors of the Seine, that there should exist exact lists, comprising the names of all the doctors or officers of health authorised to exercise the art of medicine, and that these should be easily accessible. In answer to questions on this subject the Minister of Public Instruction states that such lists are carefully preserved in a special répertoire, where they can be consulted. By means of these it may be easily ascertained whether a medical man is a recognised practitioner.

THE CARMICHAEL SCHOOL OF MEDICINE. The late eminent surgeon, Mr. Carmichael, of Dublin, bequeathed £10,000 to rebuild the Richmond Hospital, to which he had already given a large sum of money to found the Carmichael Prizes. The bequest was not to be available during the life of his widow, but recently Mrs. Carmichael generously placed the money at the disposal of the conductors of the institution, and on the 29th ult. the Lord-Lieutenant, in presence of a large assembly of visitors, laid the foundation of the building, to be henceforth called the Carmichael School of Medicine, on a new site in front of the Hardwicke Hospital. An address to his Excellency was read by Dr. R. M'Donnell, giving a history of the hospital, to which he replied, pronouncing an eloquent eulogium on the character of the late Surgeon Carmichael.

FIRE AT THE APOTHECARIES' HALL, DUBLIN. Last week a fire broke out in the stores at the rear of the Apothecaries' Hall, which for a time menaced the main building. The fire brigade, under the command of Captain Ingram, were in attendance in a few minutes after the alarm was given, and exerted themselves with praiseworthy promptitude to subdue the flames. The steam fire-engine and the brigade hand-engines were put into requisition, and eventually the copious and well-directed streams of water poured upon the burning premises were successful in confining the fire to the building in which it originated. The store is, however, completely gutted, and its valuable contents, consisting of oils and chemical preparations, totally consumed. The laboratory escaped injury, and consequently no interruption to the ordinary business of the establishment will take place.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.......	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations. 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Medical Society of London, 8.30 P.M. Dr. Salter, "On Tracheal Dysphagia."

TUESDAY. Royal Medical and Chirurgical Society. 8 P.M, Ballot; 8.30 P.M., Mr. Solly, "Cases of Intestinal Obstruction—Amussat's Operation": Dr. Morell Mackenzie, "On the Invention of the Laryngoscope by Dr. Benjamin Babington."—Ethnological.—Zoological.

WEDNESDAY. Microscopical.—Geological.

THURSDAY. Royal Society.

FRIDAY. Royal Institution.

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

MR. F. H. H.'s letter, and several others which are delayed for want of space, shall appear next week.

GARIBALDI AND GRATUITOUS MEDICAL SERVICES.—A correspondent writes:—In your last week's number, you said of "Gratuitous Medical Services", that they were, "when sifted to the bottom, really little more than a means of public advertisement." What do you say then to the following extract from the *Evening Star*.

"*Garibaldi and the Medical Profession.* In addition to Dr. Ferguson, Mr. Henry Thompson (the eminent surgeon whose attendance lately upon his Majesty the King of the Belgians has been attended with such beneficial results) has also tendered his valuable professional assistance to General Garibaldi during his stay in England, free of all charge. This offer was accompanied by a very graceful letter, and was made before that of Dr. Ferguson was announced. There is no doubt but that the illustrious visitor will be able to command during his short visit to this country the gratuitous assistance of the most eminent men in the profession; and it is expected this, combined with the change of air, will restore him to complete health."

[What we have to say is this: that neither of the distinguished persons alluded to in it can be held responsible for the proceedings of their very injudicious friends. We have no evidence beyond that of mere newspaper reports, to show that either of them have proffered their services to Garibaldi. But we have no hesitation in saying that, in our opinion, those surgeons who do not so offer their services, show a much higher appreciation of their own position and of the dignity of their profession, than those who do. The illustrious patriot who is supposed to be the subject of such misplaced generosity needs no such alms as these. As an admirer of Garibaldi, we should deem all such offers, from whatever quarter they may come, as petty insults played off on his noble nature; and, from a professional point of view, as an impertinence to the profession. The above report is, doubtless, merely one of the ordinary newspaper slips which fly about on occasions of this kind.]

MEDICUS writes:—Am I strictly correct in practising exclusively as an obstetric physician or "physician-accoucheur", and describing myself as such, on the ground of the license of the Royal College of Physicians of London; and if so, can I use the "Dr.", and call myself "doctor?"—separating the idea of this title entirely from M.D. or Doctor of Medicine. The London College prohibits its Fellows, Members, and Licentiates, from the use of certain titles, but I cannot quite tell which it refers to; and, being in doubt, am quite willing to be guided entirely by the decision of the Editor of the JOURNAL.

[The question asked is one involving an answer of much importance. We have therefore obtained the opinion of a gentleman of high authority in the College of Physicians on the subject. He says:—"A Licentiate of our College, if he be registered under the Medical Act, may call himself what he will, provided only that he do not assume the title of Doctor of Medicine, or imply that he is a Graduate in Medicine of a University, not being one, or by virtue of his license represent himself as a Fellow or Member of a College of Physicians. Licentiates, however, acting on the advice given by Hamlet to his mother to 'assume a virtue if you have it not', take the title of doctor in virtue of the license (not implying, of course, that they are Graduates in Medicine of a University), but clearly doing so under the belief that it gives them status, or will bring them practice, or add something in public estimation which plain Mr. does not confer. This may be strictly legal; but is it honest? The Licentiate is a Physician, which, in its old interpretation, means a person practising, or one who may practise, Medicine, Surgery, and Midwifery. To add 'accoucheur', is putting out another sign-board, and is of modern origin. Those who practise midwifery only, or surgery, or medicine only, do not adopt this mode of signifying their branch of practice; and yet the public soon learn in which department they do practise, and so it would be with general practitioners. 'Physician and surgeon', a joint title used in olden time (and which some of modern days have adopted), has the advantage of being expressive, trite, and true. If this eagerness to assume by practitioners distinctions or designations to which they have no claim by right or reason, was discouraged, much of the confusion which has arisen of late would subside, and a spade would be called once more a spade."]

COMMUNICATIONS have been received from:—Mr. CHRISTOPHER HEATH; Mr. LOWNDES; Dr. R. W. FALCONER; Mr. WILLIAM BOWMAN; Mr. J. W. HULKE; Dr. DAVEY; THE REGISTRAR OF THE MEDICAL SOCIETY OF LONDON; Dr. J. D. RENDLE; Dr. FREDERICK J. BROWN; Mr. MARTIN; Mr. J. N. RADCLIFFE; Mr. RICHARD GRIFFIN; Mr. HAMMOND; Mr. J. G. PARSONS; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. DAY; Mr. BRODHURST; Mr. KEMPE; Dr. COTTON; Mr. HENRY LEE; Mr. W. W. JONES; Mr. HARRISON; Dr. C. HOLMAN; Mr. T. HOLYOAKE; Dr. G. M. BACON; and Dr. WM. OGLE.

ADVERTISEMENTS.

Horological Productions.—"Ranged around the base of the clock were the Watches which Mr. Benson exhibited, and which have been universally admired for the beauty and elegance of the designs engraved upon them. The movements are of the finest quality which the art of horology is at present capable of producing."—*Illustrated London News* Nov. 8, 1862. Chronometer, duplex, lever, horizontal, repeaters, centre seconds, keyless, split seconds, and every description of watch, adapted to all climates. Benson's Illustrated Pamphlet on Watches (free by post for 2 stamps) contains a short history of watch-making, with prices, from 3 to 200 guineas. It acts as a guide in the purchase of a watch, and enables those who live in any part of the world to select a watch and have it sent by post. Prize Medal and Honourable Mention, Classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

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Surgical Instruments.—Arnold & SONS continue to supply Instruments of the best workmanship at moderate prices, manufactured on the premises under their own superintendence.

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"This catalogue has many and great merits. It is modest, truthful, carefully arranged, and extremely well illustrated. In the great majority of cases the name of the surgeon is appended to the modification which he has introduced, and frequently other makers' names are honourably attached to instruments which they first originated. These are large principles of honour which we are glad to see strictly observed in this catalogue."—*Lancet*, September 12th, 1863.

Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XI.

ON THE CAUSES OF CONGENITAL AND NON-CONGENITAL DISTORTIONS.

DISTORTIONS of the trunk, neck, and limbs, arise from affections of and injuries to the muscular, ligamentous, and osseous systems, and from affections of joints (whether these be occasioned by inflammation or by dislocation). These, together with some contractions of, and injuries to, the skin and cellular tissue, and malformations, constitute what is understood as orthopædic surgery.

All distortions arising from affections of the muscular system may be both congenital and non-congenital. I propose to consider, first, the causes of congenital distortions; secondly, the causes of non-congenital distortions; and, thirdly, to address myself in detail to each variety of muscular distortion.

The *causes of congenital distortions* are probably similar in every form of congenital muscular retraction; varying in degree only, but not in kind.

In the anencephalic monster, for instance, every known form of distortion may exist; such as scoliosis, torticollis, talipes, strabismus, etc.; and luxations of every kind, complete and incomplete. The spine may be curved laterally, so as to diminish by one-third or more the height of the trunk; or lordosis may exist, the occiput being drawn down to approach the sacrum; or the extensors of the leg may, being retracted, cause the leg to be bent forward upon the thigh; and in the same manner retraction of the triceps cubiti will draw the forearm backwards upon the arm. Again, a similar state of things is found to exist together with hydrocephalus and hydrorachis. There is no known form of distortion that does not occur together with lesions such as these. Thus, every congenital muscular distortion may be induced by nervous irritation.

Other causes were believed by the ancients to be sufficient to induce these distortions. But, since Rudolphi, physiologists are agreed that there is one cause only of congenital muscular retractions, and that intrauterine pressure is insufficient to occasion muscular retraction which shall give rise to distortion. Even though the liquor amnii were in great measure absent, how should the pressure of the walls of the uterus on the fœtus induce spasmodic contractions? Not only does this spasmodic condition exist, but it exists to so great an extent, that distortion may recur after section and re-union of tendons have taken place.

Like other nervous affections, congenital distortions are hereditary. For instance, five boys in one family came under my care for congenital talipes varus; their father, uncle, and paternal grandfather, having likewise suffered from similar forms of distortion. In each generation, females were added to this family, but none of them were distorted at birth. "We cannot admit," as Dr. Little observes, "uterine influence in hereditary propagation of varus, through an uninterrupted succession of male parents." Thus we may conclude that congenital distortions depend on irritation of the cerebro-spinal nervous system.

The *causes of non-congenital distortions* are paralysis, spasm, and local inflammation; and the various forms of distortion which are induced bear strong resemblance to the analogous congenital distortions, but with certain differences, which render their diagnosis easy.

A single muscle may be affected, as the sterno-mastoid, or a group of muscles; and, according to the effect which is produced, so is the resulting distortion. For instance, spasm of the adductors of the foot induces varus; but paralysis of the same muscles gives rise to the opposite form of distortion—valgus. Again, spastic action of the muscles of the calf of the leg occasions talipes equinus; but paralysis of these muscles occasions dropping of the heel—calcaneus; and so on, through all the distortions which are occasioned by muscular and nervous influences.

Paralysis presents itself especially in three distinct forms; namely, that arising from organic change in the nervous centres; that which is occasioned by the action of cold on the muscles of the limbs, and which is known as infantile paralysis, or the essential paralysis of infants; and that which is induced by traumatic lesion of nerve-trunks.

A. Paralysis, whether hemiplegia or paraplegia, is common at every age, as a *consequence of organic change.* Hemiplegia is the result of an epileptic fit; and it may take place without the formation of a clot, and without rupture of the fibres of the brain, But loss of muscular power may occur also through congestive apoplexy and without effusion of blood; or it may take place with effusion.

During infancy, paralysis not unfrequently occurs without evident cerebral disturbance, perhaps during sleep or while a child is at play, without previous indication, and while the child is apparently in its usual health. Three such cases have been brought under my notice this day. A child, two years of age, was playing in his father's garden, when he suddenly lost the power of his lower limbs, and became perfectly paraplegic. Some of the muscles partially recovered power, and certain contractions in consequence took place. When he was 28 years of age, I was consulted. On the left side was talipes equinus, and on the right was talipes calcaneus. The muscles of the hips were not paralysed.

Again, a child was brought to me with paralysis of the external rectus of the right eye, of the extensors of the wrist and fingers, and of the flexors of the foot of the right side. The child was ten months old, and the paralysis was observed at the tenth week; that of the eye before any head symptoms were observed; then a slight epileptic seizure took place, and immediately afterwards paralysis of the extremities was noticed. I saw the third case with Mr. Squire. At six months, the child was convulsed, and lost consciousness for several hours. Hemiplegia succeeded, the left side being affected.

In cases such as these, a single muscle may be affected or a group of muscles, or a limb, or the power of one side may be lost, or both upper and lower extremities may be simultaneously paralysed.

Florid children are scarcely less frequently the subjects of these attacks than the weak and ill-nourished. Over-excitement may produce a similar result to that which is due to insufficient nourishment.

B. *Infantile paralysis or essential paralysis of infants, or myogenic paralysis*, is very common during infancy, and it rarely occurs except at this age. It takes place without appreciable nervous lesion. After paralysis has existed for some time, atrophy of the nerves which supply the paralysed muscles takes place. Sensation is seldom impaired, but the power of motion is lost.

This form of paralysis usually attacks before two years of age. It is occasioned by throwing off the bed-clothes during sleep, or by other sudden exposure to cold, such as sitting on a stone or other like cause. Loss of power usually occurs without pain: acute pain is, however, occasionally found to exist in these cases. Perhaps the extensor muscles of the leg and some of those of the thigh are more frequently affected than any other groups of muscles in this form of paralysis.

C. *Traumatic lesion of nerve-trunks* is a rare cause of distortion. I have seen talipes calcaneus produced by the removal of a portion of the posterior tibial nerve, together with a tumour, from the back of the leg; and I have also seen somewhat similar results from gun-shot wounds; indeed, they were far from uncommon after the Crimean war. Traumatic lesions, when they occur, are seldom remediable.

Spasm and paralysis not unfrequently co-exist—spasm of one limb together with paralysis of another. Cerebral disturbance usually accompanies spasmodic muscular contractions: probably a succession of slight convulsive attacks takes place, which are followed by rigidity of the muscles—tonic spasm; and the most powerful muscles remain the most affected, or they appear to be most affected. Thus the thighs are in these cases usually flexed upon the trunk; the knees are approximated, and they are even crossed one over the other. Frequently, they are maintained in this position so rigidly, that the application of considerable force may be insufficient to separate them; the legs are flexed upon the thighs, the feet are extended and inverted, and the toes are flexed. The arms are bound to the sides by the combined actions of the latissimus dorsi and pectoralis major muscles, or the latter muscle alone acting on both sides, the arms may be crossed on the chest; the forearms are flexed upon the arms, the hands are prone, and the fingers are flexed. The internal rectus muscle is also not unfrequently affected, occasioning convergent strabismus; or, as in a case now under my care, the superior and external rectus of each side may be at the same time affected, causing a hideous and meaningless countenance. Thus every muscle may in one case or another be subject to this undue action.

Spasm of the extremities of one side is much more common than more irregular muscular action. And strabismus, when it occurs, is found to exist on the same side as the rigid muscles. In spasm, as has been already said, the strongest muscles usually distort the limb; they overcome their antagonists simply because they are the most powerful; and thus it is that the adductors and flexors are especially the muscles which act on the limbs in these cases.

The countenance is, for the most part, indicative of cerebral disturbance; there is a vacant expression, and the child is dull and listless, or very excitable. These children are, however, not unfrequently more intelligent than a casual observer might perhaps believe. In some, the intellect remains absolutely unimpaired. These cases are rare, however.

Cerebral symptoms are generally preceded by spasmodic contractions. These are frequently overlooked, however; or their importance is not understood; so that symptoms, which should be premonitory, such as squinting, etc., are, perhaps, only alluded to with any degree of importance so late that the mention of them becomes unimportant. The cause of irritation not having been recognised, irreparable mischief is allowed to occur, which might, perhaps, have been warded off.

It cannot be doubted that congenital distortions and non-congenital distortions which are occasioned by affections of the nervous system own a common origin. Every circumstance—the forms of distortion, and their modes of production—tends to show that this must be the case. This spasmodic action is occasioned by the want of proper stimulation—by an insufficient supply of red blood, for the most part, and through a deficiency in the several vital agencies which act as stimuli on the muscles. Formerly, it was thought, that spasm was induced by excess of nervous stimulation; now, however, it is recognised as an irregular action consequent on debility.

Inflammation resulting from injuries and wounds occasions distortions. Contraction takes place with cicatrisation, and even after this seems to be complete; and it gives rise to every form of distortion. The amount of distortion depends much more on the position of the cicatrix than on its extent. There are very few positions, however, in which distortion may not be prevented entirely or in great part.

ANCIENT MAN. The proofs, says Mr. Falconer, of the remote antiquity of man are derived from two sources—1, the ancient, or river gravel-deposits; 2, the ossiferous caves. The former carries man furthest back in time, and with the greatest certainty; but it is of the most meagre and restricted character, consisting merely of flint weapons. Not a single instance has yet occurred of a fragment even of an unquestionably authentic human bone having turned up in these deposits. On the other hand, the evidence yielded by the caves, although less certain as an index of remote time, is infinitely more instructive. It tells us, in certain cases, the division of the human race to which man, the early tenant of the caves, probably belonged; what was his stature and what his physical powers; what the animals which were his cotemporaries; what the mollusks, fish, flesh, and fowl upon which he fed; that he cooked his meat by fire; that he extracted the marrow from the bones, and how he did it; how and with what weapons he killed his game; how he flayed and dressed the hides; that he scraped the meat off the bones; that he carefully cut the sinews of his slaughtered deer for harpoon lines, or for the fibre of sewing thread for his fine-pointed pierced needles; where and in what direction he cut the sinews; what the implements and weapons—in stone, bone, and deer's horn—which he used; what his ornaments, and how he disposed of his dead. In short, beside the bare fact that primeval man existed during the early "fluviatile drift" period in Europe, all that we know of him—exclusive of the later "kitchen-middens" and "pile-habitations"—is derived solely and entirely from the ossiferous caves.

Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

W. O. MARKHAM, M.D., F.R.C.P.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

[*Continued from page* 389.]

To show the difficulty of rightly appreciating the real effects of bleeding in disease—at all events, when the mind is occupied with preconceived views of the nature of the disease for which the bleeding is practised—I think I may safely mention a fact which has left a lasting impression on my mind. I refer to the treatment of typhus fever in the Edinburgh Royal Infirmary some twenty-five years ago. At that time, the fever-patients were massed together in separate wards in one wing of the hospital; the wards being one above the other, and containing a similar number of beds on each story. Dr. Alison, at the time I refer to, was physician of the first floor; Dr. Craigie of the third floor; and Dr. Shortt, whose house-clerk I was at the time, ruled in the second floor. The fever-patients were all of them contributions from the famous, or rather infamous, wynds of Edinburgh; and, as they were indiscriminately introduced into these wards day after day, I suppose nothing need here be said of any difference of type. Now these patients were subjected to the following treatment. Dr. Alison, from first to last, carried out a sustaining treatment; stimulants and wine and nourishment being his main therapeutical agents. On the second floor was followed no one particular line of treatment; there was bleeding and blistering and wine-giving, according as the patient's actual state seemed to require one or the other kind of cure. The treatment was, in fact, something of the expectant; for Dr. Shortt had no particular theory about the nature of fever. On the third floor, Dr. Craigie reigned; and, indeed, a very sanguinary government his was. In his wards, bleeding, leeching, cupping, blistering, were the order of the day, and, I may say, of the night; and a Maine liquor-law was rigidly enforced. I need not say that each physician was thoroughly satisfied of the correctness of his method of cure, and found nothing in the results to induce him to change his plan. Now here we have physicians of the highest repute practising, not at different times and in different places, but at the same moment, in the same hospital, and on identical cases of disease, diametrically opposite methods of treatment, and each fully convinced of the excellence of his method—of the use and of the hurtfulness of bleeding. No one, surely, would conclude that bleeding was the right method of cure for typhus, merely because it was so extensively used by one of these physicians. Yet this is just what they have done, who support the change-of-type theory on the strength of the practice of certain admirers of bleeding in other days.

Perhaps some of my hearers may be curious to know what was the actual result of these different methods of treating typhus; and I will just mention in the sequel, to show the fallacy to which we are exposed in judging of the effects of remedies from the statistical method point of view; and therefore, I may add, the double fallacy into which we may fall through concluding, because men of high repute in other days employed a remedy, that therefore it was a right remedy; and that, consequently, if men of high repute employ it no longer, diseases have changed their type. It happened, at the time to which I am referring, that Dr. John Reid was pathologist of the Edinburgh Infirmary; and perhaps I may be pardoned for saying that the mention of that name brings before me the memory of one of the most profound, accomplished, and philosophic minds with whom it has ever been my good fortune to hold intercourse: so kind, so gentle, and so generous to his inferiors in age and knowledge—himself with the most masculine and powerful of intellects, as simple as a child in the acquisition of knowledge; and, above everything, calm, honest, and truthful in research, and in the story of his researches.

Dr. John Reid's duty at that time was to record the *post mortem* examinations of hospital patients, and his attention was particularly drawn to the facts I have mentioned here; and he thought that, from the very large number of fever-patients who were then crowding the hospital wards, some authentic results, as regarded the effects of treatment, might be obtained. He, therefore, carefully noted the number of deaths in the fever-wards of the three physicians alluded to; and he assured me that the year's account showed that, as regarded mortality, there was not a pin to choose between the three methods of treatment. That such was Dr. J. Reid's deliberate conclusion I can have no doubt; for, within the last few months, I heard Sir D. Brewster say that Dr. Reid had, many years afterwards, made a similar statement to him.

I think, therefore, the argument, that men ceased to bleed because patients would not bear the bleeding —*i.e.*, because diseases had changed their type—cannot be accepted.

A well-known writer (Buckle) has said words to this effect, that there is no example in the world's history of a theory having been put away through observation of the practical evils which it produced. Change in knowledge, he says, comes and upsets the theory; and not till then do men see the viciousness of the practice. I believe his saying finds an apposite illustration in the case before us.

In advanced physiological knowledge, and in the birth of a more scientific humoral theory, must we seek an explanation of the change in practice which occurred about the year 1832. Let me remind you that this change in practice began coincidently with the rise of a new era in medicine. The researches of Prout, Andral, Magendie, Liebig, and a host of other observers, touching the blood, etc., revolutionised our notions of diseases, and created quite a sensation in the minds of physicians. The theories which sprang out of those researches undoubtedly had a most powerful influence in arresting the blood-letting treatment. By these theories, men were taught that bleeding neither was nor ever could have been a proper remedy for many of the diseases in which it had been used so freely. They, therefore, began to doubt of its use in other diseases.

Let it also be remembered, that the time preceding the use of our modern humoral theories was one of the most sanguinary epochs of English medicine: so that physicians, under the light of their new theories, had an especial occasion to be impressed with the evil effects of the indiscriminate and baneful bleeding which was going on around them. Their theory was there to lead them to a distrust of blood-letting; and then were their eyes opened to the evils which now showed themselves so flagrant to their observation.

With the deepest respect, therefore, to the great authorities to whom I have referred, I must, and as I think most reasonably, ascribe this change in practice —this non-bleeding in inflammations—to our better scientific knowledge; to the rise of modern animal chemistry and physiology; and partly also to the observation of the fearful mischief thereupon noted as done by the murderous bleedings of the first quarter of this century. I see no necessity for the calling in of this change-of-type theory; and I can find no sufficient evidence on which to satisfy myself of the validity of the theory.

[*To be continued.*]

Original Communications.

CASE OF NEURALGIA OF THE ABDOMINAL MUSCLES FOLLOWING ACUTE TONSILLITIS: RECOVERY AFTER SIX MONTHS' ILLNESS.

By W. H. Day, M.D., L.R.C.P.Lond., Newmarket.

Miss —, aged 34, a pale and delicate-looking woman, was making a good recovery from a very severe attack of tonsillitis, when she was seized with pain in the right side of her abdomen. Her former attacks of quinsy appear to have been less severe, but of longer duration. The tonsils were large, causing painful respiration. Incisions were made into them, from which a very fœtid discharge of blood and pus escaped. Portions of the tonsils sloughed, leaving a moderately clean and healthy surface. The treatment consisted at first in the administration of effervescing salines with spirits of nitrous ether and chloric ether; and brandy and soda water to allay thirst, and to support her feeble circulation. Milk and water was the only nourishment relished for the first few days; but afterwards strong beef-tea, jellies, and port wine, were taken daily. Contrary to my advice, she left her room at an early period of convalescence, and walked out of the house. She returned home, complaining of discomfort (rather than pain) in the right iliac region. As her bowels were sluggish, she took the previous night two strong pills, of her own accord, without effect. During the next day, I ordered a mild aperient; this also failing, it was followed by a warm water enema, to which the bowels responded. The uneasiness now increased to absolute pain, and occupied the right iliac, hypogastric, and left iliac regions, extending through the right flank to the gluteal region. No pressure could be borne. The pulse was slow and weak, and the skin cool and moist. Her face indicated suffering. On the following day, every thing she took made her sick; the pulse was weak, and averaged 70; the tongue was large and clean; and there was headache. She lay with her knees drawn up, unable to turn in bed.

On the 26th of February, she was ordered five grains of citrate of iron and quinine with half a drachm of aromatic spirits of ammonia twice a day; anointment composed of one part of extract of belladonna and nine parts of extract of white poppy, to be applied, on linen rag, to the abdomen; six ounces of port wine daily, and strong beef-tea.

Feb. 27th. She had had no sleep during the night, from the violence of the pain. When she took food or drink, she had most acute pain, especially in the groin, through the right iliac and lumbar regions. The pain never left her entirely, and she had occasional severe paroxysms. The pulse ranged from 60 to 80, and was very small and weak. She still felt sick.

February 28th. The pain was excessive, and the slightest pressure could not be borne; especially in the right iliac region, through which, at uncertain intervals, she had most severe lancinating shooting pain. There was also severe pain in the epigastrium, descending colon, and left iliac region. She was perfectly helpless, and cried out when any attempt was made to move her. Scanty menstruation set in today, but there had been no action of the bowels since the 24th, and the belly was rather tympanitic. A turpentine and assafœtida enema was immediately ordered; an opiate liniment to the body; and half a grain of the muriate of morphia every six hours.

The pain was described as unendurable; she tossed her head to and fro, and spoke in a low faint voice. She had severe crampy pains in the lower limbs, which were relieved by smart friction. The pupils were dilated and fixed, and her expression remarkably vacant and meaningless. She had been once or twice very incoherent. She had had no rest, notwithstanding the morphia. The steel mixture and morphia were omitted. A draught of quinine mixture and chloric ether was ordered every four hours; and one tablespoonful of brandy every two hours in place of the port wine.

March 1st. She slept about two hours, and was more calm and rational this morning. The pain occupied the same situation, but was much less acute. She complained of similar pains under the left breast, and in the left groin. The urine was clear; there was no action of the bowels without the use of an enema. She had taken a good allowance of nourishment regularly; but any attempt at swallowing was painful. She made the most extravagant remarks about people, and imagined her family close to her, and her brother on the bed.

March 2nd. She was improved, except that the pain in the right iliac region prevented her from getting a moment's sleep. A small blister was raised on the right side of the body over the seat of pain, and dressed with a lotion of morphia (eight grains to the ounce of water).

March 3rd. There was pain on slightly pinching up the fleshy portions of the muscles; but the most severe was in the abdomen on the right side. She lay moaning at intervals of a minute, there being partial opisthotonos with the recurrence of pain. The spine and sacro-lumbalis muscles were painful on pressure; and almost any part of the surface when touched was uneasy. The catheter was passed. The turpentine and assafœtida enema was repeated. A belladonna plaster was applied to the back. Thirty drops of chlorodyne were ordered to be taken every night; and a draught containing ten minims of tincture of sesquichloride of iron, ten minims of chloric ether, and five minims of tincture of nux vomica, three times a day.

March 4th. As she was sick, champagne was ordered instead of the port wine. In addition to her mixture, I ordered five grains of compound galbanum pill three times a day.

March 8th. The pain now occupied the left side principally. A liniment of equal parts of compound camphor liniment and tincture of aconite was ordered to be applied to the body. This produced no relief; and on March 11th, an ointment of aconitina was applied, also without any good effect; and on March 12th, galvanism was tried over the seat of pain on the left side.

March 20th. I met Dr. Paget in consultation. He advised a return to the compound galbanum pill, and five grains of bromide of potassium, with a drachm of tincture of valerian three times a day; and, if the motions were scybalous, three grains of compound colocynth pill and two of extract of henbane every six hours. After taking a few of the pills, the pain greatly increased; the body was more distended; and there was no disposition to action of the bowels. I, therefore, gave a rhubarb and carminative draught, followed by a copious enema of tincture of assafœtida and turpentine. During the action of the bowels, which was free, the poor woman cried out with torture; and she had great exhaustion, a feeble pulse, and clammy skin. A pill of belladonna, and afterwards a full dose of chlorodyne, were given.

Two days later, I gave, every six hours, two pills of ox-gall, henbane, and aqueous extract of aloes.

On the 26th, she had taken eight pills, which only gave rise to more tympanitis, and pain radiating over the whole abdomen, with greater aggravation of the pain in the left side. She had neuralgia over the right eye and cheek.

March 30th. She was removed to her own home in Lincolnshire, where she fell under the care of Mr. Collingwood of Corby, who kindly acquainted me of her state from time to time. In answer to one of my letters, he informed me, on April 7th, that he thought her considerably better since she had been at home. The pain in the left side of the body continued; but was much less. She had rather severe pain in the right temple; but with an anodyne pill, she generally had a good night. The bowels were less obstinate; and she had passed her urine in the last two or three days without the use of a catheter. The treatment consisted of tonics and good diet.

More than three months have elapsed since her return home; and she cannot now walk without some help, although the pain has recently and entirely left her.

She has now resumed her occupation for upwards of two months, and is perfectly well in health.

Remarks. The nature of this case may be described as a condition of abdominal cramp or spasm. The abdominal muscles were the seat of the chief suffering; and they were not excited to morbid action by organic visceral change, by the presence of inflammation, or by irritant matter in the bowels.

For an elaborate explanation of the physiology of nervous and muscular action, we may very profitably read Dr. Radcliffe's lectures, which commenced in the *Lancet*, of Feb. 14th, 1863.

Dr. Radcliffe proves that excessive muscular action, convulsion, spasm, tremulousness, etc., are due, not to an excess, but to a deficiency of vital action. He says, that "*the amount of nervous influence generated is in direct relation to the supply of arterial blood to the nervous system*"; and that muscular relaxation is not disturbed by convulsion or contraction, so long as the muscles receive a due supply of nervous influence. Now, when any of the great nervous centres are deprived of a proper supply of healthy blood, some disturbance is the result.

The occurrence of violent delirium, cerebral exhaustion, and even epilepsy, in persons who have suffered great losses of blood and general convulsions, especially in children who have sustained wounds or undergone operations attended with great hæmorrhage, are familiar instances. If ligatures be placed around the vessels of the neck of an animal so as to cut off the supply of arterial blood to the brain, its nutrition is arrested, and convulsions supervene.

The blood holds precisely the same relation to muscular action as does nervous influence. We infer, then, that deficient or impoverished blood primarily exhausts the nervous system, and unfits it to generate sufficient nervous influence to maintain healthy muscular action. Arterial blood and nervous influence favour muscular relaxation by their presence, and muscular contraction by their absence. (*Lancet*, March 21 and June 20, 1863.)

The spasmodic state of the muscles depends on an enfeebled state of the circulation. The spasms increase with the failure of the heart's action. This is the case in tetanus, in cholera, in hydrophobia, etc.; and we are probably right in supposing with Dr. Radcliffe, "that the morbid muscular contraction is connected with a deficient manifestation of vital power in general and of nerve power in particular."

That pain and spasm of the muscular system are the result of fatigue and over-action, without implication of the nervous system at the first, needs no proof. Mr. Hilton, in his *Lectures on the Therapeutic Influence of Rest*, has shown how fatigue is followed by muscular exhaustion; and how the aching limbs of the pedestrian and the inflamed ankle regain their wonted activity from rest alone. Here quiet and repose are wearied Nature's restoratives, without the aid of food or medicine. During the past autumn, I was consulted by several persons for severe pain in the back, which they believed to be lumbago or renal disorder. These persons had been stooping for many hours in the day, mowing or reaping, and were not cured till they gave their over-stretched muscles rest. It appears to me that there are two classes of these cases; one where the nervous system is first exhausted, leading to muscular spasm and cramp, as in the case under consideration; and the other, where the muscles are simply affected from over-work. The diagnosis may be difficult; but I believe in their existence. It is not always easy to decide what is muscular pain and what is nervous pain. In the case before us, if the patient had not attempted to walk, and to exert herself in her weak state, she would have escaped the suffering which her disobedience entailed. The constant action of the abdominal muscles in walking and ordinary respiration, caused them to manifest that shape of contraction which may be expected to ensue in a person whose constitution was delicate, and whose nervous system was lowered by impoverished blood and over-anxiety. The mischief did not originate in the muscles, but in the blood and nervous centres. What is the explanation of the difficulty in swallowing, but a spasmodic condition of the œsophagus, consequent on deranged health and impoverished blood?

Dr. Habershon, in an excellent and practical paper in the *Lancet* of May 9th and 16th, 1863, on Idiopathic Anæmia, thus writes: "The symptoms of chlorosis are familiar, and it is a state recognised with great facility, and one of those in which right treatment soon manifests a most beneficial result; but the source of the changed condition of the blood is not known."

What is chlorosis, but a state of anæmia? Like anæmia, it originates not exclusively in deficient uterine action, but in a weak and watery condition of the blood, which gradually brings about dyspepsia, vomiting, œdema, palpitation, hæmorrhage, and even atrophy, if the source of the evil be not remedied. It leads to various degrees of mischief from malassimilation and defective nutrition. In some cases preceding or following this state of anæmia, we have strumous disease developed in the brain and lungs, fatty degeneration, albuminuria, and other cancerous cachexia; but in some cases, Dr. Habershon says, "although closely allied to chlorotic malnutrition, no source of disease can be traced."

The patient's strength fails, pallor of the countenance ensues, and atrophy slowly advances, till the exhaustion becomes extreme. We occasionally come across cases of this kind, where there is pallor of the face, loss of appetite, pain after eating, weak, slow pulse, and clean tongue; there may be vomiting and depression of spirits. No disease can be detected in the various organs of the body; the patient is, to all appearance, prostrate and nearly lifeless; and our remedies, as in the case before us, are too frequently inert.

As to treatment, I cannot flatter myself that medicines were of any real service. They too frequently become irritants, where malassimilation is so great. If good nourishment and stimulants be tolerated, and the patient do not grow worse, and no organic mischief be lighted up, we may look forward hopefully. Where our art has sustained so complete a defeat, steady pressure, to diminish the action of the muscles of the abdomen, and a rigid avoidance of all aperients, are most to be relied on. Alluding to pressure, Dr. Inman of Liverpool has, in a letter with which he has favoured me, spoken strongly in favour of the efficacy of this remedy, applied by means of bandaging or strapping.

There may be some ready to ascribe these symptoms to *hysteria*, and to what is called *spinal irritation;* and it may be that the hyperæsthesia of the abdominal muscles, and other parts of the body, and the great susceptibility of the nervous system, is shewn at one time, to go far to strengthen such an opinion; but whether it be truly hysterical or not, there is no question about the severe torture which the woman suffered. Pain is real when it can cover the skin with a cold and clammy sweat, and render the pulse too feeble to be found. Sensation is disordered or perverted in the parts involved; this is kept up by the patient's attention being constantly directed to them. Any causes that weaken the body, and exhaust the nervous system, are fertile sources of hysteria, long illness, exhausting discharges, sleeplessness, mental anxiety, etc. "We consider," says Dr. Inman, "that there are *primâ facie* grounds for considering that the connecting link between hysteria, spinal irritation, and myalgia (muscular pain), is, that there is in all cases general and very readily recognised constitutional or acquired debility; and that, in hysteria, the debility shews itself by disorder of the nervous system.

"In the other instances we have described, debility has shewn itself by disorder of the muscular system. The more debilitated the individual, the greater is the irritability or excitability of his muscular system. The more debilitated the individual, the greater is the irritability of his nervous system." (Dr. Inman, *On Mialgia.*)

Medical Oratory in New York. The Academy of Medicine does not, like its great prototype of Paris, maintain a very high order of oratorical reputation. Its discussions are too generally diffuse and pointless. As a profession, we cultivate far too little the art of speaking. In the Academy of Medicine of Paris, the very highest order of rhetoric is often displayed. But a loose and random style of speaking is not the only fault of those who enter the arena of debate in our societies. Not unfrequently language is used by no means befitting a scientific association. No association can ever attain to any very commanding influence which allows its members to indulge in coarse and vulgar language. (*American Medical Times.*)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

CASE OF TETANUS, TREATED WITH ICE TO THE SPINE: RECOVERY.

By R. W. Falconer, M.D., Bath.

[*Read January* 21*st*, 1864.]

The following case of tetanus, though not presenting the extremely violent symptoms which often characterise other examples of this fearful and intractable malady, is submitted to the consideration of the meeting on account of its having recovered after treatment by ice applied to the spine.

Dr. Watson, in his work on the *Principles and Practice of Medicine*, says that, "Dr. Todd has suggested to him the application of ice to the spine; a measure which he has found eminently beneficial in convulsions. This mode of employing cold as a remedy in tetanus seems well worthy of trial. It would have the advantage of not inflicting any shock which might excite or disturb the reflex function of the cord, through its incident nerves." (Vol. 1, p. 581, 3rd edit.; and 4th edit., p. 585.) Though this suggestion was made sixteen years ago, I have not as yet been successful in discovering any report of a case in which it has been carried into practice. The employment of cold affusion, and occasionally the throwing of a tetanic patient headlong into the water, was resorted to several years ago; in some instances, the sufferers escaped with life from this trial by water; more often the result was fatal.

The subject of the following case was a boy aged 11 years. He was admitted into the Bath United Hospital on November 2nd, 1863. The history given of him by his friends was, that on October 20th, while riding on a gate, he fell backwards, and struck his neck on some stones. He walked home in pain from the contusion he had received, but no mark of any injury of the neck was to be seen. The following day the pain of the neck was greatly increased, and he was unable to move his head. The third day after the accident his jaws were partially closed, and the least movement induced a paroxysm of screaming, apparently caused by pain; and this latter condition appears to have been the main cause of his being brought to the hospital No twitchings or irregular muscular movements had been up to this time noticed. When admitted into the hospital, on the thirteenth day after the accident, there was no mark of any injury to the neck, but great tenderness on touch about the fifth and sixth cervical vertebræ. He presented a peculiar appearance from the manner in which he carried his head, which was bent forwards, and somewhat downwards; the cheeks swollen, and the slightest movement causing paroxysms of screaming. The jaws were not completely closed. He had lost much flesh since the accident occurred.

Between the 2nd and 11th of November, he had been subject at intervals to slight but distinct spasmodic attacks, with twitchings of the muscles of the arms and back, accompanied by violent screaming. On the 8th, he was described as being unable to move his arms, but not his legs. His jaws were firmly closed, and every quarter of an hour he had a general spasm, with twitchings of the arms and back. He passed urine freely, and voluntarily; the bowels were costive, and only acted on by means of a terebinthinate enema. During this period he had taken small quantities of calomel and opium, and his diet had consisted of beef-tea and wine.

Nov. 11th. The patient was placed under my care, having previously been under my colleague Mr. Brace. At this time his face presented a swollen appearance from the strong contraction of the muscles of the jaw, which were as hard as a board to the touch. The jaws were firmly closed, and the lips puckered up. There was no unnatural hue of the complexion, nor marked anxiety of expression. The head was fixed and immoveable, and was drawn downwards and forwards on the chest, the muscles of the neck being strongly contracted. The pectoral muscles were hard and contracted, but the intercostals appeared to be unaffected. The recti muscles of the abdomen were strongly contracted, and the abdomen generally tense and flat. The large muscles of the back were similarly contracted. Both arms were stiff, and their muscles tense; but they could be flexed by gentle and sustained force, and the patient himself could move them a little, but the movement caused much pain. The lower limbs were extended and stiff, and the patient was unable to move them; the feet were extended and arched; tickling the soles, or moving the limbs, however slightly, caused intense suffering, and cries of pain. Intelligence was unaffected; the eyes were natural; respiration gentle and slow; deglutition unimpeded; speech thick, and very indistinct; pulse 100. When the patient was moved, or anything refused him which he asked for, his face became convulsed as with passion, and for a few minutes he screamed violently through his clenched teeth. There was no pain so long as he was at rest. The bowels had been freely acted on by the calomel he had taken, which was directed to be continued for the present, and in addition to have pounded ice applied to the spine, and a warm bottle to the feet. The ice was to be kept constantly applied to the spine, but the back to be examined at intervals, and wiped dry. The diet was ordered to be beef-tea and wine as before.

Nov. 12th. He had a restless night, and paroxysms of screaming; his general condition was the same as on the previous day.

Nov. 13th. He had a quieter night. The bowels had been purged. The calomel was ordered to be suspended. In other respects, he was the same as on the 12th.

Nov. 14th. At 7 A.M., and again at 9 A.M., he had a spasmodic attack, which lasted from ten minutes to a quarter of an hour, in which he was seen by Mr. J. W. Teale, the house-surgeon, who was summoned by the nurse, as the patient was thought to be dying. He was, as Mr. Teale reports, strongly convulsed; the head bent back, the arms bent at right angles across the chest, and rigid. The recti muscles of the abdomen, and the whole belly were intensely rigid. The feet were arched forwards so as to rest on the toes. On each occasion there was distinct opisthotonos. The respiration was laborious; the cheeks were blown out, and the breath forced violently through the clenched teeth. The screaming was fearful, and almost continuous. The veins of the head and neck were congested, and the lips livid. These attacks gradually subsided, leaving the patient in a weakened condition.

Nov. 15th. He had had two more attacks this morning similar to those of yesterday, but more violent. The jaws were still closed, and the muscles of the neck rigid, those of the arms less so. Pulse 100.

Nov. 16th. He had had no fit since yesterday; had passed a quiet night; in other respects he was much the same. His bowels were confined; he was ordered to have a terebinthinate enema; and the beef-tea was increased to three pints, and he was ordered to have four ounces of wine.

November 17th. The muscles of the neck and arms were less rigid; movement did not cause much pain. The lower extremities were much in the same condition as above described, but they could be moved without inducing much pain.

Nov. 18th and 19th. He was much in the same state.

Nov. 20th. He had not had a fit since the 16th; and was much the same. The bowels had been confined the last two days; the enema was repeated.

Nov. 21st. He was improving in every respect. The muscles of the arms, chest, abdomen, and lower extremities were less rigid, and could be moved without producing pain. The muscles, however, of the neck and jaw continued contracted and rigid. An ice-pad was ordered to be applied to the upper part of the neck.

Nov. 22nd. He had been gradually improving since the last report. The muscles of the neck and jaw were relaxed; the pursing up of the lips had disappeared. He could separate his jaws about the eighth of an inch, and spoke more plainly. He had been able this morning to turn himself on his side. The ice to the spine, which had been constantly kept applied since November 11th, was ordered to be left off for three hours during the twenty-four; the ice-pad to the neck to be continued as before.

Nov. 23rd. He was improving. He had expressed a dislike to the beef-tea, which was to be exchanged for veal-broth with four ounces of sherry in it; the wine to be continued. The bowels were open by the enema.

Nov. 25th. He opened his jaws so as just to separate his teeth. The abdominal muscles were less rigid; he moved his arms and feet.

Nov. 27th. He continued to improve; and opened his jaws so as slightly to protrude his tongue.

Nov. 28th. He was much improved; and ate some bread and milk for breakfast. The bowels were opened to-day for the first time spontaneously.

Nov. 29th. The mouth was much more open; the swollen appearance of the face was much diminished. He moved his head about easily. His voice was natural. He was allowed to sit up during the time when the ice is not applied.

Dec. 2nd. He had been gradually improving since the last report; and was able to walk a short distance with some help. He fed himself, and masticated his dinner, a mutton-chop, with ease. The muscles of the arms and lower extremities were in a natural state; those of the neck still somewhat contracted. The abdominal muscles were much softer and scarcely at all contracted; but, if rubbed, or called into special action, they became rigid for some time. The bowels had been open naturally for the last three days. The application of ice was ordered to be discontinued gradually, diminishing the time by an hour daily; the ice-pad to the neck to be continued as before.

Dec. 13th. The ice had to-day been wholly discontinued. He was steadily improving, and had gained flesh. There was still some rigidity of the abdominal muscles. He walked about a little without assistance.

Dec. 29th. The improvement since the last report had been steady and continuous. He could open his mouth wide. There was no tenderness at the back of the neck. During the last few days, the bending forward of the head had entirely disappeared. The abdomen was much less tense; though when he was standing quite upright, the muscles became slightly rigid. He could walk and run as well, he said, as ever he could; and thought he was stouter than when he met with the accident which caused his illness. He was this day discharged recovered. A week after his discharge, he came to the hospital, and expressed himself as being perfectly well.

I am informed by my friend Mr. J. K. Spender, that, in 1851 or 1852, he saw a case of tetanus, under the care of Dr. Todd, in King's College Hospital, which was treated by means of ice applied to the spine. It terminated fatally. Those who, with Mr. Erichsen and others, divide tetanus into an acute and a subacute or chronic tetanus, will probably be disposed to locate the case now related under the latter division, and to regard the treatment as having little to do with the result. Those, however, who coincide with the view taken by Romberg in the following extract may be inclined to consider the remedy used to have been efficacious in the recovery of the patient: "The distinction as to time—acute and chronic tetanus—is as little tenable as the classification, according to the region affected; the same conditions are the causes of the disease, whether it runs its course in a certain number of hours or days; besides it would be difficult to justify the application of the term chronic to a cycle of a few weeks." (Romberg, *Diseases of the Nervous System*, vol. ii, Sydenham Soc. Edit., p. 107.)

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

ON AMPUTATION BY SINGLE FLAP.

By Henry D. Carden, Esq., Worcester.

[*Read at Birmingham, Feb.* 11, 1864.]

The object of the present paper is to bring before you the practical results of a plan of operating in amputation of the thigh adopted by me in 1846, as shown in a series of thirty-one cases occurring in my practice during eleven years from that period; and which I have called amputation by single flap, or, more precisely, single skin-flap; and, at the same time, to state my reasons for adopting this method in preference to any other.

Every surgeon who has had much experience as a dresser, must be familiar with the difficulties that especially beset him in dressing patients after amputations of the thigh; nor will he readily forget the anxious time he has passed in taking charge of a painful and twitching stump, looking out for secondary hæmorrhage, or his subsequent task of having to deal with profuse suppuration, unmanageable or insufficient integument, retreating muscles, and obtrusive bone; and how he inwardly purposed to avoid all this in future, if he should haply succeed to wield the knife himself.

Under these impressions, I commenced hospital practice in 1838; when chloroform, the handmaid of conservative surgery, was unknown, and when celerity of execution was the order of the day; when we were taught to stab the limb with Lisfranc's long knife, and, having made two cuts outward with the rapidity of lightning, and sawn the bone with breathless haste, to consign the severed limb to the sawdust in less than sixty seconds.

I adopted these somewhat theatrical performances at that time, operating by the watch as others did; and, I believe, with about the same amount of satisfaction and success. Occasionally, however, shattered limbs presented themselves, which did not admit of such rapid manœuvres. There were two cases in particular, where the accident had left nothing but cold and flimsy shreds of skin to cover the shoulder-joint and exposed acromion in one case, and the tibia and fibula in the other; and I was driven to the necessity of shaping and economising them as best I could; and the result of these two cases is not without significance.

In 1845, my attention was drawn to a few of my old cases of amputation; and I was much struck by the fact that, where double muscular flaps had been employed to cover the end of the bone, the cicatrix had been drawn gradually over the sawn part, rendering the stump incapable of bearing the least pressure; whereas, in the two cases referred to, the flaps were plump and painless, and capable of bearing very considerable pressure on the end without flinching.

Under these circumstances, I determined to try the method of amputation by a single flap of skin; and I have been so well satisfied with the results that I have never since that time used any other.

The operation consists in reflecting a rounded or semioval flap of skin and fat from the front of the joint (Fig. 1); dividing everything else straight down to the bone; and sawing the bone slightly above the plane of the muscles; thus forming a flat-faced stump with a bonnet of integument to fall over it. (Fig. 2.)

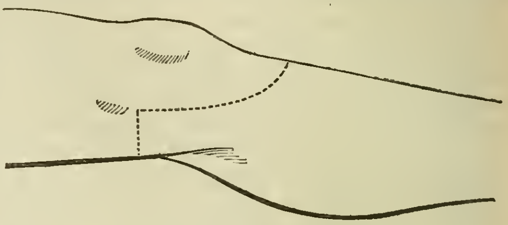

Fig. 1.—Line of Incisions.

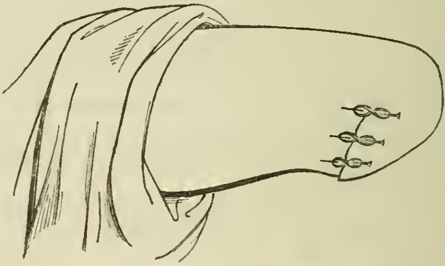

Fig. 2.—Flap covering Stump.

The operation is simple; and is performed easily in two ways.

The operator, standing on the right side of the limb, seizes it between his left forefinger and thumb at the spots selected for the base of the flap, and enters the point of the knife close to his finger, bringing it round through skin and fat below the patella to the spot pressed by his thumb; then, turning the edge downwards at a right angle with the line of the limb, he passes it through to the spot where it first entered, cutting outwards through everything behind the bone. The flap is then reflected, and the remainder of the soft parts divided straight down to the bone; the muscles are then slightly cleared upwards, and the saw is applied.

Or, the limb being held as before, the hand and knife may be brought round under the limb, as in the circular operation, and the blade entered near the thumb and drawn round to the opposite side, when the ham may be cut across by turning the edge of the knife upwards, and the operation completed as before. This requires rather more dexterity and flexibility of wrist than the first method.

Or the flap may be reflected first, and the knee examined, particularly if the operator be undetermined between resection and amputation. In amputating through the condyles, the patella is drawn down by flexing the knee to a right angle before dividing the soft parts in front of the bone; or if that be inconvenient, the patella may be reflected downwards.

In this operation, the arteries are easily found and secured, without loosening the tourniquet; but there is a point worth noticing whilst tying the popliteal artery in this situation; namely, its close proximity to the vein, and the tendency to secondary hæmorrhage from the vein in consequence. This occurred to such an extent in two of the early cases, that I had to re-open the dressings, and found the closure of the vein prevented by the stroke of the artery. This was immediately checked, and afterwards always prevented, by gently separating the vessels for an inch upwards. The flap falls easily over the end of the bone; and, when united to the posterior integuments by a few pins or sutures, is drawn strongly upwards and backwards by the greatly retracted flexors, and has a somewhat puckered and redundant appearance at first, as shewn in Fig. 2. This is no disadvantage.

The dressing may be of the lightest and simplest kind; a few strips of soap-plaster between the sutures, and a light bandage perhaps. I have often been content to use a cap of soft porous linen, drawn over the end of the stump, and secured above by a broad circular strip of plaster. Whatever dressing be used, it is of great importance to loosen it and examine the stump early, and to carefully provide for the free escape of serum.* I remove the pins or sutures at from twenty-four to forty hours at furthest, and never find that I have opened the dressings too soon.

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* I lay the more stress on this point from the first, as Mr. Fergusson, in his work *On Surgery* (page 134), is liable to be misunderstood.

TABLE I.—*Amputations at the Thigh by Single Skin Flap, performed by Mr. Carden from July* 1846, *to December* 1856.

No.	Date.	Name.	Age.	Disease or Accident.	Result.	Remarks.
	1846.					
1	July 14.	James George.	32	Disease of knee.	Recovery.	Hæmorrhage from vein. Fig. 6.
2	October 12.	Charles Good.		Disease of knee.	Recovery.	Hæmorrhage from vein.
3	November 18.	Mr. Godsall.	45	Disease (cancer) of tibia.	Death.	Advanced encephaloid of head of tibia. Death from hæmaturia, Dec. 14th. Stump healing favourably.
	1847.					
4	April 6.	James Jones.	20	Disease of knee.	Recovery.	Bears his weight on the end of stump; uses peg-leg, 1863.
5	April 15.	Saml. Walker.	49	Disease of knee.	Recovery.	
6	April 15.	Joseph Stanton.	19	Disease of knee.	Recovery.	Whole weight borne on the end; walks thirty miles a day. Fig. 5.
7	July 6.	Mary Bourne.	40	Disease (cancer) of tibia.	Recovery.	Old diseased tibia after burn, assuming malignant character.
8	August 19.	Wm. Jackson.	24	Disease of knee.	Recovery.	Amputation through anchylosed joint. Old fractured patella. Figs. 3 and 4.
9	October 15.	Abel Vine.	36	Disease of knee.	Recovery.	Under treatment nine years; great pain and emaciation; bears full weight. 1863.
	1848.					
10	February 19.	James Bridges.	11	Disease of knee.	Recovery.	Bore very firm pressure on the end in a fortnight.
	1849.					
11	June 25.	Wm. Cooper.	22	Disease of knee.	Recovery.	Bore half his weight before leaving.
12	June 4.	Caroline Jeffs.	19	Disease (cancer) of femur.	Recovery.	Advanced encephaloid of femur. (Museum.) Amputation at upper third. Discharged cured on July 21. Disease returned in liver two years afterwards.
13	August 30.	Ann Jones.		Disease of knee.	Recovery.	
14	November 9.	Wm. Coborn.	30	Disease of knee.	Recovery.	
	1850.					
15	August 29.	Charles Hook.	14	Disease of tibia.	Recovery.	
	1851.					
16	April 3.	Wm. Andrews.	20–30	Accident.	Recovery.	Leg smashed into knee-joint. Primary amputation.
17	November 8.	Wm. Hill.	18–25	Accident.	Recovery.	Extensive laceration extending into joint. Primary amputation.
19	December 19.	John Finn.	21	Disease (cancer) of tibia.	Death.	Encephaloid disease of head of tibia. Died from exhaustion on January 15.
	1852.					
20	May 12.	Maria Lea.	46	Accident.	Death.	Smashed leg and knee. Extensive contusions. Primary amputation. Died in twenty-four hours. No reaction after accident.
	1853.					
21	July 23.	Elizth. Bishop.		Disease of knee.	Recovery.	
22	December 24.	John Watts.	28	Accident (railway).	Recovery.	Compound fracture of right leg, with fracture of left; contusions. Secondary amputation.
	1854.					
23	February 26.	Wm. Ashton.	15	Accident (machine).	Recovery.	Primary amputation.
	1855.					
24	March 12.	Captain H.	40	Disease of knee.	Recovery.	Extensive suppuration of knee-joint and thigh. Old fractured patella. Slow recovery. Fig. 7.
25	May 12.	Wm. Stone.		Accident.	Recovery.	Severe contusion of pelvis and abdomen. Secondary amputation.
26	September 20.	John Weaver.	35	Disease of knee.	Recovery.	
27	September 29.	Mary Ely.	20	Accident.	Recovery.	Secondary amputation.
	1852.					
28	February 26.	Joseph Liddell.	50	Disease.	Death.	Acute gangrene. Died on March 7.
	1856.					
29	March 20.	Wm. Insull.	48	Disease (cancer).	Death.	Encephaloid cancer of leg and knee, advanced. Admitted on March 19th. Exhausted from profuse hæmorrhages. Died exhausted on April 14th.
30	November 15.	Mary Jackson.	30	Disease of leg.	Recovery.	
31	December 24.	Ann Trenfield.	53	Disease of knee.	Recovery.	Had severe attack of erysipelas, after secondary hæmorrhage. Disease supposed to be malignant. Amputation at the middle of femur. Fig. 8.

The principal advantages obtained by this plan appear to me to be the following:—the facility afforded for amputating, either through the knee or through any part of the lower end of the femur; thus proportionately avoiding the shock of higher amputation, and the risks of exfoliation, pyæmia, etc., attendant on sawing through the cylinder of the bone; the simplicity of the whole proceeding, and small extent of the wound; the favourable position of the flap for dressing and for the escape of discharge; painlessness and quietude of the stump, the principal nerves being divided high up and drawn out of reach of pressure or exposure; the fitness of the stump to stand and walk upon; the bearing being broad, and the skin employed being accustomed to bear the weight of the body in kneeling; the cicatrix being drawn clear of the point of the bone, out of the reach of pressure.

The rate of mortality is very favourable as far as the numbers go; as will appear by an examination of the accompanying summary of the table of thirty-one cases. (See Table I.)

		Deaths.	Recoveries.
Primary, for accidents. .	4	1	3
Secondary, do.	3	0	3
Advanced cancer . . .	6	3	3
Sloughing gangrene . .	1	1	0
Disease	17	0	17
Total	31	5	26

Of the deaths, the largest number was 3 in 6 from cancer. Of these, Godsall (No. 3), aged 45, died of hæmaturia in twenty-six days; the stump was healing. John Finn (No. 19), aged 20, with advanced encephaloid, died exhausted in twenty-six days. And William Insull (No. 29), aged 48, died in eighteen days, exhausted by previous repeated hæmorrhages.

Of primary amputations for accident, 1 in 4 died; namely, Maria Lea (No. 20), aged 46, with smashed leg and knee and extensive contusions; she died in twenty-four hours; there was no reaction. (The recoveries were healthy young men, and a boy aged 15.)

There was one death from sloughing gangrene; viz., Jos. Liddell (No. 28), aged 50; death in nine days.

Of secondary amputations for accidents, 3 in number, all recovered; viz., Nos. 22, 25, 27—two railway guards, and Mary Ely, aged 20.

Of amputations for disease, 17, all recovered; the ages were from 11 to 53; 13 were males, and 4 females.

Of the 26 recoveries, sketches and photographs of some cases will fairly illustrate the average character of the stumps at different lengths of bone from the knee-joint to the middle of the shaft, at periods after amputation, varying from six weeks to eleven years; and one has been especially selected as the worst stump, taken about three years after amputation.

Case i (No. 8). Wm. Jackson, aged 24, was admitted into Worcester Infirmary July 24th, 1847, with soft anchylosis of the knee. He had been in the Gloucester Infirmary a year and a half previously, for fractured patella. He went out, and walked too soon. Inflammation and abscess followed; the joint was left to take its chance. On admission, the joint was bent and anchylosed at an acute angle (Fig. 3); the front of the tibia was adherent to the posterior surface of the condyles. The fragments of the patella were separated to the utmost. The joint was intensely painful; the slightest movement was insufferable.

August 19th. Amputation was performed through the joint (Fig. 4). The flap was reflected from the anterior tuberosity of the tibia upwards, sufficiently high to admit the knife through the joint down to the adherent bones. The muscles and tendons in the ham were divided, when the bony adhesions gave way. The rough surfaces were smoothed down; and the skin came together easily, and healed in twelve days. In September, he could bear his weight on a padded seat, before he left the hospital.

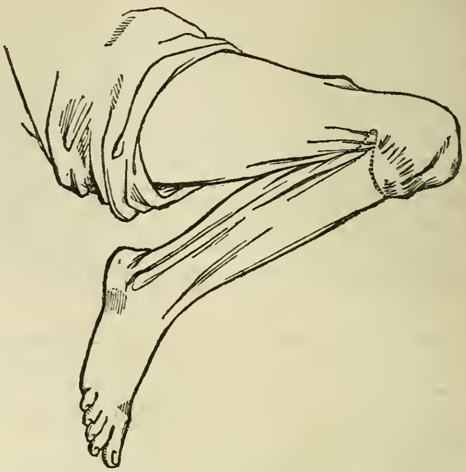

Fig. 3.—Wm. Jackson. Position of Leg and Lines of Incision.

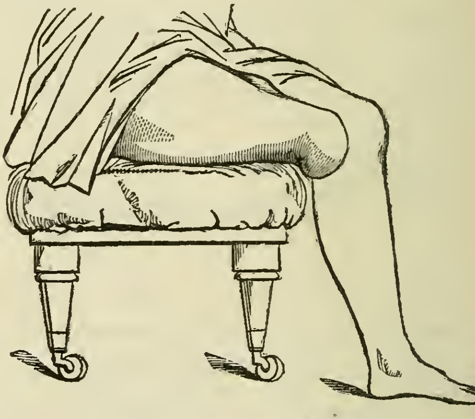

Fig. 4.—Wm. Jackson, after Amputation.

Case ii. The next in length is from Joseph Stanton (No. 6), whose leg was amputated on April 15th, 1857. Fig. 5 represents the stump eleven years afterwards. He walks very long distances, bearing on the end.

Case iii. James Jones, aged 20 (No. 4), had his leg removed one inch and a half above the condyles. He can walk fifteen or twenty miles a day, bearing on the end, with a common wooden leg. (1863.)

Case iv. James George, aged 32 (No. 1). Amputation was performed July 14th, 1846, two and a half inches above the end of the femur (Fig. 6). He bears nearly his weight on the end.

Case v. Charles Good (No. 2). The stump is of the same length as in Case iv. Amputation was done on October 12th, 1846. He bore pressure well in six weeks.

Case vi. Captain H., aged 40 (No. 24), had old pulmonary disease, and was much worn and wasted by profuse suppuration in the knee-joint and extensive abscesses of the thigh. Amputation was performed March 12th, 1855. The case was protracted, There was slight exfoliation. Fig. 7 is from a photograph taken in 1858, when more than half the weight was borne on the end with Gray's artificial leg. This worst stump was much praised by Mr. Gray for its capability to bear weight.

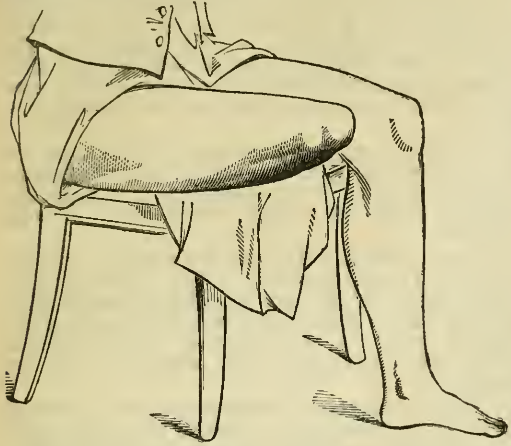

Fig. 5.—Joseph Stanton. Stump eleven years after Amputation.

Case viii. Mary Jackson, aged 30 (No. 30), had amputation performed two and a half inches above the condyle. She walks well on a wooden leg made by her husband, bearing on the end.

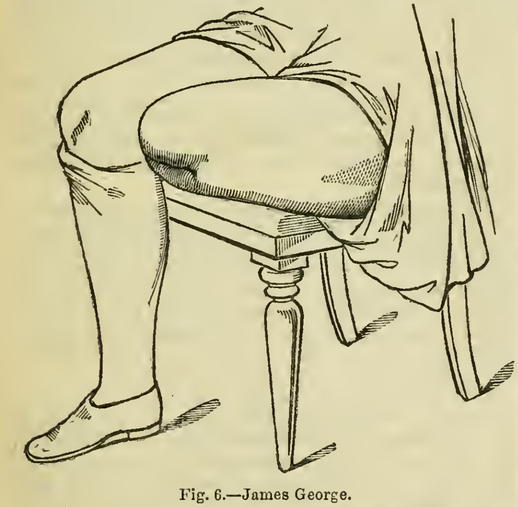

Fig. 6.—James George.

Case ix. Ann Trenfield, aged 53, December 24th (No. 31). Amputation was performed through the middle of the shaft. She had secondary hæmorrhage and erysipelas. She can bear pressure well on the end, but had not walked when the photograph was taken. (Fig. 8.)

With the exception of No. 12 through the upper third, for encephaloid disease of the femur, the remaining eighteen cases of recovery were amputations at the lower end of the femur, and corresponded in their capability of bearing weight on the end. In none was there any loss of skin from sloughing, although the skin in many cases was pale and puffy, frequently scarred with issues and other appliances, and occasionally perforated by sinuses. One of the most striking features in these cases is the remarkable thickening which the skin speedily undergoes, and the brawny firmness it afterwards acquires, when exposed to graduated pressure.

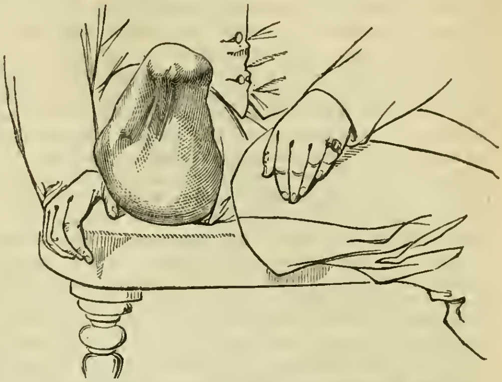

Fig. 7.—Captain H. Stump three years after Amputation.

Having been frequently urged, by friends who had witnessed the results of my method, to publish the foregoing cases, I had prepared the table in 1858, accompanied by the sketches and photographs, with that intention, when Mr. Teale's valuable work on *Amputation* appeared, and seemed to me, at first sight, to render anything further on the subject unnecessary on my part. Mr. Teale's method of operating with a long and a short rectangular flap appears to provide an excellent stump to walk upon, when the materials for forming it are attainable. The evidence of Messrs. Grossmith and Heather Bigg is conclusive as to the great superiority of Mr. Teale's operation in this respect over the double flap and circular. His rate of mortality, also, is greatly in favour of his plan, compared with the usual methods. It appears to me, however, that an eight-inch muscular flap is not always to be had, with due regard to the essential principle of removing the point of severance as far as possible from the trunk. (Erichsen's *Science and Art of Surgery*, second edition, page 20, lines 33, 34). The extent of wound is certainly great, being thirty-two inches in a circumference of sixteen; whilst the division of muscles longitudinally for eight inches can scarcely be accomplished at all times without risk of bad consequences, particularly by surgeons less skilful than Mr. Teale.

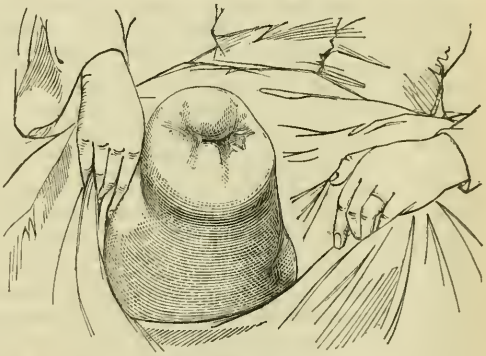

Fig. 8.—Ann Trenfield.

Mr. Lister's observations on Teale's method, in his essay on Amputation in the third volume of Holmes's *System of Surgery*, just published, bear so directly on the subject of this paper, that I may be allowed to quote his opinion. He says, page 162: "Thus, in a particular instance, where the development was by no means extraordinary, the dimensions were such that, supposing the anterior transverse incision made at the level of the upper border of the patella, it would have been necessary, in order to preserve Mr. Teale's proportions, to saw the bone eleven inches further up, or full five inches higher than if the modified circular operation were performed. This must, *cæteris paribus*, very seriously increase the risk, which is always greater the nearer the seat of amputation is to the trunk. The cut surface is also very extensive; and this would give rise to a correspondingly large amount of suppuration, if immediate union failed. It therefore becomes an important question, whether the advantages of Mr. Teale's plan may not be obtained in some less objectionable manner."

He then proceeds to propose a modification by an anterior flap of six inches in front, without any posterior flap at all, retracting the muscles two inches before dividing the bone; and observes: "That such a procedure would answer well is not, however, a mere matter of inference; for, since the appearance of Mr. Teale's work, Mr. Spence of Edinburgh has performed some amputations of the thigh according to his directions, and others by cutting from without inwards a large rounded anterior flap, dividing the posterior parts at the level of its base by a perpendicular sweep of the knife, and retracting the muscles before applying the saw. I have had the opportunity of comparing the fulness of the cushion in both cases; and Mr. Spence tells me that, where it has been formed after the latter mode, it has proved capable of bearing a large proportion of the weight of the body.

"Still this proceeding would involve as high a division of the bone as Mr. Teale's, if the anterior flap had the length above mentioned; and the question yet remains, whether it may not be curtailed, and eked out with a short posterior flap, without impairing the usefulness of the stump. Provided the covering of the bone be sufficiently full, the essential thing to be attained is, that the tender cicatrix shall be so placed as to be free from any chance of being squeezed between the bone and the bottom of the socket of the limb. Now, it fortunately happens .... that the bone lies forward among the muscles, so that even its posterior surface is considerably anterior in position to the longitudinal axis of the limb. Hence a flap half the diameter of the limb would more than cover the bone; and one as long as two-thirds of that diameter would ensure the scar being considerably behind the point of pressure; especially as the absence of the two inches of bone above the base of the flap would allow it to drop lower than it otherwise would. Also, in the further progress of the case, the contraction of the muscles will draw the cicatrix still further back; an effect long since noticed by Alanson" "after his circular operation."

Mr. Lister then proposes that, "in order to compensate for the diminution of the anterior flap, a posterior one must be made of rather more than half its length, and of rounded shape, for adaptation to it; and the integument of this flap should be dissected up before the posterior muscles are divided, so as to set it free from the effects of their contraction. On the other hand, the anterior flap, after being marked out by carrying the knife through the skin and fat, should be raised so as to contain a good deal of muscle, which will be useful, both by insuring the vitality of the rather long flap, and also by increasing the thickness of the cushion below the bone; while any tendency to contraction that it possesses (small, compared with that of the posterior muscles) will be counteracted by the force of gravity, through which it will naturally tend to occupy its proper place."

"By this mode of amputating, the bone will be divided about as low as in the modified circular operation; and, though I have not yet had much opportunity of trying it on the living subject, I feel satisfied from the above considerations, and from experiments on the dead body, that it will attain the essential objects of Mr. Teale's plan, while it will occupy less time than either of the methods alluded to. The flaps, when brought together, will be free from tension; and the stump, if properly dressed, most favourably circumstanced for safe and speedy healing."

In his observations on dressing, Mr. Lister lays great stress on providing a free escape for serum. This, I can say from experience, is a most important point, and one that cannot be too strongly urged.

It will be obvious from the above extract, that Mr. Lister still considers that no plan hitherto adopted has fulfilled the requisite conditions in amputations of the thigh; namely, that of obtaining a long and useful stump in this situation by a sufficiently safe and simple operation in amputations of the thigh.

The foregoing table of thirty-one cases, performed with the definite object of testing the application of a particular principle to amputation of the thigh, will, I venture to hope, not be without its use, if it can be proved, on a more extended scale, that skin and fat only, when placed properly over the end of a sawn bone, is quite equal, with a little attention to graduating the pressure at first, to sustain the weight of the body. When we find all the bony prominences and resting-points of the body and limbs covered only with skin and fat, why should not the broad ends of the femur and tibia be sufficiently protected by the same hardy covering? Having already tested its capabilities in amputations of every part of the extremities (except the hip-joint) for the last eighteen years, I feel great confidence in recommending its adoption, or at least a trial, on the part of the profession generally.

Mr. Sheppard has kindly favoured me with a record of cases kept by him of thirty-two amputations on this principle at the Worcester Infirmary, from June 1859 to the end of 1863, performed by himself, Mr. Budd, Mr. Walsh, and myself, with a mortality of seven in thirty-two. These numbers are not sufficiently great to warrant in themselves any general inferences, but, as far as they go, are very favourable, when the cases are sifted. (Table II.)

Of fourteen primary amputations for accidents, nine recovered. Of the five deaths, one, No. 10, aged 41, was complicated with fractured spine; one, aged 37, No. 13, was a double amputation of leg and arm; two, No. 14 and 19, were apparently sinking from hæmorrhage when admitted (thigh cases); and one, No. 7, died from pyæmia (leg).

Of disease, two died, sixteen recovered. No. 20, aged 68 (arm), died of pyæmia. No. 21, aged 59 (leg), died eleventh day, of exhaustion, bronchitis, and fatty degeneration of heart.

This table gives the following results.

				Deaths.	Recoveries.
Thigh	11	Accident	5	2	3
		Disease	6	0	6
Leg	10	Accident	5	2	3
		Disease	5	1	4
Arm	5	Accident	1	0	1
		Disease	4	1	3
Arm and Leg	1	Accident	1	1	0
Forearm	5	Accident	2	0	2
		Disease	3	0	3
	32		32	7	25

TABLE II.—*Amputations by Single Skin Flap, performed in the Worcester Infirmary, from June* 1859 *to December* 1863.

No.	Date.	Name.	Age.	Accident or Disease.	Part amputated.	Operator.	Result.	Remarks.
1	1859. June 14.	Wm. Taylor.	61	Disease.	Forearm.	Mr. Carden.	Recovered.	Skin flaps. Muscles divided circularly.
2	June 20.	Thos. Carter.	44	Disease.	Forearm.	„ Budd.	Recovered.	Nine days before admission wounded the thumb. Inflammation and abscesses followed, which rendered amputation necessary.
3	July 27.	Adam Keller.	40	Accident.	Forearm.	„ Sheppard.	Recovered.	
4	June 20.	Wm. Davis.	19	Disease.	Leg.	„ Carden.	Recovered.	Amputation in the lower third of tibia.
5	July 9.	T. Reynolds.	19	Accident.	Thigh.	„ Carden.	Recovered.	Gun-shot wound of the knee-joint, a large charge entering on the outer side, and remaining in the joint, completely destroying the cancellous structure, and splintering the femur for nearly two inches.
6	Aug. 17.	Wm. Petford.	34	Disease.	Arm.	„ Sheppard.	Recovered.	Disease of the whole shaft of the humerus, commencing in acute ostitis, immediately above the elbow-joint, thirteen months before admission into the hospital.
7	Aug. 23.	J. Merriman.	10	Accident.	Leg.	„ Sheppard.	Died.	Amputated below the knee. Died of pyæmia on the tenth day.
8	Sept. 15.	Susan Stag.	30	Disease.	Thigh.	„ Budd.	Recovered.	Cartilages found to be softened and ulcerated; surrounded with pus. Tibia and femur enlarged.
9	Oct. 17.	Jas. Hughes.	20	Accident.	Leg.	„ Carden.	Recovered.	Amputated in the lower third of the leg.
10	1860. Jan. 21.	J. Bachelor.	41	Accident.	Leg.	„ Carden.	Died.	Amputation was performed, but with little hope he would long survive the operation, as the lower limbs were completely paralysed from a fracture of the dorsal vertebræ.
11	March 17.	Sarah Delve.	47	Disease.	Thigh.	„ Sheppard.	Recovered.	Amputated about the middle of thigh.
12	Feb. 23.	Allen Bullock.	11	Accident.	Forearm.	„ Sheppard.	Recovered.	
13	Sept. 18.	Jno. Poulson.	37	Accident.	Arm and leg.	„ Sheppard.	Died.	Amputation below the shoulder- and knee-joints. The patient lived but a few days.
14	Sept. 19.	Thos. Farley.	11	Accident.	Thigh.	„ Sheppard.	Died.	Loss of blood very great before he arrived at the hospital, to which cause death may be referred.
15	1861. Feb. 16.	R. Churchyard.	43	Disease.	Thigh.	„ Carden.	Recovered.	Inner condyle carious. Cartilages ulcerated.
16	Sept. 14.	G. Caldicott.	50	Disease.	Arm.	„ Budd.	Recovered.	Amputation was preferred to excision, on account of the patient's health. He died of phthisis a few months after.
17	Sept. 26.	R. Davis.	55	Disease.	Forearm.	„ Budd.	Recovered.	The whole of the carpus was completely carious.
18	Oct. 31.	Betsy Newman.	31	Disease.	Thigh.	„ Budd.	Recovered.	Recovered, with a good stump.
19	Oct. 29.	Ann Moore.	39	Accident.	Thigh.	„ Budd.	Died.	A large quantity of blood was lost previous to the operation.
20	Dec. 15.	F. Turner.	72	Disease.	Arm.	„ Sheppard.	Recovered.	The joint was found extensively diseased.
21	1862. Jan. 2.	T. Bristow.	59	Disease.	Leg.	„ Sheppard.	Died.	On the eleventh day, symptoms of exhaustion set in, with bronchitis. He died on the twelfth. *Post mortem.* All the organs were healthy, with the exception of the heart, which was small. The cavities were empty. Both ventricles were exceedingly thin and softened, and in a state of advanced degeneration.
22	July 14.	Elzth. Glover.	24	Disease.	Leg.	„ Budd.	Recovered.	Amputated about the middle of the leg.
23	July 22.	Jas. Dallow.	13	Disease.	Thigh.	„ Walsh.	Recovered.	This patient had hæmorrhage a few days after the operation.
24	July 22.	Emily Jones.	12	Accident.	Thigh	„ Walsh.	Recovered.	A bad railway accident, rendering amputation necessary about the middle of the thigh.
25	Aug. 10.	Saml. Groves.	8	Disease.	Thigh.	„ Sheppard.	Recovered.	The child's parents would not permit excision to be performed.
26	Aug. 25.	Wm. Clarke.	10	Accident.	Thigh.	„ Sheppard.	Recovered.	A thrashing-machine accident. Amputation at the middle of the thigh; muscles divided circularly; skin flaps.
27	Sept. 25.	Wm. Selby.	55	Disease.	Leg.	„ Walsh.	Recovered.	Amputated in lower third of leg.
28	Oct. 23.	John Lves.	23	Accident.	Leg.	„ Budd.	Recovered.	Amputated below the knee.
29	Aug. 22.	Thos. Powell.	68	Disease.	Arm.	„ Walsh.	Died.	Removed about the middle of the arm. Died from pyæmia.
30	Dec. 27.	C. Prossor.	17	Accident.	Leg.	„ Sheppard.	Recovered.	Amputated immediately below the knee.
31	1863. March 14.	Jas. Shewell.	28	Accident.	Arm.	„ Walsh.	Recovered.	There was hæmorrhage from the nutrient artery of the bone, requiring the actual cautery to suppress it.
32	Dec. 10.	J. Treherne.	30	Disease.	Leg.	„ Sheppard.	Recovered.	This man lost both feet from frost-bite.

British Medical Journal.

SATURDAY, APRIL 16TH, 1864.

THE MEDICAL COUNCIL: ITS DUTIES.

We last week pointed out the main objects of the Medical Act; the nature of the machinery by which its provisions are to be carried into effect; and alluded, in particular, to the duties of the Medical Council as enjoined by the Act. We stated that a portion of these duties had been already accomplished, the Council having published annually a *Register*, which up to the present time has cost the profession £50,000, and which continues to abstract some £4000 every year from the same source. The advantages and uses of this expensive *Register* we examined, and regretted to find them of a very problematical character. We said, also, that the Council had discharged another of its functions; it had issued a national—the *British*—Pharmacopœia; a work which has proved, of its kind, one of the most remarkable phenomena of the day; having cost, we believe, a larger sum of money for its publication than has ever been expended on a similar amount of labour since the days when authorship first became a business. The manuscript of Milton's *Paradise Lost*, we are informed, was purchased by a bookseller for ten guineas. The authorship of the *British Pharmacopœia* will, we venture to guess in anticipation of forthcoming accounts, cost "the worst paid of all the professions," as we delight to style ourselves, some £8000.*

The pharmaceutists assure us that they could have produced a *Pharmacopœia*, quite as comprehensive, and certainly not less accurate, for £500. *Valeat quantum valere potest.* The *Pharmacopœia* is, in truth, remarkable in having received the most unlimited condemnation from both friends and foes. It reminds one of poor old declining Falstaff, "All the world takes delight in girding at me."

The Council, however, in publishing the *Register* and the *British Pharmacopœia*, has performed duties enjoined by the Medical Act; and if the profession has not appreciated these publications at their true value, they must be endowed with some rare merits not yet recognised.

But the principal and especial business of the Medical Council yet remains to be performed. The Council is one essentially of Medical Education; and the medical education of the country is in a most unsettled and unsatisfactory state. To the Medical Council has been delegated the very arduous and responsible duty of regulating this education, of removing the evils which attach to the present system, and of promulgating in its stead one more perfect. This is now the business, *par excellence*, of the Council; this is its duty, and it stands responsible to the government, the public, and the profession, for a due and proper performance of this duty. Should it fail in this, there will be no excuse. Any regulations which the Council may deem it right to recommend, it has full powers to enforce; and should any recalcitrant College or University turn a deaf ear to these recommendations, the Medical Act has, in the twentieth and twenty-first sections, provided a remedy; making it lawful for the Privy Council, upon a representation by the Medical Council to that effect, "to order that any qualification granted by such College or body, after such time as may be mentioned in the order, shall not confer any right to be registered."

It must be manifest, that the business of the Council is a serious affair; and we trust that its members will bear in mind that it is not to advocate or defend their own corporate interests that their meetings are held; but to deliberate and decide on questions of vast importance to the community; inasmuch as they involve measures for elevating the status and improving the medical knowledge and skill of practitioners of medicine.

Need we remind the Council that its operations are somewhat costly? and that, on this ground also, the profession may reasonably keep a watchful and suspicious eye on its proceedings. The £2000 *per annum* which the Council costs will, however, cheerfully be paid by the profession, provided the responsibilities of office are rightly estimated, and its duties conscientiously discharged. Every individual member of Council no doubt feels all this more fully than we can describe; and if we remind them of these things, we do so in order to impress on their attention the exact relation in which the Council stands in the matter of duty to those whom it represents; viz., the whole body of the medical profession and the public at large.

Well, then, when the Medical Council assembles, as it shortly will, it must be prepared to stand face to face with the great question of medical education. To the solution of this problem, its collective wisdom and its corporate energies will be directed and concentrated. This, indeed, we may say, will be its sole business; and should the Council meet and terminate its sittings without promulgating some definite and practical propositions regarding medical education, we need scarcely say that great and general disappointment will be felt by the profession.

But it must not be supposed that the Council has hitherto been wholly idle in this matter. Indeed, it may be said to have done much. It has talked much, inquired much, and recommended much; but it has not entered as yet on the great subject for inquiry. It has, speaking professionally, diagnosed certain excrescences and found out some weak parts and irritable places; but the treatment has been expectant, or, at the most, palliative only—a gentle alterative at one time, or something soothing at another. Indeed, we could scarcely have expected the Council, at the commencement of its operations, to have acted otherwise; for it found itself composed of representatives from many corporations entertaining very different views, and having opposing interests. We feel, and strongly feel, that any jealousy which rival corporations may entertain towards each other ought not to find expression in the Council; that any considerations which affect the pecuniary or other interests of any particular body, ought not to be allowed to exercise a prejudicial influence on the decisions of the Council; and we may add that, in our opinion, the pleasures of social intercourse, or private professional business, ought not to occupy time and thought which of right should be devoted to those very important considerations on which the Council is now about to enter. If such things have been, we will look at them as things of the past, and regard the present Council as really a patriotic body having one sole object in view, the good of the profession and the public.

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* We of course conclude that the sale of the book will pay for its printing, etc. We have not made allowance for any loss under this head, because we are unwilling to suppose that such a misfortune can happen.

The Council, as we have said, has already done something in the matter of general education. It has issued certain recommendations, and it has recognised the testamurs of several educating bodies, although the value of these testamurs is very different. As regards professional educations, it has also issued recommendations. It has fixed the minimum age for obtaining a qualification to practise at 21; four years as the required minimum period of professional study; and the minimum number of examinations to be undergone at two—one to be passed at the end of the second, and the other at the end of the fourth year of study.

These recommendations, the Council has already formally issued; but the recommendations, we regret to say, have been hitherto not generally adopted by the examining bodies; and although the College of Surgeons and the Society of Apothecaries may see reason to differ in opinion from the majority of the Medical Council as to these recommendations, we feel certain that no one will approve of the continued opposition offered by those bodies to the carrying into effect recommendations which a majority of the Medical Council has deliberately approved. This opposition is the more painful, when contrasted with the readiness with which other corporations have brought their regulations into the strictest conformity with the recommendations of the Council, thus giving a moral power and influence to that body by publicly acknowledging and submitting to its authority.

The Council, by what it has done, has undoubtedly prepared the way for its future proceedings; and what it has now to do, seems to us somewhat as follows.

In the first place, it should fix definitively the minimum period of professional study; and having fixed the minimum, should take care that the rule be enforced on the examining bodies.

In the second place, it should determine and name the subjects of study, and the minimum time which should be devoted to each.

Thirdly, it should point out the order in which these subjects would be most advantageously studied.

And, fourthly, it should fix the number and the nature of the examinations to be undergone before the student can obtain a qualification to practise; remembering always that, by the eighteenth section of the Medical Act, power is given to the members of the Medical Council, or to persons deputed by them, to be present at the examinations conducted by the different examining boards; a fact evidently pointing out that it is one of the duties of the Council to satisfy themselves both of the character and sufficiency of the examinations.

The first question probably which will engage the attention of the Council, will be the number of lectures which students shall be required to attend. Happily, on this point, there appears to be a pretty general accordance of opinion; viz., that the number is at present unnecessarily and mischievously excessive. Hence, we may fairly hope that the Council will recognise the necessity of giving the student some effective relief. The complaint of the multiplicity of lectures now enforced on the student is nearly general; nothing, indeed, could more clearly demonstrate the necessity for some authoritative interference to regulate and limit these lectures, than the differences in the number of lectures comprised in the courses, and the variety of subjects taught, at the different medical schools. Every school entertains its own opinion on these matters; but is it possible that all, so widely differing as they do, can be right? What is the bewildered student to do? or how is his perplexed parent or guardian to decide under such circumstances?

Mr. Callender, in his pamphlet *On the Present System of Medical Education in England*, assures us that medical education has been brought to such a height of perfection in London as to be incapable of improvement; but how does his statement accord with the simple fact, that each school has a different estimate of the requirements of study, and adopts different measures of teaching? Or is it that he considers the standard and method adopted at St. Bartholomew's to be the perfection of an educational course?

Let us look a little closer into this matter. Mr. Syme complains of the number of lectures given at the medical schools in Edinburgh; but we will venture to say that we can at least match the number in

London. We do not desire to take our reader's breath away; but we think we shall astonish him, and perhaps Mr. Callender himself, by simply relating the courses of lectures, etc., actually delivered, or at least advertised as to be delivered, in the different schools of medicine in the metropolis. We have, *imprimis*, the following courses of lectures:—

Anatomy, descriptive and surgical.
Anatomy, physiological and general.
Anatomy, comparative.
Anatomy, histological and minute.
Anatomy, morbid.
Anatomy, pathological.
Dissections.
Chemistry.
Chemistry, practical.
Chemistry, experimental and analytical.
Botany.
Materia medica and therapeutics.
Midwifery, and the diseases of women and children.
Midwifery, clinical.
Medicine.
Medicine, clinical.
Surgery.
Surgery, clinical.
Surgery, aural.
Surgery, dental.
Surgery, ophthalmic.
Surgery, operative.

Then we have—

Demonstrations, anatomical.
Demonstrations, surgical operative.
Demonstrations of cutaneous diseases.
Demonstrations, microscopical.
Demonstrations of morbid anatomy.

Next we come to Practice, and here we find—

Practice, hospital medical.
Practice, hospital surgical.
Practice, hospital, diseases of women and children.
Practice, hospital, out-patients' department.
Practice of midwifery.
Practice of ophthalmic surgery.
Practice of dental surgery.
Practice of aural surgery.
Practice of pharmacy.
Practice of vaccination.
Practice of bandaging.
Dressership.
Clinical clerkship.

In some schools, a few extra *hors d'œuvres* are added to this educational feast; viz.,

Palæo-zoology.
Natural philosophy.
Experimental philosophy.
Medical classics.
Public health.

Such is the banquet which the collective wisdom of the different educational purveying bodies in London has provided for the literary appetites of the rising generation of medical students; and which Mr. Callender considers may be safely devoured without risk of producing intellectual flatulence or other mental disorder. We will simply leave this catalogue of London lectures, demonstrations, and practical duties, to the consideration of the Medical Council. What need of argument to satisfy the Council that it must interfere in this direction, and at once? It is manifestly its duty; it is as evidently a necessity. Let Jupiter then issues his decrees; and out of his Council Chamber put an end to the perplexities of parents and guardians, telling the willing but bewildered student the kind and the extent of study best suited to his mental capacity.

"Quid valeant humeri, quid ferre recusent."

GERMAN *v.* ENGLISH OPHTHALMOLOGY.

The first number of a new quarterly journal, *The Ophthalmic Review*, made its appearance on the 1st of April, under the editorship of Mr. J. Z. Laurence of London and Mr. T. Windsor of Manchester. Its contents have, we confess, surprised us. It makes one ask, Is there such a thing as English ophthalmic surgery? Does all ophthalmic knowledge grow and spread from Germany? If this *Review* be really a true exponent of ophthalmic science, all we can say is, that English ophthalmology is sadly behind the bright light of German scientific inquiry. Of the five original papers contained in this new *Review*, three are written by Germans; viz.: 1. On the Form of Cataract Knives, by Dr. Zehender of Bern; 2. On the Calabar Bean, by Professor Von Gräfe; and 3. On Retinitis Pigmentosa, by Dr. A. Mooren. Other two papers there are: on Iridectomy, etc., by Mr. Windsor; and on Cases of Paralysis of Accommodation, etc., by Mr. Moon. Mr. Windsor also gives the Retrospect of British and Foreign Medical Journals, which is followed by a review of English Ophthalmoscopic Literature. On casting an eye through the Retrospect, we deeply regret to find that, as regards *British medical journals*, Mr. Windsor can scarcely find anything worthy of record in the ophthalmic way. Mr. Hilton is made to say a few words on the Treatment of Orbital Abscess, and Mr. Power on the Division of the Ciliary Muscle—in all, about a page and a half. But it takes seventeen pages to tell the retrospect of German doings in ophthalmic surgery. These figures, we trust, do not actually represent the relative merits of German and English eye-surgery. The Retrospect tells of the doings of Schirmers, of Bardlebens, Frederichs, Rühles, Von Gräfes, Horners, Weckers, Jacobis, Demmes, and Knapps. The doings of French surgery are represented in the name of M. Colin, in half a page. A Review of English Ophthalmoscopic Literature winds up the journal, and may, in short, be summed up as a general comparative laudation of things Germanic, and as a very low estimate of English oculists in general. Dr. Mackenzie, Mr. Wharton Jones, and Mr. Dixon, are quoted to show how unpardonably ignorant they have shown themselves of the ophthalmoscope through their published writings. Dr. Rainey had good intentions, but has failed in carrying them out. Mr. Hulke is accurate as far as he goes; but his book is useless, because it does not go far enough. It opens a glimpse of a new region, and then slams the door in the face of the intelligent reader. Mr. Jabez Hogg's turn comes next; and, as his book has been most lengthily and particularly abused, we suppose we may conclude, on the ordinary principles of criticism, that it is considered by his abuser as the most important work hitherto written on the subject.

Is this, we again repeat, really the lamentable estate of British eye-surgery? Are all our literary oculists merely literary failures? And is there no wisdom oculistic except what comes from Germany or bears the magic stamp of a German name? Have we no "modest and sagacious Helmholtz"? Are our ophthalmic writers indeed so gravely rebuked by the doings of Coccius, Van Trigt, Ruete, and Sämann, Anagnostakis, Schamenburg, Jäger, Stellwag von Carion, Cramer, Donders, Müller, Henke, as this new *Review* would lead the world to believe? We shall leave our ophthalmic surgeons to answer the question.

BETHLEHEM HOSPITAL.

Our readers will see that a meeting of the Governors of Bethlehem Hospital has been held to discuss the question, raised by the Commissioners of Lunacy and Sir George Grey, of the removal of the hospital into the country. Evidence was read, medical evidence, to show that the present site was in every way excellent; and that it would be worse than folly to think of removing the hospital into the country. Medical evidence equally good, no doubt, could be readily produced to show that its removal into the country is in every way most desirable; but, strangely enough, no evidence of the sort was produced.

Dr. Wood, one of the medical evidence in favour of the present site, said that no reason had been given for the removal. We think, on the other hand, it may be very truly said, that neither has any reason been given why the hospital should not be removed. *A priori*, it is self-evident, that a lunatic asylum ought to be placed in the country. No man, we suppose, would be mad enough to propose establishing Bethlehem Hospital where it now is, if the building had to be started anew. The only possible defence for its existence on its present site is, that there it is, a magnificent pile of buildings. If anything were required to prove this, it would be found in the so-called arguments used by the medical men called in defence of the *status quo* (as given in the *Times*).

Mr. Lawrence argued that the interference of Sir George Grey was repugnant to the Governors of Bethlehem; that the present site was open and well suited for a lunatic asylum *or a hospital*. Dr. Goode concurred, and asked, how could the patients be taken ten or twenty miles into the country? Dr. Wood said that the building was handsome, and the hospital healthy, and the grounds sufficiently large. There is, we take it, no need for us to refute such statements as these. They really amount to absolutely nothing; and, in fact, indicate pretty clearly the weakness of the cause in whose defence they are adduced. The only really valid argument which can be suggested in defence of Bethlehem Hospital remaining where it is, is simply the fact of its existence there—a money question.

It does, we confess, surprise us to find gentlemen deeply conversant with lunacy bold enough to affirm that lunatics confined, immured, between high walls, with no rural occupations, with none of the happy employments of life which are open to them in the country, are in as good a position as they might be. They seem to have argued as if the mental and bodily occupation of these wretched creatures were a thing of no account. The site is healthy; what more can you desire? How are the lunatics to be got to a hospital ten miles from London? asked Dr. Goode. And said Dr. Wood, the patients at Bethlehem have more space per head than have the patients at Hanwell with their twenty-eight acres and a farm of seventy-seven acres; therefore, the patients are better off and happier at Bethlehem, immured within its lugubrious walls, than they are whilst merrily planting cabbages at Hanwell!

Notwithstanding these opinions, we sincerely trust that the Commissioners of Lunacy will still force on its governors the necessity for the removal of Bethlehem into the country. It is not too late for that other fatal error to be rectified; viz., the non-purchase of Bethlehem site by St. Thomas's Hospital. We have heard, and we trust it is true, that an appeal has been lodged against the decision of the Vice-Chancellor given in favour of the Stangate site; and that it is possible even some hitch may take place in reference to the title of the Stangate property. Why should not such happy difficulties be seized upon to do an act of lasting and most manifest great public utility; viz., to build St. Thomas's on the Bethlehem site, and to take the lunatics of Bethlehem into the green fields. Notwithstanding Dr. Goode's remark, we think the carriage of lunatics ten, or even twenty, miles (!) into the country is not an impossibility.

We understand that a handsome memorial tablet is about to be erected within the nave of Winchester Cathedral, to the memory of the late Mr. W. J. Wickham, by his friends, unconnected with his family, in that city and elsewhere. The Dean and Chapter, with the clerical officials, have given it their support. Mr. Wickham and his ancestors were associated with that venerable city for nearly a century, and commanded an universal respect. Mr. Wickham was amongst the number of our oldest associates.

The Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity has, within the past week, received a Royal Charter of Incorporation, and has become the Society for Relief of Widows and Orphans of Medical Men, the name having been somewhat shortened. The anniversary dinner will take place on May 28th, at the Albion Tavern, Aldersgate Street.

At the Medico-Chirurgical Society on Tuesday last, a paper by Mr. Solly was read, giving details of four cases of Amussat's operation performed by him. Mr. Solly thought that the value of the operation was not generally sufficiently appreciated in this country. When performed in suitable cases for obstruction of the rectum or of the sigmoid flexure of the colon, he considered it an operation which always gave very great relief to much suffering, and was capable of prolonging life; and that it was justifiable even though the obstruction was of a malignant character. The operation itself, opening the colon in the left lumbar region, was neither difficult nor dangerous. Mr. Curling quite concurred in the value of the operation; but he went further than Mr. Solly; he thought it was of very great service in cases of obstruction of the rectum, in which a fistulous opening had formed between the bowel and the bladder or the vagina, and, as often happened, gave rise to very great suffering.

The April number of the *Journal of Mental Science* still flourishes in the hands of its present talented editor. Dr. W. C. McIntosh treats us with Stray Notes on Foreign Asylums, etc. Dr. Hitchman details his interview with the irrepressible Townley, and draws a moral from the history. The Rev. W. S. Davies, chaplain of the Lunatic Asylum at Abergavenny, tells of the Memory and the Brain. Dr. H. G. Stewart of Edinburgh gives some interesting statistical details on Hereditary Insanity. He concludes that the duration of life in hereditary insanity is shorter than among insane generally; "the mass of the hereditary cases die between 30 and 60, while the mass of the insane generally die between 40 and 70." Baron Mundy, M.D., praises the non-restraint system practised at Hamburg by Dr. Meyer. Restraint is the general custom in Germany; he, therefore, heads his paper, An Oasis in the Desert of German Restraint. Then follow Clinical Cases and Reviews, and a Quarterly Report on the Progress of Psychological Medicine by Dr. Arlidge.

The *Social Science Review* for April contains another chapter by Dr. Richardson touching the Diseases of Overworked Men—Mental Overwork. Next comes a Notice of the Iroquois. A paper on Rough Diamonds brings us amongst the ragged-schools and reformatories and their inmates. Dr. J. F. Reeve says something of the Registration of the Insane. Middle-Class Education, and Denmark in the Past, are treated of. Then follow Excerpts from State Papers, Reviews, and Abstracts of the Sciences.

The Faculty of Medicine of Paris, on the 1st of April, had an interview with the Minister of Instruction, for the purpose of petitioning him to establish a chair of history of medicine and six new special chairs; so that whilst we here are seeking a reduction, the French faculty is seeking an increase of lectures for the student of medicine.

M. Flourens has just published the first volume of a work of which he is editor, entitled *The Literary Chefs-d'Œuvre of Buffon.*

M. Pajot has been nominated to the Midwifery Chair at the Paris Faculty in the place of the late Professor Moreau. His reception in the chair was a complete ovation.

Dr. Rudolph Leuckart, in his recently published work on human entozoa, *Die Menschlichen Parasiten*, reckons the number of species of parasites which infest man at fifty.

Dr. Willemin continues his researches on cutaneous absorption. He concludes, that the absorption of water through the skin in simple baths, or in baths containing mineral substances, is a thing demonstrated. He has shown, that the weight of the body, after remaining thirty to forty minutes in a warm bath, generally remains unchanged; that in a third of the cases it is slightly diminished, but much less than it would have been in the air; and that an absolute increase of the weight is rare, and only very slight. Chemical analysis also shows that the cutaneous exhalation continues. The absorption of salts dissolved in the bath, such as iodide of potassium, is also shown by chemical analysis. The acid urine is generally rendered alkaline by the simple bath; and after an alkaline bath, it generally preserves its acid reaction.

The journal *Ippocratico* tells us that Dr. Olivieri, Professor of Surgery at Rome, has given up to the Association of Mutual Assistance, his house at Rome, for the purpose of its being converted into a hospice for the widows and orphans of his *confrères*. As the journal truly remarks, this act of generosity will have more admirers than followers.

Special Correspondence.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

For some time past, little has arisen to divert the attention of the medical profession in Liverpool from the ordinary routine of every-day life. Sensation trials have for the time passed into oblivion, and our spring assize has returned without having on its list a single "cause" involving the reputation of a medical brother. There can be no doubt that the more united we become as a body, the less we shall hear of those vexatious annoyances that so many of us have suffered, to our cost—annoyances to which we can alone be subjected when disunion prevails in our ranks. In Birkenhead, however, medical matters have not been so quiet. The unfortunate case that occurred a fortnight ago, and which has already called forth a leading article in your columns, is still the subject of much discussion. The remarks of the coroner, who did not consider the case of sufficient importance to order a *post mortem* examination, bolstered up by the aid of strong invectives from jurymen and others, led the public to believe that a wanton case of inhumanity had been committed, and, *de facto*, a life sacrificed on the altar of pecuniary consideration. Some time has now elapsed, and the subject is being dispassionately discussed, proportionate to its grave importance; and, from what I can gather, I believe the public feel that a profession consisting of a body of men who are at all times ready, both with a generous hand and sympathising heart, to assist their neighbours, irrespective of rank and wealth, has been most grossly maligned. To hold that the services of a medical man are to be unrequited is absurd; and, when an unfortunate instance of poverty associated with sudden illness occurs, the community at large must bear its part in ministering succour, and not throw the entire onus on the shoulders of the medical profession. The matter was brought before the attention of the Medical Society at its last meeting, and resolutions submitted; but as you will, no doubt, be duly informed of the proceedings by the authorised officer, I shall not make further allusion, but at once proceed to mention a few operations and cases of interest that have come under my observation in our hospital wards.

Mr. Long, on Tuesday, March 22nd, had two cases requiring amputation of the thigh—one a boy, and the other a man. The latter case was, to all appearance, most unfavourable. There had been acute disease of the knee-joint, with burrowing abscesses up the thigh, great exhaustion, and hectic fever. Both cases have made a most rapid convalescence, and are now nearly well.

On March 29th, Mr. Bickersteth had an interesting case requiring the removal of a tumour from the side of the face of a child aged 11. The growth was of eight months' duration, occupying, for its base, a space corresponding to the angle and ramus of the jaw, pressing up the ear, and projecting six or eight inches, with a nearly uniform circumference, equal in extent to an ordinary teacup. The apex was covered with dark fungous granulations, and the base firmly fixed into the angle and ascending ramus of the jaw. Considerable hæmorrhage took place during the operation, requiring several ligatures. The nature of the tumour was unmistakeably malignant—medullary cancer, with a small amount of fibrous tissue scattered through it. This tumour appears to have taken its origin in the periosteum, removing it in proportion to its rapid growth, leaving the bone roughened and denuded. The child suffered severely after the operation from nervous prostration, but is now doing well. At the operations lately, Mr. Nash, the house-surgeon, has made use of Dr. Skinner's chloroform-inhaler, and with marked success. I believe it has already been described in our columns. Its simplicity of design, and the thorough admixture of atmospheric air which is allowed to take place during inhalation, are two points greatly in its favour.

On the occasion of my last visit (March 31st) to the Workhouse Hospital, Mr. Fletcher drew my attention to a case he had that day "pegged" for an old dislocation outwards of the tibia. This operation has now been performed on several occasions, both by Mr. Bickersteth and Mr. Fletcher, for ununited fracture; and, as the results have been most satisfactory, it bids fair to be regarded as a recognised surgical operation. This case, however, is the first to my knowledge where the operation has been performed for the injury produced by unreduced dislocation. In this case, the dislocation was of old date, had never been reduced; considerable absorption of the side of the tibia had taken place; there was no bony union, the tibia being freely moveable in all directions, and the limb consequently worse than useless. Mr. Fletcher brought the surfaces that ought to articulate into apposition; and, by means of an Archimedian drill, passed two drill-heads, one upwards and inwards, the other downwards and outwards, so as to penetrate the opposing surfaces of bone, and hold them immoveably in close contact. The first day, the man suffered some pain in the joint; but there were no constitutional symptoms whatever; and, up to the present date, he is progressing favourably, requiring no medicine, and taking his food well.

Mr. Fletcher also pointed out to me one of those distressing cases where there is a total absence of the anterior wall of the bladder. Several plans for alleviation had been unsuccessfully tried, and the unfortunate patient was most anxious to undergo anything that would offer the slightest chance of relief. The operation consisted in passing a seton of silk along the left ureter (both ureters were plainly visible) into the rectum, so as to form a fistulous opening. To effect this, Mr. Fletcher passed a director into the ureter, the point of which could be readily felt in the rectum. Then he passed along the groove of the director a long sharp-pointed needle, threaded with silver wire, to which the seton-thread was attached. When the point of the needle was felt *per rectum*, the director was withdrawn, and the needle pushed through both ureter and rectum, and brought out through the anus. The two ends of the seton, respectively in the rectum and at the entrance of the ureter, were then tied together by slender wire. The patient was ordered one grain of opium every four hours. Since the operation, there has been no constitutional disturbance whatever. Some blood has passed *per rectum*, but no urine has been observed. As, however, any opinion on the case at present would be premature, I shall watch the case, and give you some further account on some future occasion. Mr. Fletcher mentioned to me that he thought it advisable to wait some little time before attempting similar proceedings with the other ureter.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
BATH AND BRISTOL. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., April 28, 8.30 P.M.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

THE next meeting will be held at the Bull Hotel, Dartford, on Friday, April 29th, at 3.20 P.M.

Dinner will be provided at 5 o'clock.

Tickets, 6*s*., exclusive of wine.

FREDERICK J. BROWN, M.D., *Hon. Sec.*

Rochester, April 12th, 1864.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE third meeting for the session 1863-64 (seventh) was held at Gravesend on April 1st; J. ARMSTRONG, M.D., President of the Branch, in the chair. There were present seventeen members and visitors.

New Members. Albert Hind, Esq., L.R.C.S.Edin., and Philip Whitcombe, Esq., M.R.C.S., both of Gravesend, were elected (subject to approval at the annual meeting of the Branch). Dr. Wm. Sanders, of Gravesend, was admitted to the district, having been elected member of the Association in June 1863, at the annual meeting of the Branch.

Communications. The following communications were made.

1. Case of Disease of the Liver with Dropsy, succeeded by Brain-Affection. By J. H. Gramshaw, M.D.
2. Case of Laryngo-tracheotomy in an Infant, for the Removal of a Foreign Body. By F. J. Brown, M.D.
3. Mr. Cooper Forster exhibited a Morbid Specimen from a Woman who had Died of Internal Strangulated Hernia.

Vote of Condolence. Mr. HECKSTALL SMITH proposed that the condolence of the members of the West Kent District should be testified to the widow of the late Peter Martin, Esq. This proposition was carried unanimously; and the Secretary was directed to write to Mrs. Martin to that effect.

Dinner. After the usual vote of thanks, the members and visitors adjourned to dinner.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MARCH 3RD, 1864.

A. STOOKES, M.D., Vice-President, in the Chair.

Injection and Stomach Pump. Dr. SKINNER shewed a new syphon injection and stomach pump, and explained its use. It had no valves in its construction, and was made of the flexible tubing used for gas-piping. He said it was particularly useful for applying the cold douche to the uterus.

Mr. HIGGINSON said he had described in the *Lancet*, some years ago, a stomach pump without valves. He shewed one he was in the habit of using now.

Disease of the Ankle. Mr. LOWNDES shewed a specimen, in the amputation of which acupressure had been employed. The leg was amputated in the middle third. No ligatures were used, but three vessels were secured by needles being passed under them, and wire loops passed over the point and round the handles of these, in the way described by Dr. Simpson. A fourth vessel, that lay near the surface, was secured by a long needle passed from without through the flap, and then out again. At the end of forty-eight hours, all the needles were removed. The skin was in a rather inflamed state at the time of operation, and a good deal of suppuration took place, but the man now, eight days after the operation, was going on very favourably. Mr. Lowndes explained the mode in which the needles are used, and referred to Dr. Simpson's observations on the subject, in the *Medical Times and Gazette.*

Mr. HIGGINSON mentioned an amputation of the thigh in which he had been obliged to employ no less than twenty ligatures. A long process of suppuration went on before they all came away, and the patient's ultimate death he attributed to the long continued irritation kept up by the ligatures. He thought, in addition to the needles now in use, the common napkin pin might be made available in acupressure.

Scirrhous Cancer of the Liver. Dr. GEE shewed a specimen taken from a man aged 30, a carter, of intemperate habits, who had died in the workhouse a fortnight after admission. He suffered a good deal from pain in the side and dyspnœa; there was slight jaundice, and his urine was very high coloured; the amount of fluid in the abdomen was not very great. The liver was not very much enlarged; there were nodules of hard cancer scattered through its structure; there were no cancerous deposits in any other organs of the body.

Ovariotomy. Dr. GRIMSDALE related a case under his care which had terminated fatally.

Some discussion followed, in which the Chairman, Mr. Hamilton, Mr. Lowndes, Mr. Ellis Jones, Dr. Burrows, and Dr. Grimsdale took part.

MARCH 17TH, 1864.

A. HIGGINSON, ESQ., Vice-President, in the Chair.

Medical Attendance on Pauper Cases. Dr. IMLACH referred to the recent case at Birkenhead, in which the medical men who had been called upon had refused to attend, and said that much annoyance had been felt both in Liverpool and Birkenhead by the profession being called on to attend paupers in this manner. If the laws of England sanction bread riots, then it will be time to force us to go to these cases without any chance of being paid. It is well known that there is a provision for paupers, and we must either refuse to go to these cases or suffer great loss of time. He thought there should be an understanding with our brethren, and that we should not be blamed for declining to attend.

The CHAIRMAN was glad the matter had been brought forward. It certainly is hard on those who perhaps give their help to charities, or are getting into years, to be obliged to get up at night for unremunerative fees or none at all. He thought it would be well if in various districts a surgeon were appointed, whom the police might be instructed to call up on these emergencies, and to whom a certain fee might be paid through the police. Such an appointment might fill up a gap which is left at present

Dr. BALMAN advocated self-supporting charities. He thought that this case would be fairly met by a self-supporting society, on the plan recommended by Mr. Smith of Southam.

The CHAIRMAN said the self-supporting system was being worked successfully at Derby; at the dispensary there, the patients might select their own medical men.

Mr. BAILEY instanced a case where a surgeon was called up at night with an urgent summons in a bad neighbourhood, and not only got no fee, but also lost his hat.

Dr. IMLACH said no clubs and no self-supporting dispensaries would meet these cases of sudden emergency from labour.

Dr. GARTHSIDE said that some years ago, during an epidemic of fever, great annoyance was caused by these sudden calls; the police were then instructed whom to call in urgent cases.

Mr. HODGSON said the practitioners in the suburbs perhaps suffered more than others. Urgent calls came, and some of them must go. He related instances.

Dr. BALMAN suggested that a committee should be formed, to consider the best mode of relieving medical men from these harassing calls.

Mr. LOWNDES did not agree with much that had been said. If a surgeon lived in a poor neighbourhood, he must expect these calls as part of his regular work, and his usefulness would be much curtailed if he were to refuse to go on emergencies. In the better districts these calls are only exceptional; and although it may be a great annoyance to have to get up, yet if we can really save life in great emergencies, it is our duty to try and do so, and not only our duty but our privilege. It is one of the contingencies of our profession.

Mr. GARTHSIDE said the relieving officer lived in the district; he would always, when called upon, send an urgent order to the district medical officer, who would never decline to attend on an emergency.

Dr. BALMAN promised to bring forward a resolution on the subject at the next meeting.

Effects of Teak-wood. Dr. NOTTINGHAM showed a piece of teak-wood recently sawn; and said that the working of this material produced with some a peculiar train of symptoms: enlargement of the glands of the neck, enlargement of the scrotum, skin eruptions, etc. The sawdust from it has a very strong and peculiar smell. He thought the quantity of silica contained had something to do with these effects.

Cancer of the Breast. Dr. NOTTINGHAM showed a specimen he had removed from a female, aged 35, whose two sisters had also suffered from malignant disease.

Fatty Degeneration of Kidney. Dr. BENNETT showed a specimen.

Anencephalous Child. Dr. NOTTINGHAM related the following case. A first child, a female, at the full time, was born on March 11th, and lived thirty-six hours. The parents are healthy; the father, a German, aged 28; the mother, an Irishwoman, aged 22. With the exception of the head, the child was well developed and of full size, and ruddy. There was nothing remarkable about the breathing or pulse. The head of the child might be compared to that of an infant after *post mortem* examination where the practitioner had hastily stitched up the scalp, forgetting to put back the calvarium, for nature had left off building the skull just about that line where we apply the saw when we begin to take it down; all above this was a mere bag closed at top by a sort of knot, or mass of tissue projecting upwards, and in colour not unlike the comb of the cock, but rather darker. The skin of the scalp did not pass directly into this mass, but stopped close to it, and then dipped down towards the base of the skull, and became altered in its texture, so as to form a kind of conjunctiva for the parts, and was then reflected upwards on the red comb and continued over it, guarding it as safely as if it had been an eyeball. The bag of scalp covering the base of the skull, which could be easily felt and followed under it, was not distended by any considerable quantity of fluid, and it did not appear to have undergone any perforation, laceration, or other change which might have let out fluid contents.

Dr. Nottingham mentioned three cases that occurred in Mr. Harricks's practice, which differed a little from the present case. He then considered the subject of these monsters occurring more frequently in northern than in southern climes, and thought that that idea might be due to there being more observers in these regions. He doubted whether the mere state of fœtal hydrocephalus was equal to the production of the anencephalic condition. The remarkable feature in this case was the child's being born alive, and, what is more, living thirty-six hours. A previous case he had had, and others he referred to occurring in Mr. Rowland's practice, did not show signs of life; and he thought it likely, if all these cases had been carefully and anatomically examined, some interesting differences would have been found in the state of parts at the base of the skull, more especially with regard to the amount of nervous structure contained there. The term anencephalous may not be strictly applicable to all these cases. He concluded by drawing attention to rather a delicate subject respecting the treatment of these little monsters when just alive. He found this child in a cold room, and not sufficiently covered; it was able to suck with considerable strength, but the terribly animal, not to say batrachian aspect, which at first sight these little creatures seem to have, might produce painful impressions, to be followed, perhaps, by evil consequences not to be counterbalanced by the little good to be done by the tenderest care of an infant destined only for ephemeral existence. Medico-legal questions might arise on this subject; and he mentioned one case on record in which the friends of the mother put an end to a little monster's convulsions by smothering it.

Mr. BAILEY mentioned the case of a child, delivered by craniotomy, that lived, and only showed deficient intellect.

Dr. IMLACH had not seen any of these monsters born alive, but Dr. Blower had had a case resembling the one brought forward, in which the child lived twenty-four hours, and showed several signs of consciousness; the parents and the rest of the children were healthy.

Mr. HIGGINSON would have been glad to hear the exact state of the nervous matter in Dr. Nottingham's case. In cases of hydrocephalus, it is not easy to make out the different parts of the brain; but at one *post mortem* examination, he had found the parts of the base of the brain beautifully exhibited. He thought these cases of monstrosity might proceed from hydrocephalus in early fœtation.

Dr. NOTTINGHAM regretted he had not been able to obtain a *post mortem* examination in his case.

Mr. HAKES suggested that a deficiency of light might have something to do with the origin of these cases, and instanced the case of tadpoles.

Dr. NOTTINGHAM said that where light is deficient, there are generally deficient food and clothing, etc. In some parts of the north end of the town, the habitations of the poor are bad, but nothing like what was the case when the use of cellars prevailed. He did not know that these monsters were more common there.

Dr. IMLACH mentioned the case of a family which experienced neither want of light nor of any luxury. In four out of five of the children, the skull never became larger than the fist. Their ages ranged from seven months to five years. They were able to suck and to cry, but could never suck from a bottle, or feed with a spoon; the nurse had just to throw a little soft food into the mouth, part of which was swallowed, and part returned. Their teeth decayed almost as soon as they appeared above the gums. They could see, but never became able to eat, and never seemed to have any power even in the tongue. Here was an approach to the anencephalous state. The parents were first cousins.

ROYAL MANCHESTER INSTITUTION: MEDICAL SECTION.

WEDNESDAY, MARCH 2ND, 1864.

D. NOBLE, M.D., in the Chair.

Two new Members were introduced, one elected, and four proposed.

Traumatic Nephritis. Dr. WM. ROBERTS read the account of a case of Traumatic Nephritis, and exhibited in connection therewith the ruptured kidney. The patient, a male, aged 36, had been admitted into the Royal Infirmary, Manchester, in a state of coma, having when intoxicated sustained a fall from a height of seven stories. There was a compound fracture of the skull, along with lacerations and contusions of the legs. In the course of two hours he became conscious, but remained in a half-drunken state. The day following the accident, eight ounces of very bloody urine were withdrawn, being the first since the accident. The third day, one ounce was withdrawn, of a less bloody character. No urine was voided on the fourth day; and the patient was weaker, and evidently sinking. On the fifth day, two ounces and a half of urine were obtained, of a yellowish hue, and containing small chocolate-coloured granular masses floating in it: the specific gravity was 1015. The patient died in the evening of the fifth day, without coma or convulsions, but after increasing delirium, during which he evinced great pain when the leg was touched.

Dr. Roberts proceeded to detail the general and microscopic appearances of the urine procured on the several occasions, and showed careful drawings of the casts, blood-discs, etc. The deposit from the urine of the first day contained plenty well-shaped discrete blood-discs; also brown opaque medium-sized casts, a few of which contained dumb-bell crystals. There was no renal epithelium. The chocolate-coloured granular deposit from the urine of the second day contained, in addition to a few blood-discs and casts, renal epithelium, and epithelium from the pelvis and infundibula of the kidney. The casts were of three varieties; viz., opaque and plain; very dark brown, granular, opaque (such as were exclusively present in the urine of the previous day); and, thirdly, transparent. The renal epithelium existed in great quantity, was mostly free, deeply browned, and from both the cortical and the pyramidal portions of the viscus. There were no pus-corpuscles. The urine withdrawn just before death contained the same elements as in the second specimen; the albumen being much less.

The autopsy was made forty-eight hours after death. The left parietal bone was fractured, with slight depression. No other abnormal condition was found about the contents of the cranium, save an ecchymotic patch opposite and injection of the pia mater in the vicinity of the fractures. There were no external signs of contusion over the loins. Several infundibula of the left kidney contained minute granules of clotted blood. The right kidney was ruptured in two places, each rupture extending from the outer border to the hilum. The ruptures were about an inch apart, varied in depth from one to four lines, and contained firm, wedge-shaped blood-clots. The tunica propria was torn. Two blood-concretions lay loose in the pelvis, and smaller ones in the infundibula of the organ. There was no peritoneal inflammation. Dr. Roberts considered that the patient died from suppression of urine, *plus*, perhaps, some degree of delirium tremens. The absence of actual inflammation of the membranes of the brain or of the peritoneum, was owing to the non-recovery from shock, and consequent want of reaction.

Tumour of Neck. Mr. T. WINDSOR's case of tumour of the neck, supposed to be malignant, was brought before the notice of the members.

Magnesium Light. Dr. O. FLETCHER exhibited a specimen of magnesium, and illustrated by experiment the illuminating power and quality of the metal.

Laryngoscopy, with Practical Demonstrations. Dr. WAHLTUCH read an elaborate paper on the subject of Laryngoscopy. He began by giving an historical sketch, attributing its origin to Benjamin Babington, inventor of the laryngeal mirror. The construction of this mirror was described. Czermak's share in perfecting the science, by adopting artificial light, and his efforts towards furthering the study and use of the instrument, etc., were alluded to. Dr. Wahltuch noticed Hieronymus Fabricius of Padua's work on the Throat, before proceeding to state the acquisitions made, by means of the laryngoscope, to the physiology of the larynx. These are: 1. The triple mechanism of the closure of the larynx; 2. The true vocal cords alone vibrate at the time of expiration, and occasion the voice; 3. The aperture of the glottis is freely open in the quiet state, narrowed by approximation of the arytenoid cartilages during expiration, and dilated during inspiration; 4. The whisper occasioned by narrowing of the glottis and bending of the vocal cords, and, therefore, diminished friction during expiration. Dr. Wahltuch described the construction and mode of application of the laryngoscope, exhibiting it in its several parts and appurtenances. He referred to many of the numerous modifications of the instrument, *e.g.* Türck's, Störk's concentrator, etc. Czermak's autolaryngoscope was shewn, and various methods of illuminating were referred to. Instruments required in the treatment of of laryngeal diseases, and classified as instruments for local treatment, surgical operation, and for application of galvanism, were described and exhibited, *e.g.*: Czermak's glass tube, caustic holder, etc., various polypus forceps, écraseurs, scissors, etc.; Morell Mackenzie's laryngeal galvaniser, etc.

The author proceeded to mention the several classifications of throat-diseases, *e.g.*: Gibb's, based on the anatomy of the parts; Dr. Türck's, on the pathology; and that of Czermak.

Dr. Wahltuch then enumerated some of the most instructive cases, published by Mackenzie, Johnson, Czermak, etc., illustrative of the uses of the various instruments and the pathology of the larynx, mentioning in particular, the diagnosis of aortic aneurism by means of the laryngoscope, as in cases reported by Semeleder, Smyly, and Johnson, etc. Hypertrophy of the vocal cords, in a case of mitral disease, had been noticed by Dr. Wahltuch, in one of his patients. Czermak's photographs of the human larynx were alluded to. Dr. Wahltuch concluded his paper by expressing a sanguine hope that the laryngoscope would some day enjoy a popularity equal to that of the stethoscope, and encouraged medical men to pursue the study of throat-diseases by practising autolaryngeal examination.

After the reading of the paper, Dr. Wahltuch made practical demonstrations on his own throat.

Correspondence.

PROFESSIONAL CHARITY.

Letter from William Ogle, M.A., M.D.Cantab.

Sir,—In your leader on "Professional Charity" and advocacy of the abolition of "Advice gratis," you state that "no one has hitherto been able to deny argumentatively any one of the propositions laid down by us." If this be so, though my memory fails me if you are right, I ask permission to say, *Audi alteram partem.*

I agree with you in such general statements as that we are often imposed upon by the public; that in comparison of our work done, and capital expended, our (money) return is small; that the way in which we lower our fees, and compete with each other for public appointments (paid and unpaid) is very derogatory, and lowers us in the eyes of the public. I fully endorse the principles that the labourer is worthy of his hire, and that the man who withholds what is due is not blessed. I believe this is as true in the case of a number of individuals as of each one in particular—as true when the whole profession is the the labourer as when it is one Birkenhead doctor—as true when society at large withholds what is due as when it is the act of one solitary patient. Nevertheless, I cannot endorse your recommendation to strike for wages, because the neglect of duty on the part of A, will not justify B in the omission of his own duty; and I hold it to be the duty of B as a professional man to give his professional assistance to A without reference to the immediate return. This idea may easily be put in a ridiculous form, but ridicule is not argument. I appeal to the professional instinct of your readers, and offer the following as a reasonable explanation of that which constitutes a prime difference between a profession and a trade.

Professional service differs from bread, clothes, and other such commodities, in this, that its value is not easily determined, and therefore it is practically better to trust to the honour of the parties interested. This is true of all professions, more or less. In the case of medicine, the patient trusts his doctor to give him good advice, and he has no guarantee for this worth mentioning in comparison with the doctor's honour; the doctor, in like manner, trusts that the patient will make the usual acknowledgment, and till recently he had no redress if that was refused. He could recover as a druggist for physic, but not as a professional man for advice. I am one of those who think that in being able now (under the Medical Act) to sue like a baker, etc., we are in a worse position than before; and that the College of Physicians has lowered its status in allowing any, even members, to avail themselves of this questionable privilege. If we could have appealed to a medical court, it had been different. This, however, is not desirable; for though none but professional men can estimate professional services, this would be too much like making a man judge in his own cause. But says the poor doctor, "Half a loaf is better than no bread." To which I reply: Better, perhaps, for you, but worse for the profession; and your motto as a professional man is *Non sibi sed toti.* You must go to the wall, else the public will judge that the half loaf is the proper acknowledgment in future; and you will be set down as a rogue for asking so much, which again will bring down invidious reflections upon your brethren. Instead of comparing ourselves with bakers and grocers, it would surely be more professional to choose another profession, and safer to select, if possible, a more noble one than our own. What would be thought of the overworked, underpaid clergy, if they were to propose to band together and strike for wages! "No more visits to the sick, no more ministerial counsel, unless we are paid for it"—not only church-rates for the maintenance of the fabric, but Peter's pence for the support of the wife and family! I am quite aware that the case is not strictly parallel; the care of the body is not so urgent as that of the soul; but there is a truer analogy between divinity and medicine, and consequently a safer indication of duty to be gathered from the divine than from the baker. I am, therefore, prepared to defend even the present system of advice gratis, at least in preference to such a revolution, or, as it seems to me, such an absence of professional feeling as will allow a man habitually to refuse to give advice unless he is sure of his fee, and to summon those in the county court who employ him and attempt to ignore their obligations.

What, then, is to be done? Are the notorious abuses and "shams" of "advice gratis" to be ignored? Assuredly not. There are several ways of meeting them, without doing violence to our professional instinct. The following fall within my own experience. A. B. is a *young* London physician, who is told by his seniors (alas!) that if he wishes to "get on," he must throw open his house, and give "advice gratis" to all comers. The temptation is strong; his next door neighbour does so, and is said to be "getting on" famously. But a few doors further down there is a general practitioner who is literally starving, so A. B. instructs his servant to say, "My master's fee is a guinea; if he gives 'advice gratis,' no one knows anything about it but himself and the patient. He has no set time for 'free' patients." Again, C. D. is a *young* physician in the country, newly elected to the county hospital; he is told that "every one" gives "advice gratis" at least one day in the week, and it will greatly prejudice him in the eyes of the clergy, etc., if he does not do the same. But he follows the example of his friend A. B., and stops the mouth of calumny by referring all such applicants to the hospital. In other words, each one according to his ability, and *without condemning others,* puts a check upon the abuse of the system in his own practice.

But you will say there ought to be a public protest against the system. I agree with you; but it should be a professional protest, not a mere mercenary one. It should be an exposure of the INEFFICIENCY *of the present system.* The delay in obtaining a letter of recommendation, and in waiting for the appointed day of the week, should be fully stated, and the consequences of it. The crowding of the out-patient room, the impossibility of doing justice to the number in the time which is at one man's disposal. The social degradation, and the loss of time and valuable strength to which patients have to submit, might also fairly be mentioned, so as to show that the suffix "gratis" is a misnomer. These are all elements of inefficiency, and it is our duty to point them out. I venture to say that the pecuniary loss to us is the smallest part of the mischief; and when I add that by attending to the wants of the patients medical men would inevitably receive an acknowledgment for their services (see letter in our JOURNAL, May 31st, 1862), I think the narrow and self-interested view of advice gratis, which was taken, for instance, by the Metropolitan Counties Branch (see Resolutions proposed by Dr. Gibbon, 1863) is most damaging to our professional reputation. It is the lack of an efficient system of medical aid, adapted to the wants of a large class of society, that is at the root of the matter. Efficient medical aid is not within the reach of day-labourers, mechanics, needlewomen, servants, also many of small shopkeepers, governesses, and even some half-pay officers, and clergy. Individual medical men attempt to supply the need, and they fail, because it is a work of such magnitude as can only be met by cooperation. A combined effort is necessary, an effort which will commend itself to all for its efficiency. And when this effort is made, there will yet be a margin of proper cases for admission into free hospitals, which will, I trust, be served more or less by *honorary* medical officers. There are more ways of acknowledging professional service than the one to which you have given (as I think) such undeserved prominence.

The importance of the question is my apology for the length of my letter.

I am, etc., WILLIAM OGLE.

Derby, April 6th, 1864.

P.S. I trust the controversy may not degenerate into mere personality. The subject is worthy of most serious consideration.

[The postscript of our Correspondent should have been addressed to the Editor of the *Medical Times and Gazette*, to whom he lately offered his thanks for the insertion of a most personally abusive leader in that journal. With regard to his general statements, they seem to us to strengthen in the strongest terms all that we have ever said concerning the evils of gratuitous medical services. EDITOR.]

GRATUITOUS MEDICAL SERVICES.

SIR,—The subject of gratuitous medical services in our JOURNAL has been handled by yourself and your correspondents in a telling manner. It must be confessed that what people have the means of paying for, it is not charity to give them. How often are services asked for from medical men from whom the applicant has no more title to receive them gratuitously, than the medical man has to demand the corresponding services of the applicant gratuitously.

"Blessed is the man that provideth for the sick and needy." In England, is there *need* for systematic gratuitous *medical* services, while the law rightly provides it for all who cannot obtain it at "their own proper cost and charges"? Clergymen are accustomed to receive surplice fees from the poorest of their parishioners; and an instance is known to me of a wealthy rector receiving thirty shillings as the burial fees of a widow who had left a large family, while the doctor who had attended the widow in her last illness declined to receive remuneration, although previously to her illness the doctor had been an entire stranger to her. In this case, it was expected that the medical bill would be not less than £80. To a rich incumbent, whose brother is an M.P., and also to the brother of a peer of the realm, I have myself, more than once, paid the usual half-a-crown for a copy of the register of my baptism, and also of my marriage. Of course, these fees are legitimate demands, although the certificates cause little trouble and no responsibility.

Why should not a fee be allowed for a certificate of the cause of death? To fill it up truthfully requires much knowledge; and the act involves such responsibility, that in many instances afterwards it has brought the medical man into a court of law. Because I was not paid for them, a few years since, I refused to give certificates of the cause of death; and the matter was brought under the consideration of the Board of Guardians, and there a gentleman said that he thought that I was sufficiently paid for the certificates in holding the appointment of union medical officer. Would it have been argued that a clergyman was sufficiently paid surplice-fees because he was the incumbent? Afterwards, to the chairman, I expressed my belief that the matter was one solely between the Registrar-General and myself; adding that if the certificates were worth having they were worth paying for; and that if they were not worth having, why did they ask for them?

We all know that a large medical bill is a heavy burthen to a labouring man or to an artisan; but is that a sufficient reason why these classes should never pay anything at all for medical attendance? Such seems to be the opinion of some gentlemen in my neighbourhood, who have established a dispensary to give to the mass of the people free medical attendance at their own homes and medicine. Each ticket runs six weeks; and for each ticket the surgeon receives only three shillings. Some time ago, eleven out of twelve surgeons of this dispensary signed a paper, temperately and respectfully requesting the subscribers to so far modify the rules that the patients themselves should pay a small sum (three shillings for each case of illness being suggested), or that the attendance for each ticket should be reduced from six weeks to one month. The only surgeon who did not sign this paper, was one who, up to that period, and also on that day, heaped the most bitter invectives and reproaches against the promoters of this institution. He was a man who held the highest social position among medical men. He was a magistrate for the borough, and had the best practice in this neighbourhood. He would not himself attend the meeting of the subscribers (all the other surgeons did so); but deputed one of the subscribers to say that he was quite satisfied with the "paltry payment", against which he had so often and so loudly inveighed. The result of this conduct was that the surgeons present were treated in a way that astounded them all. A county magistrate said that they were animated with a bad spirit; that their application for a little acknowledgment for their services was unworthy of a liberal profession. The treasurer, who was subsequently high sheriff of the county, and was a man distinguished for great benevolence, with his scalp red with passion, told them that if they were not as well satisfied as Mr. —, they had better resign. A very rich clergyman said that the surgeons only gave the patients chalk and water; and that the remuneration must be ample because he had heard no complaints. The surgeons always had "grumbled", and were then complaining.

Who else should complain? The recipients had everything without money and without price. And the subscribers, without discredit, were acting the part of the Good Samaritan with the oil and the twopence of the medical men. These gentlemen, by the power of their wealth, having made their medical men succumb to a condition of things that deprived them of many legitimate gains and imposed upon them an enormous amount of unrequited toil, it seemed to me that medical men's widows and orphans had claims upon their wealth; therefore, I wrote to a secretary, asking him to forward to some of them the Report of the Medical Benevolent Fund. The two richest men at that meeting have since died, childless; and to the memory of both of them, costly public memorials have been built in our throughfares; but the wills of neither of them made mention of the Medical Benevolent College or the Medical Benevolent Fund.

As an illustration of the way in which medical liberality was estimated, I may mention that a guinea subscription is specially enforced from the surgeons of this institution, as well as gratuitous services; and then, in the subscription-list annually published, the prefix of "Mr." is placed only before the names of shopkeepers and the surgeons, while the youngest lawyer in the neighbourhood is dubbed "Esq."; and as if the medical man deserved still greater contumely, an agent of the treasurer once declared that unless the surgeons themselves personally attended to receive their paltry pittance, the amount of their tickets should not be paid; but this last wretched act of tyranny, it was found, could not be enforced.

I am, etc., F. H. H.

ARMY HOSPITALS AND CIVIL SURGEONS.

Sir,—Mr. Henry Terry of Northampton has addressed a letter to you on the subject of the army medical department; and in that letter he has expressed the opinion that the grievances of the army medical officers have been much exaggerated.

Mr. Terry assumes most erroneously that the question of *diets* is the main grievance, and ventures to judge the validity of the grievances of army surgeons on the slender acquaintance he has with military matters from being employed temporarily as an assistant-surgeon in medical charge of a small detachment.

I can safely assert that the matter of *diets* has *never* been an important grievance, even if it has been urged at all. It is well known and generally admitted, that the present system is very excellent, so far as diets are concerned, when fully carried out, as it seems to be at Northampton; but I may state that, in many stations, medical officers are not allowed the assistance of a trained man of the "Army Hospital Corps"; and things are not always so pleasantly arranged for military surgeons as they appear to have been for Mr. Terry.

The grievances of the medical officers of the army are far more numerous, and of much greater importance, than Mr. Terry imagines. Many of them, which press heavily on the military surgeon, cannot be readily appreciated by a civil surgeon in charge of a small detachment. The grievances of the military surgeons have been variously stated by different individuals, as each has individually suffered. All of them are appreciable by regimental medical officers, and they may briefly be classed under the following heads: recruiting; branding soldiers with the letters "B. C."; want of ordinary leave of absence; want of due consideration when sick; the disregard of regulations *favourable* to medical officers; the rigid observance of such as are in any degree *adverse*: the refusal (in many instances) of commanding officers to recognise the rights of medical officers—in fact, the *uncertainty* of a medical officer's position—that being granted in one station which is denied in another at the caprice of an individual; the withdrawing of privileges once granted; and the refusal to pay medical officers in India in accordance with the warrant of October 1858. These grievances I fancy Mr. Terry is not in a position to contradict.

It is much to be regretted that any member of the profession, situated as Mr. Terry is, should have taken upon himself to endeavour to cast doubt upon the grievances of so large a number of his professional brethren. It is truly said, that "a little knowledge is a dangerous thing". I would recommend the consideration of the old saying, "Unity is strength". I am, etc.,

"Fortis est Veritas."

April 1864.

Sir,—Under this heading, last week, Mr. Henry Terry writes you a letter in praise of the medical department of the army. One important fact he has not stated; that is, what is the remuneration he receives, which so gladdens his heart to praise. I have held a similar position for many years; for which my poverty, not my will, is answerable. The following is a copy of the scale of remuneration, which, I contend, is most miserable.

"When a detachment is without a regimental assistant-surgeon, and is not within the reach of any military medical officer, a private practitioner may be engaged by the commanding officer of the detachment, at the undermentioned rates for each person belonging to the detachment, including any recruiting or other military parties on the same station; viz.: If he supply medicines, 2*d.* per week for each person up to 50, inclusive; and 1½*d.* for each person above 50. If he do not supply medicines, 1½*d.* per week for each person up to 50, inclusive; 1*d.* per week for each person above 50. (Sec. 6, Art. 21, *Medical Regulations.*)" I am, etc.,

A Civil Surgeon.

April 1864.

Bequests. The will of Sir James Robert Grant, M.D., K.H., formerly Inspector-General of Army Hospitals, was proved under £12,000. The will of Admiral Octavius Vernon Harcourt, of Swinton Park, Bedale, Yorkshire, contains bequests, amounting to £36,000. He leaves to the Leeds Infirmary; York County Hospital; Idiot Asylum, Earlswood; Cancer Hospital; St. George's, St. Mary's, Charing Cross, and Middlesex Hospitals, each £1,000.

Public Health. It appears from a careful analysis, extending over a lengthened term of years, that the annual death-rate at all ages and from all causes was as follows in various parts of England and Wales:—London, 2.363 per cent.; the south-eastern counties, 1.955 per cent.; the south-midland counties, 2.044 per cent.; the eastern counties, 2.058 per cent.; the south-western counties, 2.001 per cent.; the west midland counties, 2.237 per cent.; the north midland counties, 2.111 per cent.; the north-western counties, 2.550 per cent.; Yorkshire, 2.309 per cent.; the northern counties, 2.199 per cent.; and Monmouthshire and Wales, 2.126 per cent. The south-eastern counties would thus appear to be the healthiest, and the north-western counties the unhealthiest, in England. The expression "London" includes a population of 2,803,989. The rate of mortality in Lancashire and Cheshire is relatively very high, and the sanitary reforms likely to be secured by the Public Works Act, 1863, are evidently urgently needed. Thus, the death-rate from all causes and at all ages in Lancashire and Cheshire has averaged 2.550 per cent. per annum. Assuming that it could be reduced one-half per cent., 14,678 lives would be saved annually, or 146,780 in ten years, without allowing for the increase of population naturally arising, and taking the census numbers of 1861 as the basis of the calculation.

Medical News.

University of Cambridge. Degrees conferred at a Congregation held on April 7th.

Doctor of Medicine.

Latham, Peter Wallwork, Downing

Bachelor of Medicine.

Balls, Walter, St. Peter's

Apothecaries' Hall. On April 7th, the following Licentiates were admitted:—

Beardsall, William George, Worksop, Notts.
Firth, Arthur Roberts, Richmond, Surrey
Rayner, Henry, St. Thomas's Hospital
Siddall, Joseph Bower, St. Thomas's Hospital

At the same Court, the following passed the first examination:—

Gould, Franklin, King's College Hospital
Iliffe, William, St. Bartholomew's Hospital
Malin, George Warcup, Guy's Hospital

As an Assistant:—

Williams, James, Wokingham

APPOINTMENTS.

Allingham, James, Esq., elected Assistant-Surgeon to St. Mark's Hospital.

Baker, Slade I., Esq., appointed Surgeon to the Berks County Gaol, at Abingdon.

*Carter, T. A., M.D., M.R.C.P., appointed Physician to the Leamington Hospital.

Cooper, A., Esq., elected Assistant-Surgeon to St. Mark's Hospital.

Harrison, G. W., Esq., appointed Assistant House-Surgeon to the Birkenhead Borough Hospital.

*Harrison, R., Esq., appointed Demonstrator of Anatomy at the Liverpool Royal Infirmary School of Medicine.

Kennedy, Henry, M.B., appointed Physician to the Cork Street Hospital, Dublin.

Lowe, E., Esq., appointed Surgeon to the County Goal, Worcester.

*Nunneley, Thomas, Esq., appointed Surgeon to the General Infirmary, Leeds.

Philipps, A., Esq., appointed Resident Surgeon to the Manchester Workhouse.

*Philipson, G. H., M.B., elected Physician to the Royal Victoria Asylum for the Blind.

Soper, Robert W., Esq., elected House-Surgeon to the Loughborough Dispensary, Leicestershire.

*Smith, Samuel, Esq., appointed Consulting-Surgeon to the General Infirmary, Leeds.

*Teale, T. Pridgen, Esq., appointed Consulting-Surgeon to the General Infirmary, Leeds.

Teale, T. Pridgen, jun., Esq., appointed Surgeon to the General Infirmary, Leeds.

Wheelhouse, C. G., Esq., appointed Surgeon to the General Infirmary, Leeds.

Woodman, William R., M.D., appointed Surgeon to the N Division of the Metropolitan Police.

Poor-Law Medical Service.

Mackay, William M., Esq., to the Lastingham District of the Pickering Union.

Robertson, George, Esq., to the Thorntondale District of the Pickering Union.

Twigg, William, M.D., to the Union House and Fever Hospital of the Dungannon Union, co. Tyrone,

Ward, William, M.D., to the Horncastle District and the Workhouse of the Horncastle Union.

Indian Army.

Adley, Assistant-Surgeon W. H., Bengal Army, to be Surgeon.

Beatson, Surgeon J. F., B.A., M.D., Bengal Army, to be Surgeon-Major.

Hathaway, Surgeon C., M.D., Bengal Army, to be Surgeon-Major.

Hutchinson, Assist.-Surg. J. A. C., Bengal Army, to be Surgeon.

Scriven, Assistant-Surgeon J. B., Bengal Army, to be Surgeon.

Vivian, Assistant-Surgeon E. J., Bengal Army, to be Surgeon.

Royal Navy.

Dobbyn, John S., Esq., Assistant-Surgeon, to the *Colossus*.

Harrison, Garland W. L., Esq., Assistant-Surgeon, to the *Victory*.

May, Joseph, Esq., Assistant-Surgeon, to the *Blenheim*.

Purves, Robert, Esq , Assistant-Surgeon, to the *Dasher*.

Smart, William R. E., M.D., to be Deputy Inspector-General of Hospitals and Fleets.

Stratton, Thomas, M.D., Staff-Surgeon, to the *Canopus*.

DEATHS.

Blaker. On April 10th, at Brighton, aged 74, Sarah A., widow of Harry Blaker, Esq., Surgeon.

Boddy. On April 11th, at Brussels, Harriette Elizabeth, second daughter of William B. Boddy, Esq., Surgeon, of Walworth.

*Collyns, Charles P., Esq., at Dulverton, aged 70, on April 7.

Rogan. On April 6th, at Levan, Greenock, aged 58, Margaret Erskine, widow of Francis Rogan, M,D., of Londonderry.

Smith. On April 7, at 38, Doughty Street, aged 11 months, Francis A., youngest child of *W. Abbotts Smith, M.D.

The West Indian Quarterly Magazine, a medical and scientific journal, has ceased to exist.

British Pharmacopœia. The cheaper edition of the *Pharmacopœia* is now announced as ready.

The Gresham Lectures on Physic will be delivered by Dr. H. H. Southey, on the 19th, 20th, and 21st inst.

A New Eye and Ear Infirmary is in course of erection at Bradford. The cost of it is estimated at £5,500. Dr. Bronner has for six years given his gratuitous services to the institution, which is now being greatly developed, to meet increasing wants.

The Outrage on Dr. Rowe. James P. Brice and James Scott were brought before Mr. Raffles on the 11th inst., charged with having committed a violent assault upon Mr. Rowe. Mr. Samuell handed in a certificate, certifying that Mr. Rowe was unable to leave his bed, and that he was still in danger, signed by five physicians. Mr. Raffles said at present he could not allow bail, and the prisoners must be again remanded for seven days.

Health of the Metropolis. In the week that ended last Saturday the deaths in London were 1501. The present return, therefore, shows an excess of 118 deaths. In the first thirteen weeks of the year, the deaths in London were, 22,733. In the same quarter of the years, 1860-63, they may be stated as 19,000. Hence it appears that nearly 4,000 lives were shortened.

Mr. Charles Dickens presided on the 12th inst., at the annual dinner of University College Hospital. We should have been glad if he had taken the opportunity of apologising to the profession for the calumnies on "Mad Doctors," which lately appeared in *All the Year Round*. Mr. Dickens would have done well to have repudiated and rebuked publicly the ignorance and injustice exhibited by one of his scribes.

New Rank of Army Assistant-Surgeons. We have received from a reliable authority information as to the intentions of the Army Medical Department. The number of competitors for assistant-surgeoncies has lately fallen very far short of the number of vacancies, and the medical department has therefore been unable to meet the exigencies of the service. We are informed that the Director-General is about to advertise for acting assistant-surgeons, civil practitioners, at double the present pay, and without mess or other regimental expenses, to take charge of the home stations, while the regular assistant-surgeons, and as many full surgeons as can be spared, are to be sent on foreign service. (*Dublin Medical Press.*)

Prostitution in New York. The "social evil" flourishes in New York as in no other large city of the world. The miserable creatures who ply their trade have not the slightest legal restraint. When so thoroughly diseased as to be compelled to seek medical relief, they apply to the Alms-House, where they remain until relieved, and then return to their old haunts. Every form of venereal disease may be found among these persons, which they propagate far and wide without hinderance. During the year 1862, 5,818 females of this class were admitted to the Island Hospital. The greatest problem presented to our philanthropic citizens is the restraint and proper control of this great evil. As yet, no one in our community has had the courage to attempt to obtain the necessary legislation. (*American Medical Times.*)

Testimonial to Dr. de Bartolomé. On the 31st ult., the pupils of Dr. de Bartolomé Lecturer on the Practice of Medicine at the Sheffield Institution, presented him (on his retirement from his duties) with a silver claret jug, bearing a suitable inscription. Dr. de Bartolomé had lectured for seventeen years.

Society for the Relief of Widows and Orphans of Medical Men. The annual dinner of this old established charity is fixed for May 28th. A great muster of the friends of the institution is expected, as this will be the first anniversary since the granting of the new Charter, which is expected to have great influence in enlarging the benefits of the Society.

The New Infirmary at Leeds. The foundation stone of another noble edifice in Leeds—the New Infirmary—was laid on Tuesday, by Mr. Kitson. The estimated cost of the building exceeds £100,000. Towards this sum the subscriptions at present contributed amount to upwards of £62,000. There is also applicable to the purpose a further sum of £35,000, arising from the sale of the old Infirmary and grounds, and in addition to this several gentlemen, already munificent contributors, have intimated their intention to subscribe a fifth instalment, practically adding twenty-five per cent. to their original promise. There is, therefore, every reason to hope that the new building will be opened free from debt. The ceremony of laying the first stone was attended by the Mayor and Corporation, the local magistrates, the borough members, and other leading inhabitants, who were afterwards entertained by Mr. Alderman Kitson at a luncheon in the Victoria Hall. (*Leeds Mercury.*)

Epidemiological Society. The annual meeting of this Society was held on the 4th inst. A report was presented by the council, which showed that the state of the Society, both generally and financially, was most favourable; and the following office-bearers were elected for the session 1864-5. *President:* Gavin Milroy, M.D., F.R.C.P. *Vice-Presidents:* His Excellency the Earl of Carlisle, K.G.; the Earl of Shaftesbury, K.G.; the Right Hon. W. Cowper, M.P.; B. G. Babington, M.D., F.R.S.; H. W. Acland, M.D., F.R.S.; A. Bryson, M.D., F.R.S., R.N.; E. Chadwick, Esq., C.B.; W. D. Chowne, M.D., F.R.C.P.; J. Copland, M.D., F.R.S.; W. Farr, M.D., F.R.S.; J. B. Gibson, M.D., C.B.; W. Jenner, M.D.; Sir J. Liddell, M.D., F.R.S., C.B.; Sir J. R. Martin, C.B., F.R.S.; C. Murchison, M.D., F.R.C.P.; A. Nisbett, M.D., R.N.; J. Simon, Esq., F.R.S.; Sir A. Smith, M.D., K.C.B.; T. Watson, M.D., F.R.S. *Foreign and Colonial Secretaries:* W. Lewis, M.D., Belgium and France; H. Weber, M.D., and W. E. Swaine, M.D., Germany and Russia; R. G. Latham, M.D., F.R.S., Sweden, Norway, and Denmark; A. Bryson, M.D., R.N., F.R.S., Portugal and the Brazils; W. Camps, M.D., Egypt and Syria; J. Bird, M.D., East Indies; W. Dickson, M.D., R.N., West Indies and North America. *Treasurer:* W. Camps, M.D. *Secretary for the Navy:* — Mackay, M.D., R.N.; *Secretary for the Army:* ——. *General Secretary:* J. N. Radcliffe, Esq. *Other Members of Council:* C. J. B. Aldis, M.D.; F. G. Burge, Esq.; A. Crawford, M.D.; Colonel Hough; E. Hart, Esq.; E. Haward, M.D.; C. F. J. Lord, Esq.; H. Letheby, M.B.; J. F. Marson, Esq.; C. Morehead, M.D.; W. Odling, M.B., F.R.S.; B. W. Richardson, M.D.; J. B. Sanderson, M.D.; E. C. Seaton, M.D. After the election of office-bearers, Dr. Babington, on retiring from the chair, which he has occupied for thirteen years, delivered an address on the "Origin, Present Position, and Prospects of the Society."

Dr. Bullen and Sir R. Kane. The dénouement of the Bullen-Kane affair is singular. At the triennial visitation held at Cork, on April 12th, present the Lord Chancellor, the Bishop of Killaloe, the President of the College of Physicians, and the President of the College of Surgeons, Mr. Barry, Q.C., counsel. Sir R. Kane produced a letter from Dr. Bullen. Dr. Bullen stated that he was "now satisfied" that Sir R. Kane was perfectly justified in his denial of the statements attributed to him; that the charges which he had made against Sir R. Kane were entirely "unfounded;" and that he "begged to retract them in the most unqualified manner." Finally Dr. Bullen tendered "the most ample apology for any annoyance the transaction may have occasioned Sir R. Kane." In short, the doctor, a professor in the college, admitted he had made false charges against his superior officer, the president, and threw himself on the mercy of the Court of Visitors. The Lord Chancellor simply intimated he would forward Dr. Bullen's letter to the Government, who would deal with the case. People are amazed at all this. They cannot comprehend how it is that such a number of the most serious imputations against distinguished individuals should turn out to have no foundation; or, having no foundation, how they came to be made originally by any man out of a lunatic asylum.

Bethlehem Hospital. On the 9th inst., a special meeting of the Governors of Bethlehem Hospital was held respecting the site of the hospital; Mr. Alderman Copeland said the Commissioners in Lunacy having recommended to Sir G. Grey that the hospital should be removed from its present site to the country, to make room for St. Thomas's Hospital, the Governors were prepared with a great deal of evidence in favour of the present site. Mr. A. M. Jeaffreson (the secretary) read a communication from Mr. Lawrence, surgeon to the hospital, and senior surgeon to St. Bartholomew's Hospital, which stated that the Commissioners in Lunacy sought to obtain the assistance of Sir George Grey in order to enforce an arrangement which was most repugnant to the Governors, forgetting that their power, as far as Bethlehem was concerned, was simply confined to that of visiting. Without any examination on his part, the Home Secretary endorsed the strange proposal for taking down one of the handsomest and best constructed hospitals in London. The present site of Bethlehem was perfectly suited in healthiness either for lunatics or as a general hospital. Instead of being confined, the site of the hospital was remarkably open. He disapproved entirely the recommendations of the Commissioners in Lunacy. The opinion of Dr. Goode was read. He was in favour of the present site from his personal experience of ten years. At present it enjoyed many advantages, and the hospital, instead of being hemmed in by buildings, was peculiarly free and open. If the hospital was removed 10 or 20 miles into the country, how were the patients to be removed to the hospital? The sanitary condition of the neighbourhood was good. The site was healthy, and the position good, and he hoped that the hospital would be maintained in its present condition. Dr. Wood, one of the medical officers of St. Luke's Hospital, and formerly of Bethlehem Hospital, said no good reason had been advanced why the hospital should be removed. Bethlehem was one of the finest buildings in London, and taking the grounds of Bethlehem, with its 11 acres and 200 patients, and Hanwell, with 28 acres, farm of 77 acres, and 1,600 patients, there was considerably more space at Bethlehem per head than at Hanwell. The hospital was singularly and exceptionably healthy. When cholera was raging in London, and people were dying literally at the very doors of the hospital, not a single case happened among the inmates. After some further evidence had been taken, the meeting was adjourned.

Army Medical Appointment. Miss Mary C. Walker, M.D., arrived here last week with orders to report to Dr. Perrin for duty. She has been appointed to Colonel M'Cook's brigade, and has just left for Gordon's Mills, where the brigade is stationed. The young lady is said to thoroughly understand her profession. She is very pretty. (*Chattanooga Gazette.*)

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M.—Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.
Thursday.....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
Friday....... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
Saturday..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 P.M. Mr. Teevan, "On some Injuries to the Skull."
Tuesday. Statistical.—Pathological.
Wednesday. Meteorological.
Thursday. Harveian Society of London, 8 P.M. Dr. Cock, "On Laryngismus Stridulus."—Royal.—Zoological.—Linnæan.—Chemical.
Friday. Royal Institution.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Garibaldi and Gratuitous Medical Services.—We are very glad that Mr. Thompson gives us an opportunity of contradicting the report which has been going the round of the papers. The fact is, the profession has so inoculated the public with the notion that medical services are always to be had for the asking, that the public now regards gratuitous medical services as things of course. Mr. Thompson writes:—

"In consequence of an inquiry to that effect, I wrote a private note to a friend in very brief terms, that it would give me great pleasure to be of any service to General Garibaldi on his arrival in this country. I hesitated the less to say this, as I was one of the surgeons originally applied to, to go out to him in September 1862, and was prevented from receiving instructions to do so, solely by absence at a long distance from town for my autumn holiday. On the occasion now referred to, no offer whatever of gratuitous services was made by me; and the bare terms of the note, which was never intended for any eye but that of my correspondent, precluded all possibility of its being 'a graceful letter'. This is the only circumstance I know of which can have occasioned the mention of my name in the paragraph in question, the appearance of which caused me no less astonishment than pain.

"To interfere with incorrect paragraphs in the general press has usually appeared to me undesirable. I have seen so many during the last twelve months, in connection with another matter in which I have been concerned, that I have, under advice of experienced friends, concluded that it was best to adopt the rule of permitting them to remain uncorrected. I am therefore truly obliged to your correspondent for transferring this paragraph to a medical journal, where I am able to answer it; and I entirely agree with the remarks which you have made in relation to the subject."

The British Pharmacopœia.—Sir: Under the head of "*Scammoniæ Resina*", in the *British Pharmacopœia*, I see written in English, "Resin of Jalap". I can hardly imagine so glaring an error can have escaped the notice of all the English, Irish, and Scotch Pharmacopœia Commissioners, and therefore write to ask you whether it is really meant that the resin of scammony is the same thing as resin of jalap. I am, etc., J. R.

[We are not learned in matters of pharmacy, and must positively decline to answer questions concerning the aforesaid *Pharmacopœia*. If one tithe of the blunders imputed to the *Pharmacopœia* really exist in it, its authors will assuredly stand in the pillory *en permanence;* that is, until they have amended their ways by the production of another sort of article. Editor.]

The Faculty of Physicians and Surgeons.—Sir: I fear that the name of the "Faculty of Physicians and Surgeons" has led many to suppose that its diploma constitutes the holder both a physician and surgeon. Your answer to Delta implies that it is a *medical* qualification. This, however, is a mistake, as the qualification which the faculty confers is purely *surgical*, like the College of Surgeons; so the Registrar of the Faculty stated in a communication I received from him some few years since. The Medical Council also, in their communications to the Poor-Law Board and Public Medical Services, states its diploma to be *surgical.* "The Royal College of Physicians of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow", however, "have made arrangements whereby, after due series of examinations, the student may obtain two licenses, one in medicine and one in surgery."

I have thought it right to make this communication, as it might be of much importance to Delta and others to know that the qualification of L.F.P.S. is *purely surgical*, and that the holders *cannot* recover for medicine and attendance in *purely medical cases.*

April 4th, 1864. I am, etc., James Gage Parsons.

Deaths from Anæsthetics.—Sir: Several American and other journals having been of late sent to me, containing deaths from anæsthetics, I think you would assist us much in the collection of cases, and arriving at their cause, by mentioning that two deaths have, within a few days, occurred in New York from inhalation of the last anæsthetic, nitrous oxide; both deaths in healthy adults, from extraction of teeth; though this gas is held strongly in dental literature to be one free from danger. A third death is that of a perfectly healthy man, in a place called Pentridge, in Australia, suddenly, while under chloroform for mere passage of a catheter; only half an ounce of chloroform given. The reporter of the case thinks the man fainted; it was not the usual congestion; this is important, and had much weight with the coroner and jury. The fourth death is that of a gentleman, at Syracuse, in America. Mr. J. B. S., who had been applying the chloroform *externally*, but was found by his wife quite dead. All the cases, as I have so often said, are trivial operations; the subjects healthy vigorous adults; one woman to three men; the chloroform deaths instantaneous; those from nitrous oxide or ether, or the "ether mixtures", now coming into fashion, on the other hand, just as certain, but slow. It is a suggestive fact, lately stated by Dr. Thudichum, that the "amylene" used by Dr. Snow, was found after his death to be not amylene at all; he had been misled by the chemical process and manipulations of various chemists—one other reason for caution in these "ether mixtures", and for Government registration of chemists' shops.

I am, etc., Charles Kidd, M.D.

Sackville Street, W., March 25th, 1864.

Communications have been received from:—Dr. Frederick J. Brown; Mr. R. Harrison; Dr. T. A. Carter; The Honorary Secretary of the Harveian Society; Mr. Kidgell; Dr. H. Marshall; Dr. C. Kidd; Mr. H. D. Carden; Mr. Jonathan Hutchinson; Mr. Lowndes; Mr. Brodhurst; The Registrar of the Medical Council; The Registrar of the Medical Society of London; Mr. William Martin; Mr. Teevan; and Mr. T. M. Stone.

BOOKS RECEIVED.

1. The Science and Art of Surgery. By John E. Erichsen. Fourth edition. London: 1864.
2. On the Advantages, etc., of Village Hospitals. By A. Napper. 1864.
3. Notes on the British Pharmacopœia. By A. F. Haselden. London: 1864.
4. The Ophthalmic Review. No. I. London: 1864.
5. On the Phenomena of Hybridity in the Genus Homo. By Dr. P. Broca. Edited by C. C. Blake. Anthropological Society. London: 1864.
6. Some Observations on Medical Education. By Andrew Wood, M.D. Edinburgh: 1864.
7. Lectures on the Elements of Comparative Anatomy. By Thomas H. Huxley, F.R.S. London: 1864.
8. The Principles of Surgery. By Frederick J. Gant. London: 1864.
9. The Seven Sources of Health. By William Strange, M.D. London: 1864.
10. The Classification of Skin-Diseases. By W. Tilbury Fox, M.D. London: 1864.

Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

W. O. MARKHAM, M.D., F.R.C.P.,

PHYSICIAN TO ST. MARY'S HOSPITAL.

[*Continued from page* 412.]

I HAVE lingered long on this theory of a change of type in diseases, and have been led on to discuss it freely, not only because I believe it to be an incorrect theory, but chiefly because it is certain that its rejection would remove the greatest obstacle which now interferes with our taking a fair measure of the value of blood-letting at the present time. If it could be satisfactorily shown that the theory was erroneous, then the profession would be bound to reconsider the whole matter, and would, I am satisfied, once again take the lancet in hand and bleed their patients, not certainly as our forefathers did, without rhyme or reason, and under the blinding influence of false theories, but rationally—to the benefit of the sick, and in accordance with the teachings of modern medical knowledge.

I will now, sir, turn to the second part of my thesis, and endeavour to show that another obstacle to our employment of venesection in diseases is to be ascribed to the fact that we have, generally speaking, adopted erroneous notions concerning the uses and actions of the remedy; that we have ascribed to it virtues which it does not possess; and have, in consequence of this untrue estimate of it, and of its failing to effect what our false expectations had awaited from its use, allowed it to lapse into neglect.

I have, therefore, now to ask you to consider with me whether we may not arrive at a truer estimate of the uses and value of bleeding from a basis of considerations other than those which have hitherto been taken into account, and are founded on the unstable bases of uncontrolled personal experience and of medical statistics. It seems to me that there is a safe and firm ground, whereon we all stand much together in agreement, and from which the matter may be usefully discussed; that there are, in truth, a series of facts fitted to serve our purpose in explaining the uses of venesection in disease, so clear and simple and positive as, when clearly expressed, to press themselves home upon the conviction of all of us. It is from the consideration of plain-speaking facts of this kind that the conclusions here suggested, concerning the influence exercised by venesection over diseases, are derived.

In considering the effects of blood-letting in diseases, it is necessary to bear in mind that a marked line of distinction is to be drawn between the effects produced by the local—*i. e.*, the direct—abstraction of blood from an inflamed part, and the effects produced over such inflamed part by venesection. Systematic writers, as a rule, pay little attention to this very important fact—the mode of abstraction of blood, in respect of its influence over the inflammation, being usually regarded as much a matter of indifference; the main item of consideration with authors being the quantity of blood extracted. Thus, for example, we are told, in pneumonia, that the condition of the patient must decide us as to how the blood should be removed; if the patient be feeble, let the blood be taken by leeches or cupping from the skin in the neighbourhood of the inflamed lung; but if the patient be strong and vigorous, then let the blood be taken from the arm; it being assumed that the effects produced here by the abstraction of blood are alike in both cases, and in both cases have a similar control over the inflammatory process.

But a nearer consideration of the subject infallibly shows us that there is a marked distinction to be drawn between the effects of the direct abstraction of blood from an inflamed part, and the effects exercised over that part by venesection—*i. e.*, by the indirect abstraction of blood. *A priori* reasoning suggests that such should be the case, and experience proves that it is so.

In the one case—the direct abstraction of blood—the blood is drawn directly from the inflamed part, from blood-vessels which are directly in communication with the inflamed part. The abstraction of blood has consequently a direct and immediate influence over the seat of inflammation. It not only draws blood, but it draws inflamed blood—*i. e.*, blood deteriorated under the action of the inflammatory process, altered in quantity and altered in quality, and therefore no longer duly fitted for its purposes—from the part affected. It may, indeed, abstract blood which, in its altered state, acts poisonously, both locally on the inflamed tissues, and generally on the system at large, as it passes into the circulation. The local action of the leeches or the cupping, moreover, may have, and I believe actually exerts by irritation, an influence over the vaso-motor nerves which are distributed to the vessels of the inflamed part. But venesection manifestly exercises no such influence over the inflamed part.

Moreover, the distinction here maintained is confirmed in the most marked manner by the teaching of experience. Experience demonstrates to us, in the case of external, visible inflammations, that the direct abstraction of blood from an inflamed part, during at least the congestive period of the inflammatory process, exercises a benign influence over the progress of the inflammation. Thus, for example, the application of a few leeches around an inflamed ankle-joint or an inflamed conjunctiva almost infallibly reduces the main characteristics of the inflammation—the pain, the heat, the redness, and the swelling; and it does this more effectually and certainly than the abstraction of a pint of blood from the arm would do.

Venesection, on the other hand, exercises no direct and immediate influence over the local inflammatory process. It removes no inflamed or locally altered blood from the body. It can have no direct derivative action; it can exert no nervous influence of that kind referred to by Hunter under the term of contiguous or continuous sympathy, such as may be effected by the local taking of blood. Its influence is transmitted indirectly through the general circulation, and therefore it operates only in a secondary way. Venesection affects the local inflammation just as it affects all other parts of the body, and only as

—*i. e.*, not more powerfully or otherwise than—it affects them; the main influence being the reduced action of the heart's force. The influence resulting from the altered action of the heart, however, is only a part of that same general influence which, through the loss of blood, has been divided and distributed over the whole of the body. By the venesection, the heart's power is diminished; diminished, therefore, is the stream of blood which is forced through all the channels of the circulation into every part of the body. The amount of blood abstracted by venesection is deducted equally from all parts of the body —not more, surely, from the inflamed than from every other part; so that, even when the venesection is very large, the amount of blood withdrawn from the seat of inflammation must be small, not nearly so much as would be drawn by a single leech directly applied to it.

Direct abstraction of blood acts immediately upon the seat of inflammation; its benefits are sure and immediate also; and, as usually practised, its influence over the system generally is scarcely perceptible. Venesection, on the other hand, has no such influence over the local inflammation; but a very powerful influence over the system at large. It acts only through the influence which it exercises indirectly over the inflammation. The good effects of direct abstraction of blood are positive and manifest, and admitted by all; and they are obtained at a small cost to the system at large. The good effects of venesection over the inflamed part are not easily demonstrated; they are disputed, and are more or less costly.

I have insisted on this distinction between the effects of direct abstraction of blood and of venesection, because it is for the most part overlooked in practice, and because it seems to me to afford a clue to an explanation of the good effects actually produced by venesection in inflammations; and I have also attempted to remove the idea, so generally entertained, that venesection is felt and resented in some especial manner by the part inflamed; that it affects that part differently from what it does the other parts of the body. And the conclusions at which I have here arrived are, I believe, the plain every-day lessons demonstrated to us by direct observation—I mean, from what has been observed of the effects of venesection, and of the direct abstraction of blood, in the case of *external* inflammations. It is a fact well worthy of note here, that venesection has long since been, both by physicians and surgeons, completely discarded, not only practically, but theoretically, in the treatment of all external inflammations—*i. e.*, in all those inflammations of whose course and progress the eye can take cognisance. And equally is it a fact that we have never either abandoned in practice or denounced in theory the direct abstraction of blood from external inflammations. I think we may accept it as certain, that surgeons abandoned venesection in external inflammations because, under the enlightenment of modern medicine, they failed to see its utility. I am not aware that any surgical authority —and I need not say that surgeons were once as free bleeders as physicians—has ever called in the change-of-type theory to account for his change of practice in the matter of external inflammations. Physicians also have renounced all pretension to venesection in a cure of *external* inflammations; and I do not recollect that any physician has put on record that he abandoned the practice because he found his patients would not bear the loss of blood as they once did, or were said to have done. I think you will rather admit that, under the lessons of modern pathology, we have learnt that venesection never could have been a proper remedy for the inflammations which we meet with on the surface of the body; and that we, therefore, abandoned the practice, and because, so instructed, we were no longer able to note the utility of the practice. Venesection in external inflammations, be it noted, was given up before bleeding in internal inflammations. And is it not obvious that we could far better note the results of the operation in the one case than in the other? The change-of-type theory of disease has only been called in by physicians, and by them only, as explanatory of the abandonment of bleeding in internal inflammations.

From a consideration of the foregoing particulars, I am led to inquire, What, then, are the real uses of venesection in diseases? What good ends does it effect? And surely a remedy which, through evil report and through good report, has steadily held its own in the catalogue of curative agencies from the days of Hippocrates to our own, can hardly all at once have ceased to be of service to humanity. Is it possible for us to believe that all the great minds who, through the long ages of past medicine, have resorted to this remedy, have been using it under a complete delusion? The very fact of the antiquity of the remedy, of its universality, and of its persistence during all times as a cure, is strong *à priori* evidence of its possessing some value and excellence as such.

But, in truth, no living physician, I believe, denies its value as a remedy. Leading physicians of the highest authority amongst us in modern days have said of it, "that of all remedies in acute inflammation, the only one on which absolute reliance can be placed is blood-letting;" and again: "The great remedy in acute and dangerous inflammation is blood-letting." This, then, admittedly most excellent of remedies, if rejected, is rejected not through any recently discovered fault in the remedy itself, but on other grounds. It is an excellent remedy, says one party; but you cannot now make use of it, because the human constitution is at the moment in one of its periodical phases of asthenia. Wait a little till the sthenic tide again rolls in, and then your remedy will once more do great service in the cure of diseases. Others say venesection is an excellent remedy, *hic et ubique*, at this moment; that it ever has been and ever will be an excellent remedy, only men have abused instead of using it, and therefore has it fallen into so great discredit. Define its true uses, and indicate the limits of its right application, and then again will venesection find its position, and this time its rightful position, in therapeutics. Such is my own view; and the attempt I am now making is to point out, as I conceive, the way by which we may attain to a distinct or better understanding of its real use and of its right application.

Let me, therefore, with this intention, ask you now to apply the remarks which I made concerning the effects of venesection, and of the direct abstraction of blood, over external inflammations, to the case of internal inflammations; and then to consider the conclusions which result from such comparison.

You must, I think, admit that whatever be true of the effects of venesection, and of the direct abstraction of blood, upon an external inflamed part, must be equally true of its effects over internal inflammations; and for the reason, that the essential characteristics of inflammation are everywhere alike in all parts of the body. If, for example, venesection have no directly beneficial influence in the cure of an inflamed ankle-joint, neither, we may fairly argue, can it have any directly beneficial influence over an inflamed lung. And so, again, if the *direct* abstraction of blood is beneficial in the case of external inflammations, equally beneficial should it be in the case of internal inflammations—that is, whenever it can be practised.

Now, this *à priori* reasoning of what should happen in the case of internal inflammations is, I believe, thoroughly corroborated by what we learn as the results of our practical experience in the matter. This I will now endeavour to show you. And, perhaps, I may make the matter clearer if I at once state the conclusion to which, as I see the thing, both reason and practical experience inevitably lead us. It is this: that venesection has no directly beneficial influence over inflammations, either external or internal; that venesection is useless in the cure of all external inflammations; and that its beneficial effects are distinctly marked in those cases of internal inflammation only in which the play of the organs of respiration or circulation is seriously impeded; and that, in such cases, its beneficial effects are not to be ascribed to any direct influence exercised by it over the local inflammatory process, but to its power in relieving obstructions to the play of the respiratory and circulatory organs. In other words, the bleeding operates, not primarily and directly on the inflammation, but secondarily—*i. e.*, upon the consequences which arise out of, are incidental to, and, in fact, the results of, the inflammation.

I arrive at this conclusion for the following reasons. In the first place, we *see* that venesection has no marked beneficial effect over external inflammations; and we know also that venesection can neither remove the cause of a local inflammation, nor remove any of the products of the inflammation. And it is a significant fact, that to this day no one has ever been able to tell us in clear and satisfactory language what that local beneficial effect is which is said to be produced by the bleeding, or in what way the hypothetical good is effected by the bleeding.

Moreover, it has ever been admitted that the beneficial effects predicated of bleeding are most marked in those diseases in which there is obstruction to the free play of the heart or lungs, and in proportion to the degree of the obstruction; and it is a fact that, at the present day, bleeding is never resorted to, except in those cases in which such obstructions exist. Bleeding also has ever been most highly lauded in that inflammation—viz., pneumonia—in which the obstruction and its consequences come on most rapidly and are most marked. And, again, when bleeding gives relief, the relief is immediate, comes while the blood is still flowing, and is just of that character which results from removal of obstruction to the pulmonary or cardiac functions. The relief is just that which is given by bleeding in cases of chronic valvular disease of the heart, or in local injuries of the chest, where no inflammation is present. And the relief is given in pneumonia, even though the state of the inflamed portion of the lung remain absolutely unchanged; as, for instance, when it may be in a state of consolidation. And it may be added, that no one has ever proposed to resort to bleeding in pneumonia in cases where the respiration and circulation are not obstructed. Such cases, it is said, do not require bleeding; though it is hard to understand why they do not, if the hypothesis, that bleeding has a direct influence over the progress of the inflammatory process, be true; for the destruction of a small portion of a lung may be as fatal as the destruction of a whole lung. And it may, I think, be very fairly suggested, that the relief given is just the very same as probably would be given by bleeding in that state which is apt to come on in some persons after violent running, and from which probably all of us have one day or other suffered acutely; I mean what is called "stitch in the side". I think it is more than probable that the pain we often ascribe to pleuritic inflammation in cases of pneumonia is rather the local nervous expression of the obstructed play of heart and lungs, of the character of the stitch alluded to, of the pain of angina; for it is a fact, that wherever be situated or discovered the signs of the pleurisy, the pain referred to is almost invariably localised at the lower part of the side of the chest.

These are the reasons which force us, I think, to the conclusion that, in those cases of pneumonia in which bleeding is found of so much service, the good results mainly from the freedom thereby given to the play of the obstructed thoracic organs. There is no single argument, of a clear and satisfactory kind, which can be adduced in favour of the idea that the relief has come from any directly beneficial influence exerted over the inflammatory process.

And it is, I think, a very suggestive fact, that at this time of day, at all events, in this age of scientific medicine, there is neither thought nor question of bleeding, except in those cases in which the play of the lungs or the heart is impeded. Thus, for example, we are recommended to bleed in pneumonia—supposing, of course, that the phase of disease is favourable and sthenic; and in heart-affections, and peritonitis, and certain head-affections; and here, I think, ends the catalogue of disorders in which we are advised that bleeding may be practised. But, in all these affections, the respiratory and cardiac functions are more or less hindered; and it is just in proportion to the degree of their hindrance that we measure the need of, and mark the benefits derived from, the bleeding. And it is in pneumonia, above all other diseases, in which the benefits of bleeding have been preeminently noted; and it is in this inflammation, in a preeminent manner, that we find the play of the cardiac and respiratory organs impeded.

Let me not be misunderstood, however. I am not affirming that bleeding is of no service except in the class of cases referred to. You will remember that I am here engaged with the consideration of the effects of bleeding over inflammations, and am showing that it is only of service in those inflammations in which the action of the heart or the lungs is compromised. I am not denying that bleeding may, in some exceeding rare cases, be of service under other conditions.

[*To be continued.*]

Solar Radiation. Father A. Secchi has made a series of experiments on the intensity of the solar radiation in different seasons. They fully bear out the observations of Professor Tyndall as to the power of the vapour of water to intercept the sun's rays.

Clinical Lecture

ON

RARE FORMS OF DISEASE CONSEQUENT ON CONSTITUTIONAL SYPHILIS.

Delivered at the London Hospital.

BY

JONATHAN HUTCHINSON, F.R.C.S.,

SURGEON TO THE HOSPITAL, AND LECTURER ON SURGERY AT THE MEDICAL SCHOOL.

GENTLEMEN,—I purpose to-day to bring before you three patients, all of whom present very unusual conditions of disease, consequent, remotely, upon syphilitic taint. In one man, the eyeball is thrust forwards from its socket, and its motions are much impeded by some growth or deposit in the tissues behind it. The diagnosis rests between cancer and syphilis; and I need not enlarge upon its great importance to the patient. In the second, we have a man blind, not of one eye, but of the vertical half of each eye, a condition which is much more inconvenient than the entire loss of either one alone. He is totally unable to perceive objects on his right side. This symptom—hemiopia, as it is technically called—is an exceedingly rare one, and is of equal interest in its physiological and in its clinical aspects. In the present instance, I think I shall be able to convince you that it is due to syphilitic disease of one optic tract—that is, behind the commissure. Our third patient is a woman undoubtedly the subject of syphilis, and in whom there are indications of central disease of the nervous system.

In each instance, you will see the patient for yourselves; and I shall state in detail my reasons for attributing the symptoms present to syphilis.

CASE I. The first patient whom we shall examine is Robert S., a labourer, aged 32, who was sent to me by a surgeon at Blackwall, on account of prominence of the left eyeball. I find that he was my patient ten months ago at the Ophthalmic Hospital on account of a similar state; and he assures me that on that occasion he got quite well again, and that his eyeball receded.

You will observe that he is a sallow, cachectic man; his breath fœtid; and his gums in bad condition, as if he had taken much mercury. His left eye is projected forwards very considerably, being fully half an inch from the level of the other. It comes straight forwards, and is not pushed either upwards or downwards. There is no redness or visible swelling of any adjacent part. The upper lid droops, so as nearly to cover the whole front of the eye; but, by a strong effort, he can slowly lift it. The eye is directed outwards, giving him a strong divergent squint and consequent double vision. The drooping eyelid and the squint outwards both suggest paralysis of the third nerve. Let us see how the other branches of this nerve are affected. On being told to look to the right—*i. e.*, to use his internal rectus—he does so slowly, and not to more than half the normal extent; and the same applies to looking either upwards or downwards. As in the case of lifting the lid, he can move the eye in these directions incompletely, and only by a strong effort; yet the muscles are clearly not wholly paralysed. How as to the sphincter of his pupil? The pupil of the prominent eye is the same size as that of the other, and moves very fairly on exposure to light. He can see fairly with the displaced eye; sufficiently to read large type. He avers that he can see much better at some times than at others; and he has, of course, much difficulty from not being able to direct his eye.

If we attempt to examine the orbit deeply with the finger, we shall find that the eye is not at all fixed, and that the tissues about it are quite soft. No tumour can be felt at any part; but, on pressing deeply above the globe, an indistinct swelling is perceived, and he at once complains of tenderness.

Our diagnosis is, Syphilitic Periostitis of the Orbit. Effusion of lymph, and possibly of pus, has taken place deeply in the apex of the orbit, surrounding the optic nerve, pushing the globe forwards and injuriously compressing its motor nerves. I ought to have previously mentioned that, although his external rectus is more than equal to the internal one, and, in consequence, the eye looks outwards, yet even this muscle does not act with normal speed and power; and we may, therefore, infer that the sixth nerve also is pressed upon. About the fourth nerve, it is much more difficult to decide.

The reasons for thinking the disease syphilitic are several. The man is the subject of syphilitic cachexia. He owns to having had, fifteen years ago, primary sores, followed by constitutional symptoms, for which he took mercury repeatedly to salivation. He has a large hole through his soft palate, evidently of syphilitic origin. He does not appear to have had any symptoms which he considered venereal since the first ones. He has been married for some years; but his wife has had no family. On his scalp are several patches, where the bone is tender and its periosteum thickened; and he complains of "rheumatic pain" in these parts at night. Let us grant, however, that there are no nodes elsewhere, nor any evidence of active syphilis, if we except the disease in his orbit.

It is possible that, instead of syphilitic deposit, there may be a new growth—soft cancer, for example—in the apex of the orbit. The effects of the two, as regards prominence of globe and paralysis of muscles, might be closely similar. It is not very uncommon for cancer to begin in the cellular tissue of the orbit. Against the supposition of its presence in this instance, we have, however, the man's statement that his eye was thrust forwards ten months ago, and receded under treatment; a fact strongly in support of the syphilitic hypothesis. The kind of cachexia is more like that of syphilis than of cancer; but we must be on our guard, for it is very possible that cancer may occur in a syphilitic patient.

We are using full doses of iodide of potassium, eight grains three times a day; and you will have an opportunity of seeing whether the results obtained verify the diagnosis.

As to the imperfection of sight from which the eye suffers, that, of course, is easily explained by the stretching of the optic nerve; and we can also easily conjecture how it is that he sometimes sees fairly and at others not at all. The nerve being on the stretch, and being also surrounded by a more or less fluid medium, it is easy to suppose that, when the muscles act, they may so compress the deposit as to cause pressure on the nerve, and stop the circulation in the arteria centralis.

Let me ask you to keep in mind that it is *fifteen years since this man had primary syphilis;* and that during the last fourteen he has considered himself quite well.*

In the next case which we shall examine, the interval of latency (*i.e.*, that between the secondary outbreak and his present tertiary symptoms) has been no less than thirty years.

CASE II. *Well-marked Hemiopia in a Robust Man; Nodes on the Skull, and Eruption on the Forehead; History of Syphilis Thirty-two Years ago.* Thomas H., aged 55, a big, muscular labourer, now the keeper of a beer-house at Woolwich, has been accustomed to drink and smoke heavily, and has had many blows on his head. He has always had good health until the last year or two; "has been failing about his head like." He explains the latter phrase to mean that he has often felt "a giddiness and confusion in his head, stiff in the back of his neck, with lumps on the skull, and much pain." The pain has been usually bad at nights; much worse than during the day. These symptoms have been present only for the last eight to twelve months. He showed me "a lump on his skull", an undoubted node of considerable size; and during the last year, he had, he said, had many such, which would come and then go away again. Over his left brow, was a patch of serpiginous rash, of very suspicious appearance.

History of Syphilis. At the age of 18, he had a "black chancre with buboes". The latter did not break, but "passed off in blotches all over him." He was profusely salivated, and got well. He thinks it hung about him a full year before he was free of it; and he was treated by many surgeons. He married at the age of 23; and his wife lived until about a year ago, but never conceived. He suffered from "clap" about two years ago; but it was soon well, and he had no sores. He gives a full and perfectly candid account of these events; and I think it is clear that he has not suffered from true syphilis since the attack above mentioned. He appears, indeed, with the exception of an occasional sore on the tongue, to have been quite free from constitutional symptoms until lately. About six months ago, he was under care on account of "a great lump on his breast bone", which went away under treatment. He has lost flesh latterly, but is still a large muscular man. His memory has not failed materially; but he thinks that his temper has been irritable.

This man came to me at the Ophthalmic Hospital, complaining that he could not see on his right side. About three months ago, after having felt giddy, he found that he could not see well with the right eye. I found that his condition was that of true vertical hemiopia. I made him look at a candle about six feet in front of him. A second candle, held to the right of the first, could not be seen in the least until I carried it behind and across the first to the left of it, when it became visible at once. All to the right of the first candle was, he said, absolute darkness; and, after careful experiment, there seemed no reason to doubt his statement. He said that he could not go out in the street alone on account of his being unable to see to the right. To the left, he could see well—as well as ever. He can see fairly with either eye to the left; but not quite so well with the right as with the left eye. He has had no pain in the eyes. Before the right he has had a black cloud floating; sometimes it would be coloured blue or different colours. This he has noticed for six months. Not being able to read, his accuracy of sight could not be tested with much nicety; but there was no doubt that he could see large print very fairly. At a distance of ten feet, he can make out letters of No. 20 with either eye, and nearly as well with the right as with the left.

Ophthalmoscope. No morbid condition is to be detected in either eye. The media are clear; the blood supply is good. There are no apoplexies.

To explain the symptom of one-sided blindness presented in this case, we must have recourse to the anatomical fact, that the fibres of the optic tracts decussate at the commissure in such a manner, that one-half of each eye is supplied by each tract. Thus syphilitic deposit in one tract would cause loss of perception of impressions received by the outer half of one retina and the inner half of the other. This is exactly what our patient suffers from; and as he presents no general symptoms of cerebral disease, it is in a high degree probable that the diagnosis suggested by anatomy is the correct one.

CASE III. Our third patient is Mrs. P., aged 37, a very cachectic woman, who applied on account of loss of power in her arms, more especially in the left arm. On her right forehead, is an ulcerated node; both her pupils are partially occluded, and very irregular, from the results of iritis.

Her statement is that she had enjoyed good health until two years ago, when she had, at the same time, inflammation of both eyes and a rash. A discharge also occurred; but she is not aware that she had any sores. More than one surgeon who has seen her has put questions as to venereal disease. She is married; and denies that she ever had reason to suspect the disease in question.

Her left arm is very weak, so that she cannot dress herself or pick up objects. She can move the fingers well, and feel perfectly; but the weakness is chiefly in the arm and shoulder. Her deltoid and infra- and supra-spinalis muscles are atrophied, so that they present a very marked contrast with those of the other limbs. She has no loss of sensation in the overlying skin. There is much tenderness, and some slight periosteal enlargement in the left humerus above the insertion of the deltoid.

Her right upper arm is in better condition than her left; the muscles are not materially atrophied; but she complains that the right hand is very useless, somewhat numb, and liable to "pins and needles." She considers that her arms have been more or less affected for two years.

She says she does not sleep at all on account of severe pain in the top of the head, temple, and left arm. There is nothing amiss with the legs. She has great irritability of the bladder, almost amounting to incontinence of urine. She considers that the right side of her scalp is numb, and the right forehead and cheek also. The right temporal muscle is not nearly so large as the opposite one.

Probably she is wrong in the date assigned to the commencement of her ailments, and that a much longer period has elapsed since the primary disease. She has three healthy children; the youngest is 14 years old.

She was salivated when she had iritis; but she does not think that she has taken much mercury since.

In this case we shall prescribe iodide of potassium, and with great confidence that our patient will be benefited.

The knowledge of the fact that the symptoms of central disease of the nervous system, when coming on gradually and without other obvious cause, are frequently connected with syphilis, is highly important, and will often enable us to relieve patients otherwise incurable. I may venture the hint further, that in cases of this kind in which you cannot arrive at a positive diagnosis, it is a very justifiable practice to try the effects of an efficient course of iodide of potassium. It rarely does harm, and may chance to do much good. It is not by any means always that we can arrive at a satisfactory conclusion as to the cause of our patient's malady, whereas we must always try to do something for his benefit.

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* This man remained under treatment about six weeks, taking the iodide of potassium all the time. He greatly improved in health, and his eye receded to its former level. He was strongly urged to attend as an out-patient, and to continue the treatment some months longer.

Symptoms of disease of the nervous system may be produced by syphilis in two different modes. Either syphilitic inflammation of the nerve-structure itself may occur; or the nerve may be involved secondarily by disease beginning in the periosteum or bone adjacent to it. In both of these, either a nervous centre or a nerve trunk may chance to be the part involved. Cases of syphilitic inflammation of nerve-structure itself are very much more rare than are those in which nerves are irritated or pressed upon by syphilitic effusions from adjacent structures. That they do sometimes happen, however, there is not the least doubt. Large masses of syphilitic induration have been found in the brain itself, and on the trunks of nerves swellings constituting syphilitic neuromata are occasionally seen. Let it be noted that these are amongst the latest of the tertiary symptoms of this disease. They hardly ever occur within the first two years of the disease, and more frequently after a much longer period. A similar remark applies to cases in which the nervous structures are injured by periostitis of adjacent bones. All the various forms of node are tertiary symptoms, and usually late in their occurrence.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. WATERS, M.D.,
Physician to the Hospital.

[*Continued from page 607 of vol.* II, *for* 1862.]

CASE XXIII. *Pericarditis: Recovery.* Thomas D., a seaman, aged 37, was admitted into the hospital on December 1st, 1862. He was a stout muscular man. He said he had suffered from rheumatic fever twelve years before the date of his admission, but had had no subsequent illness. Six days before he was brought to the hospital, he was seized with a sharp pain in the epigastrium, with dyspnœa and a sensation of constriction across the chest.

When seen on December 2nd, he complained of pain, increased on pressure, in the epigastric region, of a jumping sensation about the heart, and of pain in the limbs. There was no tenderness over the heart, nor any increased dulness; the cardiac sounds were free from murmur, but faint. The pulse was 94, and regular; there was an anxious expression of countenance. He was ordered some Dover's powder at bed-time, an ether mixture to be taken during the day, and for food, beef-tea.

On December 3rd, the pulse was 88, and dicrotic in the right arm. The patient had been delirious during the night, and the pain and anxious expression remained. Friction-sound was audible at the lower part of the right pleura in front. There was no friction-sound over the heart. He was ordered a grain of opium every six hours, and a linseed-meal poultice to the chest.

On December 4th, the pulse was 84. He had passed a better night, and had perspired a good deal. Friction-sound was audible in the right pleura and in the pericardium, both at the base and apex of the heart. He was ordered twenty grains of bicarbonate of potash every six hours, and to continue the opium.

On December 5th, the pulse was 112, feeble and very irregular. He had slept well during the night; but about 5 A.M. had had a severe attack of pain and dyspnœa. He was perspiring profusely. The right hand was swollen and painful. Friction-sound was audible all over the heart. He was ordered an ounce of port wine every four hours, and the following draught every three hours: Potassæ bicarbon. gr. xx; tincturæ opii ♏xv; spiritûs ætheris sulp. comp. ♏xv; aquæ ℥j.

On December 6th, the pulse had fallen to 96, and was regular. He had slept well. There was less anxiety of countenance, and the appetite was better. Friction-sound was audible over the middle and base of the heart. There was no increased dulness.

On December 7th, the pulse was 80, and pain was complained of in all the joints. Friction-sound was still heard in the pericardium and right pleura. He was ordered to take the draught every four hours; and on the 8th, it was given every six hours. The wine was continued.

On December 9th, the friction-sound was less marked and more circumscribed. The urine was neutral; the pulse 80. He was ordered a roast slice.

On December 11th, the friction-sound could not be heard. He continued the potash and laudanum up to the 16th, when the latter was omitted. From this date, with the exception of a slight return of pain in the limbs, he progressed satisfactorily to recovery. The wine was stopped on the 22nd, and the potash on the 27th. He subsequently took quinine; and was discharged well on January 27th, 1863.

CASE XXIV. *Pericarditis, with Extensive Effusion: Recovery.* James W., a bar-tender, aged 23, was admitted into the hospital on February 24th, 1863. He had been ill for three weeks before admission, and had been confined to his bed for one week. His symptoms had been pain in the chest and dyspnœa. He had been attended by a surgeon, and was under the influence of mercury.

On admission, he complained of pain in the chest, hands, and feet. He said he had been much purged. The pulse was 120, very feeble, but regular; the skin was hot, and there was profuse perspiration; the tongue was dry, brown, and furred. There was an anxious expression of countenance, and pain on pressure over the heart. A loud friction-sound was extensively heard in the cardiac region. He was ordered six ounces of port wine, a linseed-meal poultice to the chest, and the following mixture.

℞ Potassæ bicarb. ʒiij; potassæ acetatis ʒij; tincturæ opii, ♏lxxx; aquæ ad ℥viij. One ounce to be taken every four hours.

On the 25th, he had not slept, and had been purged several times. The pulse was 124. He had had opium and brandy to check the diarrhœa. He was ordered to take ten minims of laudanum every hour; and to continue the alkaline mixture without the acetate of potash. He was purged six times during the afternoon; and in the evening, was very prostrate. He was ordered an ounce of brandy every three hours, in addition to the wine, beef-tea, etc. The alkaline mixture was stopped, and an astringent one substituted.

On the 26th, the diarrhœa continued; the friction-sound over the heart was less extensive, but still well marked; the pulse had risen to 132. He was ordered half an ounce of brandy with arrowroot every hour. He took freely of nourishment. In the evening, he had had some sleep, and appeared somewhat better. A blister was applied over the heart.

On the 27th, the bowels had acted nine times; he had taken twenty minims of laudanum with chalk mixture after each motion; he had also had eight ounces of port wine, brandy and arrowroot every hour, and two pints of strong beef-tea. The pulse had fallen to 120. The blister had risen; and he said he felt easier about the chest. There was increased dulness in the cardiac region; but no friction-sound was audible. He was ordered a grain and a half of opium at bedtime, and to continue the astringent mixture with ten minims of laudanum only to each dose.

On the 28th, the pulse was 118; the bowels had acted five times. He had taken eight ounces of brandy and six of port wine in the twenty-four hours.

On March 1st, he had passed a good night. The heart was felt beating in the second left intercostal space; the cardiac dulness had increased. Friction-sound was heard on pressure, not otherwise. Another blister was ordered. During the night, he became somewhat delirious; and on the following day, the diarrhœa was increased. A grain of opium was ordered every six hours, and an opiate enema after each motion, instead of the astringent mixture.

On the 3rd, there had been some delirium during the night. The bowels were more quiet, and he appeared much better. The tongue was becoming moist; the skin was cooler; and the pulse had dropped to 102.

On the 4th, the pulse was 100.

On the 5th, it had fallen to 92. He had had only two motions. There was less dulness over the heart; and friction-sound was heard on pressure. He was taking two grains of opium at night, ten ounces of port wine and six of brandy daily, beef-tea, etc.

On the 7th, the bowels were quiet; the pulse was 80; and the tongue was cleaner. The heart-sounds were clear at the base. No friction-sound was audible.

On the 9th, he began to take quinine; and the stimulants were diminished to eight ounces of wine and three of brandy daily, with chop, etc.

He progressed rapidly from this date. On the 18th, the brandy was stopped, and the quinine increased in dose. On the 21st, there was no increased dulness over the heart. No friction-sound was audible. The heart's action, and the situation of its beat, were normal; and the sounds were free from murmur.

He was discharged well on the 24th.

Remarks. The foregoing case presents some features of peculiar interest. The patient had been confined to his bed for a week before admission into the hospital; and we may assume, perhaps, that the pericardial inflammation had existed for that period. He had been put under the influence of mercury; but no beneficial effects had been produced on the disease. The remedy, instead of controlling the inflammation, had given rise to severe diarrhœa, which had produced a condition of extreme exhaustion; and, although opium was largely given after admission, it was several days before the action of the bowels was checked; during that time the patient's state was very critical.

The case serves to show the dangerous symptoms that may be produced by mercury, when its action on the bowels is not controlled, and the value of stimulants in certain pathological conditions, although one of the most important organs of the body is the seat of extensive acute inflammation.

[*To be continued.*]

Original Communications.

ON SANTONINE:

WITH ESPECIAL REFERENCE TO ITS USE IN THE ROUND AND THREAD-WORM.

By William Anderson, M.D., Resident Physician to the Birmingham General Hospital.

The introduction of "santoninum" into the *British Pharmacopœia* was no more than was expected by those practitioners who have for several years been convinced of its efficiency, and especially of its superiority to all known anthelmintics in the treatment of the round worm.

Though known in America and upon the continent, it has been little used in this country, and is not mentioned in some of the more recent works upon the practice of physic. Dr. Fleming, of Queen's College, Birmingham, describes it to me, after an experience of more than five years, as the best of known remedies for the round worm and ascarides; and pronounces it, as the result of his observation, to be decidedly superior to spigelia, of which he has made many trials, and which has been so highly praised by our American brethren.

A correct knowledge of its action and mode of administration must be very important to those living and practising in districts where these worms abound and give rise, as they often do, to symptoms of the most formidable and alarming nature—epileptiform seizures, intense headache, hypochondriasis, and dyspepsia, in their most aggravated forms.

The question has been raised, whether or not the presence of these worms in the intestinal canal is injurious to the economy; but when I mention that last year a case of perforation of the intestine accompanied by fatal hæmorrhage occurred in this hospital, and that many of the cases here are attended with such symptoms as to make the patient's life miserable, and greatly to deteriorate the health, if not lay the seeds of incurable disease, I think that this position will be no longer tenable. Moreover, the remedy is so simple, and tasteless, if not pleasant, as prescribed, and productive of no disturbance whatever, that I am inclined to think that any one who had a well-founded suspicion that his patient was suffering from lumbrici, would be only too glad to avail himself of this easy method of curing what might at any time prove a fatal, and is at all times a loathsome, malady.

The lad mentioned above where perforation took place in the duodenum, had nine lumbrici in his intestines; and patients have presented themselves suffering from the symptoms of the disease, who have passed upwards of a dozen after a few doses of the remedy. One man, after taking five grains of santonine three times a day, passed three worms the morning after taking the medicine, two the same night, and one the morning following—six in all—and was very soon in perfect health, although before he was miserable from headache, sickness, and nervous debility. Many such cases could be quoted where immediate relief has been obtained and no disturbance caused, and it is only in cases where large doses have been used that the drug has caused vomiting, purging, or prostration; the tendency to purging with moderate doses being never observed in my experience, the bowels being, on the contrary, generally somewhat constipated after the medicine, and requiring gentle purgatives, as castor oil. Several times patients have complained of seeing things green and yellow after the use of santonine; and have been not a little alarmed lest this state of things should continue permanent; but I have never met with a case where they complained of seeing objects red, as is stated by some.

The urine is always coloured of a yellowish-green hue; and I was surprised to find that, on the addition of a few drops of liquor potassæ it is instantly changed to the brightest red colour—a very pretty reaction, which any one can verify with ease for himself.

The dose for adults is from two to six grains, and for children from half a grain to a grain. Dr. Fleming recommends the following formula, which I have found very convenient and vastly superior to any other; although I have been in the habit of giving it three times a day instead of at bedtime, and have not noticed any injurious, but, on the contrary, beneficial—that is, more certain and speedy—effects from so doing.

℞ Santonini gr. ij ad gr. vj; sacchari lactis gr. v.

The patient, having fasted since midday, takes this powder at bedtime, suspended in a tablespoonful of cream; next morning, a dose of castor oil; and this process may be repeated several nights, or until the worms are discharged.

But what I am particularly anxious to direct attention to is the *rationale* of the action of the drug, inasmuch as I regard it, from the peculiarity of its behaviour and relation to the intestinal juices, as a *specific for lumbrici only*; though no doubt useful, both as given by the mouth and by injection (dissolved in a weak alkali), for ascarides.

The salient points to be kept in remembrance, with a view to understanding the theory of its action, are as follows.

1. Santonine is not soluble in water, nor in weak acids like the gastric juice.

2. In all likelihood, it passes through the stomach unchanged, until it meets the alkaline juices of the duodenum, in which it is freely soluble.

3. If properly administered, as with sugar of milk, and suspended in cream, the drug is not rendered soluble, and hence not active as a worm poison until brought into actual contact with its victims in the small intestines.

4. If it were administered already dissolved in an alkaline menstruum, we should incur the risk of its absorption in the stomach before reaching the parasite.

CASE I. H. S., aged 22 years, suffered for two months before coming under treatment as an out-patient, from "dimness in the eyes, low feelings, numbness and mythering in the head", and a choking feeling in the throat, so severe that at times he "thought he should have died." He also complained, on being questioned, of very low spirits and inability to follow his work, that of a nailer. About a fortnight afterwards, he had a fit, undoubtedly, from the description of his friends, epileptiform; and he applied for medical advice, and got six powders, which, however, left him still worse than before. He was confined to bed and miserable; and was induced to come here six weeks after the occurrence of the fit. He was ordered santonine and sugar of milk, of each five grains, three times a day. The result was the removal, to the patient's astonishment, of seven lumbrici, one alive, the morning after taking the powders. A dose of castor oil removed two alive the following morning; three dead the next morning; and one, also dead, the following night. He says he felt rather lightheaded soon after commencing to take the powders; that he saw things green and yellow at intervals (never red); and that his urine was "yellow like gold."

CASE II. T. S., aged 6 years, admitted on April 25th as an in-patient, had suffered from violent epileptic attacks for several months. I regret that I do not possess accurate notes up to the termination of this child's case, as she left this hospital for London. Though only six years of age, and a pale, anæmic child, she passed no fewer than eighteen lumbrici during the first six weeks of her stay in the hospital; and sixteen of these eighteen were passed after taking santonine, none having been passed after the use of the male-fern, which was given on the suspicion of tænia being present, and only two being removed after turpentine with castor oil.

This case is also interesting from the fact that she was able to take the very large dose of six grains of santonine three times a day; and for one day she took ten grains three times a day, without any other effect than sickness and faintness.

The epileptic attacks continued almost as frequent as before at the time of her dismissal; but, in my opinion, it is by no means improbable that, from the long continued presence of such an irritation as must have been caused by the presence of so many of these immense worms in this little creature, the epileptic habit (if I may so express myself) may have been established. Other remedies, zinc and atropia, had no effect upon the epilepsy.

CASE III. S. J., aged 30 years, married, admitted as an out-patient on December 3rd, 1863, had suffered for three months from pain in the stomach and right side, and from "a choking and rising in the throat and complete loss of appetite"; and having vomited a lumbricoid worm, she applied to a medical man, who prescribed some powders for the worms; but she passed no more worms, and was not at all relieved. She came here on December 3rd, and was ordered five grains of santonine with sugar of milk three times a day, which large dose she continued to take for a fortnight. During these fourteen days, she passed eight or nine lumbrici all dead, and is now in perfect health and free from pain of any kind.

She states that on the first and second days after taking the powders, she almost lost her eyesight and "saw things of all colours", and turned giddy, and was obliged to confine herself to bed, as she felt weak and unable to go about. The bowels were constipated, and she took castor oil. The urine was of a citron yellow, and became of a beautiful crimson colour on the addition of liquor potassæ.

Many cases similar to the above could be quoted; and cases to show the superiority of this drug over the powder of the artemisia santonica, which I have given to children in the dose of twelve grains night and morning, with very little comparative benefit. In these cases, the urine was only tinged of the slightest pink on the addition of liquor potassæ; and the patients never complained of any effect upon their eyesight.

The greenish-yellow colour of the urine and the deepness of the red colour on the addition of an alkali (for ammonia, soda, and lime give the reaction as well as potash) bear a direct relation to the strength of the dose.

Dr. E. Rose of Berlin took fifteen grains without injury, and found that twice that quantity was sufficient to poison a rabbit by convulsions and ascending paralysis. (*Archiv f. Path. Anat.*) I have taken small and large doses of the drug without any bad effect; and along with my friends Messrs. Elkington and Birt, have detected a perceptible red tinge in the urine a very few minutes after taking a dose, showing that this is a substance very easily absorbed. Indeed as it shows its presence in the urine so quickly, it seems reasonable to conclude that some of it, or some constituent of it, must be absorbed even in the stomach, although it is pretty clear that the active part of it is dissolved in the alkali of the duodenum.

If given in the form of solution as santonate of soda, probably more would be absorbed, and the serum of the blood and the urine more intensely coloured; for it has been found partially unacted on in all parts of the intestinal canal, and in the fæces themselves when given alone; but it would not be nearly so efficient when dissolved as a worm poison.

I believe that just as certainly as practitioners will find this drug a *specific and sure poison for lumbrici*, so certainly will they be disappointed if they use it indiscriminately as an anthelmintic in cases, for instance, of tænia, where I have satisfied myself it is decidedly inferior to the male-fern and to kamela. It is, however, as stated above, of service in the thread worm, especially as a weak alkaline injection; in such cases, hewever, I think I have found as good results from enemata of infusion of quassia (four times the usual strength) with common salt. It is so difficult to get out-patients to manage such matters to one's satisfaction, that I have not yet been able positively to ascertain how far it acts as a direct poison to these very troublesome parasites. It remains a great desideratum to find some anthelmintic which would act for these worms according to the plan of action of santonine for the lumbrici—that is, that would remain comparatively inert just till it met with its victim in its peculiar habitat. To give medicines by the mouth which are acted upon, and consequently act upon the patient during the whole time of their passage through the intestinal tract, for parasites infesting the other end of that tract, is certainly a very roundabout proceeding.

I was induced to try the following experiments upon rabbits, with a view, if possible, to elucidating the physiological action more clearly, and I regret that want of time prevents me at present from following up the very interesting results I obtained as a commencement.

At 5.15 P.M. the duodenum of a rabbit having been ligatured, fifteen grains of santonine were administered. At 6.20 the urine was tested, and gave the characteristic reaction. At 7.40, the rabbit having quite recovered, a scruple of santonine was administered, and at 9.25 the urine was very strongly coloured, and the rabbit gave no symptoms of any disturbance whatever. At 9.45 the ligature was removed, a blood-vessel being accidentally divided and a good deal of shock experienced, from which the creature was only recovered by stimulants, and died some hours afterwards during the same night.

Unfortunately, as is usually the case with rabbits, the stomach was not empty at the time of the operation, and a considerable quantity of food remained, in which a large quantity of the drug was found unacted upon.

A second rabbit had a dose of a scruple, followed at the interval of half an hour by half a drachm, without any injurious, or indeed any visible effect whatever. The next day, the animal appearing in perfect health, was given the large dose of one drachm, still without any apparent effect, and this was followed by a dose of half a drachm in an hour and a half. To my astonishment, these large doses produced still no effect, beyond perhaps a little dulness, which soon passed off when the animal was roused.

Being tired with feeding the animal with the powders, I injected a drachm in suspension again without result, and I regret to say that an accident destroyed the life of the creature immediately after I had injected a second similar dose, an hour afterwards.

It would appear, then, from both of these experiments, that it requires a much larger dose than thirty grains to poison a rabbit, as stated by Dr. Rose of Berlin, and quoted by others. Secondly, that some of the constituents of the drug are absorbed in the stomach as the colouring matter appeared in the urine, although the pyloric orifice of the stomach was tightly ligatured.

Had time permitted, I wished to try how large a dose it required to prove fatal in the rabbit both in the stomach alone, and when allowed to go through the whole intestinal tract; and as santonine when given in powder has been found unacted upon in the excreta, whether when given in solution it was more active as a poison. These points I hope yet to be able to determine.

We may now expect that, as it has appeared in the *British Pharmacopœia*, more experiments will be made as to its mode of action. I think no one who fairly tries it will refuse to allow it to stand *facile princeps* as an anthelmintic for the round worm, and I hope many will be induced to try it also in other diseases for which it has been recommended; as, for instance, in the uric acid diathesis (in which I have found it of decided benefit), some cases of amaurosis, etc., as it may confidently be hoped that a remedy which exercises such an important influence upon the circulatory and nervous systems, and conseqently upon general nutrition, may prove of great therapeutical value.

[*To be continued.*]

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

LARYNGO-TRACHEOTOMY IN AN INFANT FOR THE REMOVAL OF A FOREIGN BODY.

By Frederick J. Brown, M.D., F.R.C.S., Consulting-Surgeon to St. Bartholomew's Hospital at Rochester.

[*Read April* 1st, 1864.]

Mary Ann P., aged 6½ months, residing at Chatham, was seen by me in consultation with another practitioner on May 11th, 1863.

She met with an accident on May 1st. A piece of walnut equal in size to a domestic fly (weighing two grains when dried), was put into the mouth of the infant by another child, and it was carried into the wind-pipe by a sudden inspiration. There was urgent distress at the time, and a recurrence of laryngeal spasm many times daily, subsequently. The object moved freely up and down the trachea, and occasionally impinged against the rima glottidis.

I performed laryngo-tracheotomy at noon, putting the child slightly under the influence of chloroform. I introduced a pair of forceps into the trachea to search for the object. I believe that the trachea became occluded either by the foreign body or by blood, for the child ceased to breathe for one minute.

I handed the infant to its mother to be nursed and suckled, and in three hours' time returned and adopted a method that ought to have been practised at first; viz., I passed ligatures into the fascia on each side of the opening into the wind-pipe, and thus separated the edges. The foreign body was immediately expelled by an expiration. The child speedily recovered.

Progress of Medical Science.

MEDICINE.

Syphilitic Lesions of Internal Viscera. The affections of internal organs arising from syphilis, have during the last few years been receiving considerable attention from pathologists in this country and on the continent. M. Lancereaux, *chef de clinique* in the Paris Faculty of Medicine, has lately published the results of some researches on the subject in which he has been engaged since 1858.

The lesions, he says, produced in the viscera by syphilis present in general sufficiently well defined characters to allow of their cause being specified. They may be grouped under the following forms: 1. Interstitial inflammation: 2. Gummata or Tumours: 3. Cicatrices.

These organs, such as the liver and testis, which abound in parenchyma, are most liable to the first named of these forms. New elements (nuclei, cells, and fibres of connective tissue, are developed in the meshes of the organ, producing enlargement and ultimately contraction and atrophy. When this takes place, the surface of the above named glands presents furrows and depressions of greater or less depth, giving a characteristic appearance to the organ. In the liver, we find lobular cirrhosis, *i.e.*, *cirrhose à gros grains*, as M. Lancereaux calls it—a state very different from the granular induration of drunkards, or *cirrhose à petits grains*. The inflammatory form is less distinct in the other viscera, as the brain, kidneys, lungs, and heart; and is also more difficult of recognition—that is, when one organ alone is apparently affected. In these organs, it manifests the characters of cerebral induration or softening, of interstitial nephritis, or of chronic pneumonia or carditis.

The second form of visceral syphilis is characterised by the presence of tumours varying in size from a pea to a haricot bean, and generally termed *gummata* or gummatous tumours. They may be firm or soft in consistence, and of a grey, whitish, or yellowish colour according to their age and to the relative proportions of their histological elements. They are ordinarily surrounded by a dense greyish vascular fibrous tissue, very resistant to the finger; this forms a kind of cyst from which they may sometimes be enucleated, and its presence is often a sufficient guide in distinguishing these tumours from tubercle, cancer, and most other non-syphilitic new formations. Gummata in their early stage are constituted of the embryonic elements of connective tissue. Having arrived at a more or less complete degree of development, they undergo a retrograde or fatty change. They may be spontaneously absorbed. This termination is doubtless favourable; but traces of the presence of the tumours may be left in the form of cystoid membranes (in the brain), fibrous bands, or cicatrices (in the liver). In some cases, the tumours undergo calcareous transformation.

Syphilitic gummata are readily distinguished from cancer, and from fibrous or fibro-plastic tumours, by the small amount or absence of vascularity, and by their situation; but they are very easily confounded with tuberculous or scrofulous deposits, vascular atheromata, and deposits arising from glanders or farcy. Their nature, however, may be determined by a consideration of the characters already described, and by a careful examination of all the organs and of the liver in particular.

The formation of cicatrices is in reality only one of the modes of termination of the preceding forms of syphilitic lesion. It is characterised by the presence, on the surface of organs, of one or more furrows; of more or less deep depressions; and by fibrous bands in the interior. Of these lesions, the first—furrows and depressions—are distinguished from the atrophy consecutive on obliteration of the vessels, by the presence of a fibrous cyst at the depressed part, and by their having no relation, as regards situation, to the distribution of the vessels. From cicatrices left after wounds, they are distinguished by the absence of the colouring matter of the blood. The fibrous bands in the interior of organs are distinguished from absorbed and cicatrised purulent deposits by their numbers, as well as by the absence of purulent *detritus* in the neighbourhood.

In the vascular glands hypertrophy sometimes occurs, with or without alteration of the elements of the organ. In 24 cases, M. Lancereaux found hypertrophy of the spleen in 10 cases; of the mesenteric glands in 10; of the thyroid body in 4; and of the suprarenal capsules in 2. In some cases, he has found hypertrophy of the follicles at the base of the tongue and of the pharynx and tonsils. This lesion of the glands is generally accompanied by modifications in the blood and by cachexia.

Fatty, amyloid, lardaceous, or waxy degeneration of organs, especially of the liver or kidneys, were found in several cases; but M. Lancereaux is not disposed to regard them, like the lesions already described, as the direct results of the syphilitic infection. From his examination of individual organs, M. Lancereaux has arrived at the following results. In the liver, he found interstitial hepatitis or cirrhosis, in 3 cases; gummata without cicatrices, in 1; cicatrices without tumours, in 7; cicatrices of the surface of the liver with gummata in the substance of the organs, in 9. In most of the cases, the liver had also become adherent to the diaphragm or to the neighbouring viscera; but perihepatitis was never found independently of the other appearances described.

In the kidneys, among 24 cases, there was interstitial nephritis in 3 instances; interstitial nephritis with waxy degeneration in 2; small tumours disseminated through the renal parenchyma in 1; cicatrices on the surface, with atrophy, in 2.

The testes were affected in three cases. In one, there were gummatous masses in both testicles, producing enlargement; the proper glandular tissue had entirely disappeared. In another, there were gummatous deposits in one testicle, and interstitial orchitis in the other; and in the third there was periorchitis. In some other cases, atrophy of the testicles appeared to be the result of syphilis. Similar changes were also found by M. Lancereaux in the ovaries.

In the brain, old gummatous tumours, having partly undergone fatty transformation, were found in two cases. In one case, a cyst-like membrane, with numerous partitions, occupied the greater part of the right anterior lobe. Cicatrices on the surface of one of the convolutions, and a cicatricial fibrous band between the grey and white substances, were present in one case. In one instance, there was amyloid degeneration of the pia mater and softening of the pons Varolii.

The lungs presented, in 2 cases, chronic pneumonia, and deep cavities with smooth regular walls; gummatous deposits in 3 cases; and superficial cicatrices in one. There were narrowing and dilatation of the bronchi in two instances; cicatrices and ulcerations of the pharynx (qu. larynx?) in several; and ulceration of the bronchi, in one case.

The heart presented, in 2 cases, gummatous tumours disseminated among a fibrous tissue, together with alteration or disappearance of most of the muscular structure of the organ. In one case, there was simple myocarditis; and in two, lardaceous degeneration. In several instances, rapid or sudden death has arisen from the cardiac lesion.

The functional disturbances produced by syphilitic lesions of internal organs have no specific character. Each organ manifests its lesion by disturbance of its proper functions; and hence the symptoms proper to these affections vary not only with the organ affected, but with the seat and extent of the morbid change. The elements of diagnosis must, therefore, be sought for in the presence or previous existence of the internal manifestations of syphilis, and in the antecedents of the patient. It is well, in any case, to take into consideration age and other etiological circumstances; to examine most carefully the liver, which is most frequently affected; and to note the state of the kidneys, the presence of syphilitic disease in which often produces albumen in the urine. The simultaneous disease of several viscera is worthy of attentive consideration; but the special foundation for diagnosis is, together with the period (tertiary) at which the symptoms appear, and the peculiar progress of the numerous manifestations of visceral syphilis by special cachexia by which these are almost always accompanied.

In general, the prognosis of syphilitic disease of the viscera is to be regarded as serious, in proportion to the importance of the organ or organs affected.

Specific treatment, consisting of mercury and iodide of potassium, has often been found by M. Lancereaux, when used in proper circumstances, to rapidly remove serious symptoms, even when threatening a rapidly fatal termination. This treatment is useful for syphilitic inflammations and tumours, but has no effect on cicatrices. It must not be forgotten, that the prolonged use of these remedial agents is demanded. In this way, we may best obviate the tendency to a recurrence of the disease. (*Gaz. des Hôpitaux*, 17 Mars, 1864.)

NITRATE OF SILVER IN DYSENTERY. M. Caradec relates in the *L'Union Médicale* six cases of dysentery treated in the following manner. After giving, when the patient is seen in the early stage of the disease, a purgative of sulphate of magnesia or castor oil, M. Caradec orders an enema of nitrate of silver night and morning, preceded by a copious enema of marshmallows or linseed. The quantity of nitrate of silver varies, according to the circumstances of the case, from three-fourths of a grain to a half for children, to four or five grains for adults, in about four ounces of water. A few drops of laudanum are added to each enema. The injections are continued at the same strength until there is a marked change in the evacuations, and at a lower strength until all discharge of mucus and blood, and all diarrhœa, have ceased. In cases where the disease has been seated too high to be reached by enema, M. Caradec has given the nitrate of silver internally, in doses not exceeding one-sixth of a grain three times a day. (*Bull. Génér. de Ther.* 15 Mars, 1864.)

SYPHILITIC DISEASE OF THE BRAIN: RECOVERY. A woman, aged 30, was lately admitted into the Lariboisière Hospital, under M. Duplay, with a well marked pustular syphilitic eruption on the arms. During several weeks, she complained of very severe occipital headache; she had obstinate vomiting, in consequence of which, the iodide of potassium which had been administered to her produced no effect. The patient now began to grow feeble; she stumbled, walking became more and more difficult, and at last she was confined to bed. While lying down, she had perfect voluntary power over both the lower and the upper limbs; there was therefore no ordinary paralysis, nor wasting palsy, but great muscular weakness. She had also double convergent squint, complicated with diplopia. The intellect and sensation, and the principal functions, remained intact. She had no fever, nor cough; nutrition was interfered with by the vomiting. M. Duplay diagnosed a syphilitic affection of the cerebellum. Mercurial treatment was employed; and in a week there was marked improvement. The pain in the head was less; the vomiting had ceased. The patient recovered her strength, and was soon able to sit up in bed, and to stand; the squint also disappeared. At the end of six weeks, she was dismissed cured; and, when seen some time afterwards, remained well.

Several similar instances are recorded in a work by MM. Le Gros and Lancereaux. (*Gaz. des Hôpitaux*, 5 Mars, 1864).

PURPURA HÆMORRHAGICA: INTERMITTENT SYMPTOMS: SUCCESSFUL TREATMENT BY IRON AND QUININE. Dr. Nyssens of Maeseyck relates the case of a girl aged 13, to whom he was called, and whom he found suffering from purpura hæmorrhagica. At first he prescribed perchloride of iron; but, in dressing the patient for two or three days, he observed that the symptoms—bleeding from the gums and nose, etc.—were not relieved, and were aggravated in alternate days, and that the patient also presented rigors like those of intermittent fever. He therefore gave quinine in addition to the iron. The effect in relieving the symptoms was at once obvious; and under the continued use of iron and cinchona, with nutritious diet, the patient perfectly recovered. (*Gaz. des Hôpitaux*, 3 Mars, 1864.)

TRICHINAL INFECTION. While removing a cancroid growth from the neck of a patient arrived from the country, Dr. Langenbeck remarked that the platysma presented an unusual appearance. Microscopic examination showed that it contained an immense number of dead trichinæ, contained in calcified capsules. Inquiry was made as to the circumstances under which the immigration had probably occurred, and the following was the result. In 1845, a commission composed of eight persons went to a town in the district of Lausitz to inspect the schools. A collation composed of ham, sausages, cheese, roast veal, and white wine having been served to the commission, only seven members partook of it; the eighth was absent at the time, and only took a glass of red wine at the dessert. Three or four days afterwards, the seven who had partaken of refreshment were seized with intense diarrhœa, pain in the neck, and œdema of the face and extremities. In four the attack proved fatal; and in the three others, including the individual on whom M. Langenbeck had operated, only recovered after a tedious illness. (*Edin. Med. Jour.*)

THE TONGUE IN MALARIA. Dr. Bidwell draws attention to a condition of the tongue, indicative of the operation of malarious poison. Its under surface appears to have trespassed upon the upper, the papillæ of the latter being supplanted by the transverse rugæ of the former. The sides are thickened and rounded, the normal well-defined edge being obliterated, and the line of demarcation moved to nearer the mesial line. This appearance of the sides may be associated with any and every possible appearance of the remaining papillary surface, just as the malarious disease itself may be attended by any and every variety of morbid condition of the system. Through all this variety it is perfectly distinct, and when once learnt by actual inspection is unmistakable. Wherever Dr. Bidwell finds this malarious tongue, he gives quinine freely.

On the other hand, when soldiers come to him complaining of "chills," whose tongues do not present this appearance, they are unhesitatingly returned to duty. The remark that this appearance is an unfailing indication of the quinine treatment, is not to be understood as implying that such treatment is to be continued until the symptom disappears. That is not necessary or advisable. Relief and amendment do not wait for its disappearance, but even come some days in advance of it. (*Boston Medical Journal.*)

Reviews and Notices.

On Paralysis, Neuralgia, and other Affections of the Nervous System; and their Successful Treatment by Galvanisation and Faradisation. By Julius Althaus, M.D., Member of the Royal College of Physicians, London, etc. Third Edition. Pp. 236. London: 1864.

Dr. Althaus has several times appeared before the profession as an exponent of the practical value in medicine of the researches made by modern observers on electricity and galvanism, especially with regard to their influence on the animal body. And, in all his writings, he has shewn himself worthy of attention and of confidence, not only by the careful manner in which he has studied his subject both theoretically and practically, but also by the judicious and discriminating manner in which he points out the circumstances under which the agencies of which he speaks are applicable. His works are, in a word, admirable examples of the application of science to the practice of medicine.

The work before us has reached a third edition; and therefore, we conclude, is already well known to many of our readers. The author states, in his preface, that he has carefully revised the book, and has made numerous additions, both scientific and practical.

To all who are desirous of obtaining complete, and at the same time honest, information as to the value of galvanisation and Faradisation in affections of the nervous system, we cordially recommend a study of Dr. Althaus's book. Those desirous of more ample instruction, will find what they desire in his *Treatise on Medical Electricity.*

Topics of the Day: Medical, Social, and Scientific. By James Ansley Hingeston, Regist. Pract.; etc. Pp. 400. London: 1863.

Mr. Hingeston here gives a volume on subjects numerous and various which have engaged his attention.

He divides the book into three parts. In the first part, the following are the topics treated of: Atmospheric Phenomena in Relation to the Prevalence of Asiatic Cholera; the Atmosphere in Relation to Health; and the History and Practice of Vaccination. The second part contains essays on Hypochondriasis; Ethnological Psychology; the Human Brain; Duality of Mind; Deformity of Infantile Crania; the Deformed and their Mental Characteristics; Cleopatra's Death; and Horace's Death. In the third part, the author treats of the Wear and Tear of Medical Life; Three Thousand a Year—a Soliloquy; A Homœopathic Triumph; The War of 1854; The Peace of 1856; The Indian Rebellion in its Moral and Psychological Aspects; Orientalism; Ancient and Modern Civilisation; and Change of Scene.

This list will sufficiently indicate the variety to be found in the book; the preparation of which has doubtless lightened the toils of practice to the author, while its perusal will afford both mental recreation and instruction to the practitioner who may read it.

A Manual of Diet and Regimen for Physician and Patient. By Horace Dobell, M.D., M.R.C.P., etc. Pp. 36. London: 1864.

This little volume contains thirty-nine rules for promoting the health of adults living in the United Kingdom. In addition, the author gives tables of what he considers the essentials of a normal diet. "The manual" (he says) "has been constructed to supply a want felt by most medical men engaged in the practice of their profession." The rules are unexceptionable; but, as Dr. Dobell no doubt well knows, the difficulty is to get people to follow nature's and science's regulations in the hotbed of this artificial world, in which men are forced to live. In the matter of many of the prime necessaries of life—food and ventilation, for example—all society, even the most educated, is daily deeply sinning. May some of these sinners read Dr. Dobell's book, become wiser, and increase their days by living more after the laws of hygiene and common sense.

On Diabetes and its Successful Treatment. By John M. Camplin, M.D., F.L.S. Third Edition. By J. G. Glover, M.D. Pp. 104. London: 1864.

This is a posthumous edition of Dr. Camplin's little volume. He had, we read, completed the alterations and additions in it just before his death. The book is a reprint from the thirty-eighth volume of the *Medico-Chirurgical Transactions.* In this third edition, the author has had nothing to add to the principles of treatment laid down by him in his previous papers. "He has, however, revised the details both of diet and medicine, and rendered them more complete."

Notes on the British Pharmacopœia; shewing the Additions, Omissions, Change of Nomenclature, and Alteration in the Various Compound Preparations; with Doses of those Medicines which are comparatively new. By Adolphus F. Haselden, Pharmaceutical Chemist, etc. Pp. 82. London: 1864.

The press, we need hardly say, is teeming with commentaries and explanations of the *British Pharmacopœia.* This is another little volume added to its predecessors. The object of Mr. Haselden's attempt is, as he tells us, "to point out the additions, omissions, and change of name, which have occurred as regards the *British Pharmacopœia* when compared with the last *Pharmacopœias* of London, Edinburgh, and Dublin." Our readers will no doubt learn from this not very neatly prepared sentence the nature of the work.

Dr. Fleming has presented the Army Medical Library at Aldershot with 139 volumes.

British Medical Journal.

SATURDAY, APRIL 23RD, 1864.

THE MEDICAL COUNCIL AND MEDICAL EDUCATION.

A REFERENCE to the courses of lectures given in the London schools, the details of which will be found in our last number, cannot fail to convince the most sceptical that teachers themselves are all at sixes and sevens as regards both the subjects which should be taught, and the number of lectures which a given course should comprise. If Descriptive Anatomy can be taught sufficiently by lectures on four days a week at Guy's and some other schools, why should the student be required to attend lectures on this subject six days in the week at the London Hospital and University College? If enough knowledge of Physiological Anatomy can be acquired in two days of each week by a student at St. George's, why should attendance on five days be required of students at Charing Cross Hospital and elsewhere? If one day a week suffices to teach Comparative Anatomy at the London Hospital, why devote five days a week to this subject at University College? If lectures on Histological Anatomy are necessary, why are they given at three only of the eleven London schools? Chemistry is taught on three days a week at the Westminster School; why are four lectures on Chemistry given at King's College, and five at University College, in each week? If Practical Chemistry can be learnt by attendance in the laboratory on one day a week at St. Mary's, and on two days a week at the Westminster Hospital, why need the student at St. George's and at King's College attend on six days a week?

Such are a few of the anomalies of the present system; sufficient, however, to perplex and puzzle both parents and students. Botany, Materia Medica, Forensic Medicine, and Midwifery, are severally taught on three, four, and five days a week: Medicine on three, four, and five; but for the most part on three days a week. "Order is Heaven's first law"; but we shall seek in vain for any evidence of either order or system in the arrangements here recorded. No doubt we shall be told that all this apparent confusion is, in reality, a beautiful adaptation of circumstances to suit the ever-varying intellectual capacities of individual students; but such reasoning, we trust, will be regarded by the Medical Council as a species of metaphysical subtlety incomprehensible to the ordinary run of intelligence.

We fancy we can discern one great general error underlaying the whole system of the schools; and we think the Medical Council would be performing a legitimate part of their functions in giving their attention to this subject.

Those who have settled the courses of lectures (in the London schools, at all events), seem to have proceeded on the false and vain idea that medical education consists in the main in the teaching of the lecturer, and not in the acquisition of knowledge by study on the part of the student. They appear to have argued that the great point in the whole scheme is to give lecturers opportunity for lecturing; as if, in fact, students were made for lecturers, and not lecturers for students. The student is treated as a passive hearer; not as an active learner. The main fact seems to have escaped consideration; viz., that no amount of mere teaching can really educate for the medical or any other profession; that teaching is almost useless unless the taught be learners as well as listeners.

Our present system has tended in a very great degree to the discouraging rather than the fostering of learning on the part of students, who, in our lecture system, are treated more like boys than they were even when at school. At school, the boy was not taught his lesson; he had to learn it. He was made to exercise his faculties in working out his lesson, and attaining knowledge; but now-a-days, teaching has superseded learning, and education now consists in treating subjects of science, requiring close and thoughtful study as well as diligent observation, as adapted only for tedious discourse; in fact, it has become the art of displaying without imparting knowledge. Philosophy in sport, instead of Science in earnest.

What has been the result of this so-called system of education? Have students become earnest thinkers, attentive learners, diligent observers? Are they not too often listless, half-somnolent lecture-room attendants? Has not the practice of cramming greatly increased? Do not manuals abound—those charming little waistcoat-pocket volumes comprising whole sciences in a nutshell, the *reductio ad absurdum* of our present lecturing system? Lecturers, in truth, believed they had discovered what all the world else has been so long on the look out for, and in vain; viz., a royal road to knowledge; but, happily, we have at last begun to discover that there is something "rotten in the state." No doubt the original error which presided over the birth of some of our London schools has in part produced the present false system. We all know that more than one school has been hot-bedded into existence, not because it was wanted, or that students were short of lecturers; but because would-be lecturers were ambitious of having students. And we know that even chairs have been created solely for the accommodation of the lecturer. Out of one evil sprang another. The superabundance of lecturing power produced competition; this took the shape either of low prices, or of an increase in the number of subjects taught—to the great misfortune of the student, and to the detriment of sound medical knowledge. At this crisis, our presiding genius, the Medical Council, happily steps in to save the student, and to teach his lecturers wisdom.

We have already, in our last number, suggested generally what we conceive to be the duties of the Medical Council in regard to professional education; it is unnecessary, therefore, to repeat it here. If something be not done to reform the present state of things, we shall probably find ourselves one day in a state of revolution. Some men are already beginning to ask—and certainly not without a show of reason—whether it would not be better to do away with the entire system of compulsory attendance on lectures, and leave the student to gain his knowledge how and where he best may, making the passing of a very stringent examination the sole evidence of his fitness for a qualification to practise. It is suggested that freedom in education may prove perchance as good a thing for the profession as freedom in trade has been for the country. Why, it has been asked, should a monopoly of teaching be guaranteed to any particular schools or set of men? Why should not any one who feels a vocation for the business become a trainer of medical youth? Look at your system, such reasoners say, and see the sort of fruit which it has borne. Many a lecture-room of your recognised teachers is deserted by the students, who yet flock to the classes of those natural born instructors, commonly called grinders, and willingly pay extra fees to be prepared for their examinations. These grinders are, as you well know, not to be ignored; they are numerous enough in London to make all recognised teachers scandalised. Why should they exist, and some of them make large incomes by lecturing, if your registered system were perfect? Moreover, if it be a fact, and you will scarcely venture to deny it, that a very large number of students are every year not only prepared for, but actually are enabled to pass their examinations solely through the instruction received from the grinder, what have you to say in defence of the system of recognised examinations which acknowledges the effectiveness of such grinding? You say that grinding is a deplorable thing; and yet you must admit that your system of examination is one which enables the man who has been so deplorably educated to pass through it. Herein do you not condemn either your official plan of education, or your official system of examination? Why do you not throw open the whole system of medical education, and make your examination the real and sole test of sound knowledge? Would it not be better for the country that it should be supplied with medical men who have been subjected to a very much more stringent test of their medical capacity, than any which is at present applied to them by your examining boards? Would it not be better, instead of relying in part upon the fact that the candidate has gone through certain prescribed courses of study, that you should ignore all his antecedents—take no thought of how or where he got his knowledge—and submit him to a test which would prove absolutely that he is fully competent to enter on the duties of practice. Would not this be better than requiring the candidate for a qualification to practise to pass a less stringent examination on the strength of the fact that he had, nominally or otherwise, gone through a regularly recognised and prescribed course of study.

Such is the sort of arguments which the revolutionary party is ready to pour forth; and we signalise them here in order to arouse the Medical Council to the urgency of the business on its hands. The Council has before it assuredly a great, a serious, and a most difficult task. If it fail in its performance, it fails in its duty, fails in the special business for which it was especially constituted, and for which the profession pays it so dearly. If the feeble voice of a *non possumus* should issue from its conclave, it is clear to us that it confesses either to a lack of power to execute, or to a lack of moral courage to perform its work. If its powers be really defective, then its duty is to get them enlarged; if it fail to act through weakness of purpose, why then— But such a calamitous conclusion we must not, for a moment, anticipate.

GARIBALDI AND HIS MEDICAL ADVISERS.

The present reported state of Garibaldi's leg and general health proves clearly enough that it was not for medical advice he visited England. The plain fact, that his leg had recovered as well as a leg could have done under the circumstances of its injury, and that the wound had completely healed, must have satisfied his attendants and himself, before he left Italy, that his future remedy lay in the hands of time and nature, and that there was nothing for art or science to do further in the matter. His visit to this country, we may safely affirm, had some much more powerful motive than this merely personal one. Garibaldi has not shown himself the man to be over-mindful of his own personal comforts. His journey to England manifestly had a political object in view. He came with the hopes of finding a remedy or some help, not for his own limb, but for the cure of the ulcers festering on the great leg of Italy, at Rome and at Venice. Mr. Partridge's letter in the *Times* gives a full account of his bodily condition.

"I saw General Garibaldi," writes Mr. Partridge on the 14th inst., "and am able to state that his visit to this country is quite unconnected with any seeking or necessity for medical or surgical opinion or treatment; this statement is due also to the able Italian surgeons to whose unremitting care and skill (aided by his own excellent constitution and abstemious, active habits) the General is indebted for his successful cure. General Garibaldi's health, which had been somewhat impaired by the long confinement of his wound, so as to render a change of air and scene desirable, is now quite restored, and he looks and declares himself to be in excellent condition. The limp, and use of a stick in walking, are owing to a remaining stiffness of the ankle-joint and of the sheaths of the surrounding tendons; but, as the articulation retains some degree of movement, and the foot is in good position—at right angles with the leg—it is not improbable that with time, care, and moderate exercise, the joint will become, so to speak, more supple: and that eventually, though a certain degree of lameness must always exist, a useful and active limb will be obtained. With regard to the present condition of the leg and foot, there is no swelling nor inflammation of either; the wound has quite healed, is free from discharge; and though the scar is a little tender, and requires the protection of a slip of plaster, there is no present sign of abscess, nor of the existence of more particles of dead bone to come away. The foot, indeed, is turned a little inwards, but it has been so ever since the injury; and this is owing to the loss of support to the foot derived from the inner ankle, the bone of which was broken by the shot, and was afterwards cast off or exfoliated. The General is able to bear the whole weight of his body upon the injured limb, which is quite free from pain, except after over-exertion in standing or walking. The medical and surgical history of the General's case is fully detailed in the pamphlets of Drs. Ripari and Basile, copies of which I have presented to the libraries of the College of Surgeons and of the Medical and Chirurgical Society."

But English surgery is not happy in its dealings with Garibaldi. Last week we were told authoritatively that Garibaldi was in capital condition of foot and body. In Monday's *Times* appears Mr. Partridge's letter, informing us that the General was in as perfect health as could be expected; but, in the second edition of the *Telegraph* of the same day, before the ink of Mr. Partridge's letter was dry in the *Times*, Mr. Fergusson announces that Garibaldi must give up all this gallivanting about the country, or he will not answer for his health; and then, on the evening of the next day, Dr. Basile, "*Chirurgo del Generale Garibaldi*," writes a flat contradiction to Mr. Fergusson's letter; and affirms that the General can go through his programme of progresses with ease and safety, *tuto et jucundè*; "his health is perfectly satisfactory, and his wound, some four or five months cicatrised, no longer requires surgical care."

Naturally, people turn to other quarters for an explanation of these inconsistencies. Garibaldi's visit to England was purely a political visit, it is said; it was initiated in politics; it has been carried on politically; and apparently its end has a political aspect. People find it hard to believe that a man with an iron constitution, who has roughed it with impunity through many a severe campaign, should sink under the burthens of a score of silken *fêtes*—should "die of a rose in aromatic pain."

However, Mr. Fergusson now assures us that Garibaldi's once iron frame cannot bear the excitement and fatigue of this lionising. But then, again, we have, *per contra*, Mr. Partridge, who vouches for Garibaldi's health, and Garibaldi's own doctor Basile, who declares "that the General is able to undergo the journey which he proposed to undertake without danger."

It is not for us to reconcile such contrary opinions. We can only chronicle them, and say that we think them very much to be regretted, and that they might and should have been avoided. Mr. Fergusson, after his opinion is published, suggests a medical consultation on the case. We must venture to say that, in our opinion, he would have done far better, had he called the consultation before his opinion was published, and more especially as the question was manifestly, in the main, of a medical nature. Indeed, it seems to us very strange that any official notice of the health of Garibaldi should have been issued without previous consultation with Dr. Basile; or, at all events, that Dr. Basile's existence should have apparently been completely ignored in the matter. Professional etiquette, we consider, would have demanded that a consultation, at all events with Dr. Basile, should have preceded any such semi-official announcements. The fact of Dr. Basile being an Italian does not justify any departure from the ordinary rules of professional etiquette; and surely no English surgeon would have felt justified in issuing such a report without previous consultation with any English physician with whom he was in attendance in the case. We conclude that the ordinary rules of professional etiquette have been departed from by Mr. Fergusson in this case, from the fact of the publication by Dr. Basile of the letter above referred to, which we here give.

"Sir,—I have seen the letter of Dr. Ferguson to the *Times* of to-day concerning General Garibaldi's health, in which he states that it would be unsafe for his health to fulfil the engagements he has undertaken to visit certain provincial towns. I feel bound, as the physician in regular attendance upon the General, to affirm that his health is perfectly satisfactory, and that his wound, since four or five months cicatrised, no longer requires surgical care. I make this statement with greater confidence, inasmuch as it was confirmed on the occasion of his first consultation by Dr. Ferguson himself, and still more recently by Dr. Partridge.

"I am firmly convinced that the General is able to undergo the journey without danger which he proposed to undertake. Dr. G. Basile,
"*Chirurgo del Generale Garibaldi.*
"Tuesday Morning."

If Dr. Basile, indeed, were consulted by Mr. Fergusson, and differed from him in opinion at the consultation, why were not other physicians or surgeons called in, in such an important case, to decide the point differed on? We feel bound to make these remarks; for we can scarcely think that our profession has been put in a good position before the world in this matter. We might even go further, and say that, if strict and high etiquette had been observed in this affair, Mr. Partridge should, in the first instance, have met Mr. Fergusson in consultation. Mr. Fergusson spoke, in his first letter, of the skill, etc., of Garibaldi's Italian medical adviser; why, then, should he ignore his existence in consultation? We may add, that we know on good authority, from one who has shaken Garibaldi's hand, and felt his pulse, and closely watched his *facies*, subsequently to all this correspondence, that the General is, to all appearance, hale, hearty, and well. That Garibaldi does not trust wholly to the advice given, is clear from the fact that he is still hesitating as to his departure. But whatever resolve he takes; whether he seeks further advice, and obtains consent therefrom to prosecute his journey through the country; or whether he leaves the country at once—still, in our opinion, our profession has not been happily illustrated in connexion with him. At the present moment, it is certain that a large and general feeling prevails throughout the country, that Garibaldi's proposed departure has more of a political than of a medical necessity. A solemn medical consultation would have prevented all such suspicions and surmises on his case.

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Miss Garrett, the lady medical student who, as our readers may remember, was some time since refused admission to examination at the Universities of London and of Edinburgh, has obtained admission to examination at Apothecaries' Hall. Miss Garrett has, indeed, passed her preliminary and her first professional examination at the Hall; and intends, we suppose, in due time, to present herself for her final examination. But, some of our readers will ask, how can the Apothecaries admit the lady to examination? A five-years' apprenticeship is absolutely requisite of candidates; and surely Miss Garrett cannot have gone through this necessary preliminary. Again, by the terms of the Apothecaries' Act, it might be doubted whether a female is admissible to examination. No person or persons, it says, shall be admitted to examination, unless *he* or *they* have, etc. If Miss Garrett come in at all, she must come in under the *they;* but in such a reading of the Act, Mr. Lynxeye, the lawyer, would probably pick a hole. Miss Garrett has also made application for admission to examination at the College of Physicians. Whether the Fellows will be gallant enough to admit her, remains to be seen; also, it remains to be seen whether they have the power to do so. The Charter says that *nemo admissus sit;* which, however, may, perhaps, by a little legal subtilty, be made to embrace the feminine gender. But then, again, it says that the College shall have power over *omnium hominum* of the Faculty of Physic; and it is difficult to believe that the idea of woman was intended to be embraced in the word *hominum*, whatever may be the strict etymological value of the word. The statutes, again, which recite the privileges of the College say, that the commonalty is to choose yearly a president, "to oversee, rule, and govern the said fellowship and commonalty, and all *men* of the said faculty." Now, if men mean the male sex, then it would seem, if Miss Garrett were admitted a member, the president would have no jurisdiction over her, she being a woman. But this could never have been contemplated. Altogether, the incident is a curious one; and will, probably, afford subject for subtle argument amongst the Fellows of the College, and perhaps amongst the men of law. The College, to solve the question, has laid the case before its men of law, to ascertain—1. Whether by its Charter it can admit females to examination; and 2. Whether, if it have such power, it can refuse to exercise it. When the legal opinion has been obtained, then the College will discuss the general merits of the doctors-in-petticoats question.

We may, with justice, alter the proverb occasionally, and say, "*Qui accuse, s'accuse.*" An instance of this occurred the other day at the College of Physicians. The excellent President was taken somewhat to task for having spoken, as it was alleged, disparagingly of the *British Pharmacopœia.* Dr. Farre undertook the defence of the badly-famed volume, and took exception to the President's ruling in the case. But the profession (as a body) has fully endorsed the President's views; and the public at large are greatly indebted to him for boldly giving from his seat a word of caution to doctors and druggists, not to meddle with a description of weapons of whose qualities they had not made themselves master. Dr. Farre's defence of the *British Pharmacopœia* was, in reality, not exactly a defence, but rather a bill of indictment drawn up against it. The fact is, that the old proverb of "too many cooks spoiling broth" is fully exemplified in the work. The volume is wanting in the true elements of success—in uniformity, simplicity, and oneness. We may fairly surmise that a regular triangular duel has been fought over it between the parties concerned in its production, and living in London, Edinburgh, and Dublin; and that the fighting was compromised by a general agreement that each belligerent should have, to a given extent, his own way. Hence, this uniformity of the *British Pharmacopœia* resembles that of the *United Kingdom* when the union was first declared—being much more nominal than real. Horace knew what was right in many ways; and that golden rule of his,

> "Denique sit quodvis simplex duntaxat et unum,"

was not, we suppose, kept in mind by the *Pharmacopœia* Committee; and hence its failure.

How comes it that gentlemen who have passed their examinations at our Colleges of Surgeons are so often found unfit to perform the duties of army surgeons?

Surely a man ought to be as well educated for the performance of his duties in civil as he is in military life. There must be something defective in the system of examinations which brings about such a result. We understand that, at the last examination of candidates for the army, there were fourteen gentlemen subjected to examination, and that of these only six passed; and that not one of them was admitted into the first class. This, it must be remembered, occurs at a time when medical men are very much wanted in the army, and, therefore, when, as it might be supposed, the examinations would not be pressed to any excessive extent. The fact is worthy the attention of the Medical Council at this moment.

At the present moment, the following extract from Palmer's *Life of John Hunter* may be read with interest. It shows in a striking manner the "developmental" state of modern medical education.

"It was customary for the lecturers of that day (1745) to treat in one course on a number of subjects, sufficient to furnish matter for three or four distinct courses according to our present system (1835); and the meagre amount of information afforded to their hearers may be judged of by the following facts, mentioned by Mr. Chevallier in his Hunterian Oration. Mr. Bromfield, who was surgeon to St. George's, and a lecturer of considerable note, comprised anatomy and surgery in a course of thirty-six lectures. Dr. Nicholls, at whose school (in Edinburgh?) William Hunter studied, professed to teach anatomy, physiology, and the general principles of pathology and midwifery, in thirty-nine; and Mr. Nourse, of St. Bartholomew's, embraced *totam rem anatomicam* in twenty-three lectures."

An inquest was held last week on Mr. John Lingard, a tradesman in Liverpool, who had died from taking five grains of strychnine instead of the same quantity of James's powder, which had been prescribed for him. From the evidence given, it appeared that the druggists at whose establishment the prescription was made up kept both the above named articles, with others, poisonous and non-poisonous, on the same shelf; several of them—the strychnine and James's powder especially—being in similar bottles. The assistant who dispensed the prescription took down the bottle of strychnine, which was near the James's powder bottle, and consequently put up a dose of the wrong material. The jury returned a verdict that the deceased came to his death "by the culpable neglect of Richard Poole" (the assistant) "in making up the medicine"—this being equivalent to a verdict of manslaughter. The jury also recommended that the druggists—Messrs. Clay and Abrahams—"should exercise greater precaution in the arrangement of the bottles".

An advertisement which appears in this day's Journal states that arrangements have been made at the Royal London Ophthalmic Hospital, to give a series of demonstrations of the use of the ophthalmoscope. The first course is to commence on Thursday, May 12th, at half-past 7 p.m., and is to be continued weekly at the same day and hour, under the superintendence of Mr. Wordsworth, Mr. Hulke, and Mr. Hutchinson. We have much pleasure in bringing this announcement under the notice of our readers, as we are confident that, under such able teachers as the surgeons of the Ophthalmic Hospital, and with the ample means afforded by the institution, those who avail themselves of the opportunity now afforded them of obtaining knowledge in ophthalmoscopic matters, will not fail to receive most correct and complete instruction.

The *Wien. Med. Woch.* states that, up to April 1st, 725 sick and wounded of the Austrian army had been sent home from Denmark. Catarrhs and inflammatory diseases were decreasing, but ague on the increase. Three hundred and seventeen wounded, of whom ninety-one were Danes, were still in hospital. The nursing of the sick was performed by 140 nuns, sisters, and charitable brothers.

The following gentlemen have been elected corresponding members of the Society of Physicians of Vienna: Dr. W. A. F. Browne, Dr. W. Farr, Dr. Lockhart Robertson, Dr. D. Skae, Dr. Sieveking, Dr. Conolly, and Mr. Toynbee.

Professor Budge has arrived at some interesting conclusions concerning the influence of the nervous system over the movements of the bladder. He finds a distinct connexion between the peduncles of the brain, the restiform body, the medulla oblongata, and the anterior columns of the spinal marrow, down to the end of the cord.

THE LATE CHARLES PALK COLLYNS, Esq.

Died at Dulverton, on the 7th instant, aged 70, Charles Palk Collyns, Esq., Surgeon. Mr. Collyns was one of the oldest members of the Association; and in him the West Somerset Branch have not only sustained the loss of their President for the time being, but also of one to whom they were accustomed to look up for counsel and advice, feeling certain of his ready assistance and firm support in upholding the rights of the profession and promoting the welfare of its members. For half a century he practised at Dulverton; and so entirely was he identified with the place, that it will be very long ere his friends will realise the fact of his removal. He was beloved by both rich and poor; and with untiring energy he laboured night and day in their interests and for their benefit. As a keen sportsman, he had few equals; and his popular work on the *Red Deer of Devon* shows how close an observer he could be, and how much the members of the Devon Stag Hunt are indebted to him for the preservation of the wild deer, and for the maintenance and efficiency of the hunt.

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

Of the cases of excision of the knee-joint, which I mentioned in my last letter, two are likely—I may say certain—to make a capital recovery. Their progress has been uninterruptedly good. The case operated upon by Dr. Watson died of pyæmia.

Ovariotomy seems to be gaining ground in the estimation of the profession here. Dr. Thomas Keith, who had already had many very successful cases, has added two to their number; and Professor Simpson has likewise, I believe, twice performed the operation within the last few weeks. All our surgeons are now convinced of the justifiable character of the operation; and we may before long expect to hear of many cases operated upon in our Infirmary.

I omitted to mention in my last letter the occurrence of an epidemic of puerperal fever in the Maternity Hospital here. Of thirty patients who were in the institution at the time when the disease broke out, twelve fell victims to it. If I am correctly informed, a similar epidemic occurred about two years ago. This is not to be wondered at; for I may, without fear of contradiction, affirm that our Maternity Hospital is one of the dirtiest, ugliest, and worst ventilated hospitals in Europe. It has, I am sure, been a cause of wonder to many, that such a state of matters should be suffered to exist. How useful such an institution would be, were it properly managed, is certain; of its uselessness, under the present *régime*, in aiding the student in his obstetric studies, all are thoroughly convinced.

The subject of hospital mortality, and its causes, is highly interesting; and it would be well, were the medical staff of any hospital where such an epidemic breaks out, to think it incumbent upon them to make a complete and careful investigation into its causes, and to place the results before the profession. We should, in this way, gain an immense amount of knowledge as to the causes which lead to hospital mortality, and be able to diminish it to a surprising extent. Such an investigation has certainly not been made in the Maternity Hospital; indeed, the fact of there having been an epidemic was hushed up as much as possible.

On inquiring into the probable causes, we find that there probably have been many which have operated towards the promotion of the dire result. The wards of the hospital are usually over-crowded and ill-ventilated, and appear to be dirtily kept. Before the epidemic broke out, the hospital had been freshly painted; and, instead of admitting a smaller number of patients into the house whilst the painters were at work, the absurdity was committed of crowding still more some of the over-crowded wards. Besides this, we understand that the drainage of the hospital was in a most horrible state; and the stench arising from this cause must have co-operated powerfully to the production of the disease. To these two probable causes, some would add a third. The house-surgeon of the hospital has, it appears, been engaged in the surgical wards of the Royal Infirmary during the time of his tenure of office; and as pyæmia has prevailed to a certain extent in that institution, it is supposed that he may have conveyed it to the Maternity.

It appears to me, that when such very obvious causes for the disease, as over-crowding, bad ventilation, and bad drainage, exist in a maternity hospital, no astonishment should be created by any number of epidemics of puerperal fever. We really hope that something will be done to remedy this state of matters. If it exist, we cannot help thinking that it is very greatly the fault of the managing body. I am quite certain that, were a stir to be made in the matter, subscriptions would be given as freely to aid the suffering women, as they were graciously tendered when the want of a children's hospital was shown to exist. Were so influential a man as our distinguished professor of obstetrics to make a move in the matter, we venture to think the ladies of Edinburgh would freely come to the help, and co-operate towards the attainment of so desirable an object as the establishment of a good maternity hospital.

The Royal Medical Society held its annual dinner on Tuesday last in the Edinburgh Hotel; where, besides all the office-bearers and many of the ordinary and extraordinary members of the society, a great number of guests were present. Amongst the guests were several of the professors of the University, many of the extra-academical lecturers, the Presidents of the Colleges of Physicians and Surgeons, the medical officers of the garrison, etc. Dr. David Simpson, the senior President of the Society, occupied the chair; and the other Presidents of the Society, Dr. Rutherford, Dr. Montgomery Bell, and Mr. Annandale, acted as croupiers. The speeches of the Presidents, and of many of the members, were admirable. I should, indeed, have wished to have given an abstract of the speeches, especially of Dr. Simpson's; but space and time alike prevent my doing so.

On Wednesday last, Mr. Spence amputated at the shoulder-joint in a case of subclavian aneurism. I shall refer to this case on a future occasion.

Replacement of Species. Dr. Hooker has made some interesting remarks "On the Replacement of Species in the Colonies and Elsewhere." As examples, he brings forward the *Cardoon* in the Argentine provinces, the *Anacharis* in the rivers of England, and some very remarkable cases of importation of weeds to Australia and New Zealand. In New Zealand the cow grass is rapidly spreading all along the sides of the main lines of roads; the dock is to be found in every river-bed, the sow-thistle is spread all over the country, and water-cresses threaten to choke up the rivers. A saying of the native Maories is that "as the white man's rat has driven away the native, so will the European fly do; and as the clover kills the fern, so will the Maories disappear before the white man." Many other instances of replacement are given.

Association Intelligence.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Bath and Bristol. [Ordinary.]	Victoria Rooms, Clifton.	Thurs., April 28, 8.30 P.M.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETING.

The next meeting will be held at the Bull Hotel, Dartford, on Friday, April 29th, at 3.20 P.M.

Dinner will be provided at 5 o'clock.

Tickets, 6*s.*, exclusive of wine.

Frederick J. Brown, M.D., *Hon. Sec.*

Rochester, April 12th, 1864.

Reports of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 22nd, 1864.

R. Partridge, Esq., F.R.S., President, in the Chair.

ON A NEW METHOD OF PROCURING THE CONSOLIDATION OF FIBRINE IN CERTAIN INCURABLE ANEURISMS. BY CHARLES H. MOORE, F.R.C.S., WITH THE REPORT OF A CASE IN WHICH AN ANEURISM OF THE ASCENDING AORTA WAS TREATED BY THE INSERTION OF WIRE. BY CHARLES MURCHISON, M.D., F.R.C.P.

In this joint paper the theory of the operation was first described by Mr. Moore, who was alone responsible for the surgical remarks. Dr. Murchison furnished the report of the case, with medical comments upon it.

In February 1863, Mr. Moore had been led to review the conditions of such aneurisms as could not be surgically treated through the artery, and had devised a method of producing consolidation of them in accordance with the mode of their natural cure.

The principles involved in this method were the following:—1. Large aneurisms can only be benefited by the deposition of fibrine within them; 2. The natural means of obtaining fibrine from the blood are inadequate, because it can only settle in layers on the wall; 3. In the central part of an aneurism there is a large quantity of blood with fibrine ready to collect on any apt material; 4. Fibrine may be elicited from arterial blood by exposing a foreign body in it. Two cases were quoted in which this had occurred; one, in which gangrene of the leg had resulted from plugging of the arteries by fibrine detached from a needle in the left ventricle; the other, that of a sailor, who died three days after being shot, and in the interior of whose ascending aorta was a bullet imbedded in fibrine.

The foreign body which, according to our present knowledge, would produce least irritation was wire. If a large quantity were coiled in an aneurism, it would attract fibrine, as the twigs do in whipping freshly drawn blood, support the mass which it entangled, and lead to the cavity of the aneurism being eventually filled. The wire might be passed in through a small cannula, with care not to leave the last end in the minute wound, and not to direct a coil into the orifice of the artery.

Only a sacculated aneurism could be so treated, not one which had two orifices, since fragments of fibrine would be broken off by the force of the current. Brasdor's operation might be previously required in some parts. This danger might be incurred in a sacculated aneurism also, if wire enough were not introduced, because of the large intervals which would be left between the few coils of wire. The wire would remain in the solidified aneurism, and be harmless.

Mr. Moore then described the operation by which the foregoing proposal might be carried out.

Case. *Saccular Aneurism of the Ascending Aorta projecting through the Anterior Wall of the Left Side of the Chest.* Daniel D., aged 27, became a patient at the Middlesex Hospital, under Dr. Murchison, on November 10th, 1863. Eight years before, he suffered from palpitations and dyspnœa, and after some months he had hæmoptysis. The hæmoptysis recurred at intervals, and in November 1862 he first noticed a pulsating swelling to the left of the sternum. This increased rapidly, and the patient now became subject to severe attacks of angina pectoris. When he first came under observation, the tumour was situated in the angle formed by the left clavicle and the left margin of the sternum; it measured ten inches in circumference at its base, and projected about two inches from the wall of the chest; its surface was rounded, and tolerably uniform, except at the upper part, where there was a tendency to point. Over the whole surface of the tumour distinct pulsation could be felt, each beat corresponding to the impulse of the heart. Nothing resembling an aneurismal bellows-murmur could be heard; but both cardiac sounds, and particularly the second, were louder over the tumour than at the base of the heart. There was dulness on percussion to the right of the tumour over a space measuring two inches transversely, and three inches from above downwards. The apex of the heart could be felt beating between the fifth and sixth ribs. The cardiac dulness was slightly increased, but the sounds heard on auscultation were normal. There was no inequality of the arterial pulse on the two sides of the body. The voice was normal. The patient had an occasional cough, and expectorated a viscid muco-purulent matter, but there was nothing peculiar in the character of the cough. Over the whole of the left side of the chest there was comparative dulness on percussion, with coarse, at some places tubular, breathing, and subcrepitant râle. On the right side of the chest the percussion was clear and the breathing puerile. The appetite and digestion were good, and the bowels regular. There was no dysphagia, and no pain or tenderness at any part of the spine. The pupils were of normal and equal size. On November 20th, and again on December 28th, the urine was ascertained to be free from albumen.

After the patient was admitted into the hospital, on November 20th, the attacks of angina almost entirely ceased. The pulse varied from 104 to 116 when the patient sat up, but would fall to below 100 when he lay down. The size of the tumour continued to increase, until, on the morning of January 7th, 1864, it measured 16¾ inches at its base, and projected 2⅔ inches from the wall of the chest. The tendency to point at its upper part became more decided, and the integuments at this part were much attenuated, and assumed a dusky-red discoloration, while occasionally they were the seat of pricking pains, and were slightly tender. These changes were most marked during the last week of December and the first week of January. The patient's general health notwithstanding did not suffer. He ate and drank well; he got up daily, and walked about the ward. On the evening of January 6th, he played a game of draughts with another patient, and on the following morning he was up and walking about as usual.

Early in January it became obvious that the bursting of the aneurism through the integuments could not be long delayed. It was accordingly resolved to recommend to the patient Mr. Moore's proposed operation. During December this operation had been carefully considered, but it was then deemed unadvisable to have recourse to it. It was now explained to the patient that the procedure in question offered some chance of prolonging his life, although in itself it was not free from danger. The patient at once assented, and the operation was performed on January 7th, at half-past one P.M.

The operation consisted in the introduction of a quantity of fine iron wire into the aneurism, with the object of inducing coagulation. A small pointed cannula was inserted into the tumour, and the wire was passed in through this without difficulty. The operation occupied one hour, and the quantity of wire introduced was twenty-six yards. It gave rise to no pain or inconvenience except a slight and transient feeling of faintness. The quantity of blood lost did not exceed half a fluid ounce.

The immediate effects of the operation were a reduction of the pulse from 116 to 92, an almost complete cessation of the pulsation in the tumour, and a diminution in its size. Immediately before the operation, the circumference of its base was $16\frac{3}{4}$ inches; at the close of the operation it was 16 inches. These changes began to be noticed soon after the commencement of the operation, and became more marked as it was proceeded with. At a quarter past eleven P.M. the patient was asleep, and his pulse was only 78. He slept comfortably during the night, and had no bad symptom until the following morning.

On January 8th, at nine A.M., the patient was seized with a fit of rigors lasting three quarters of an hour, and followed by great pain in the back of the neck and some pain in the tumour. At one P.M. the pulse had risen to 144, and was full and bounding. The action of the heart was tumultuous, and all the arteries of the body could be felt throbbing with considerable force, but there was no difference in the force or volume of the beat on the two sides of the body. The patient complained of great pain in the tumour when he moved. The tumour was already somewhat larger than before the operation, and the dusky discoloration was of a deeper tint. There was intense thirst and great restlessness; the skin was dry and very hot; and the respirations were 40. At twenty minutes past one P.M. the patient was bled to eighteen ounces, and at half-past three P.M. twelve ounces more of blood were abstracted. After the second bleeding, twenty minims of Battley's sedative solution were administered.

From these measures the patient derived temporary relief, but he had a restless night, and at half-past six A.M. of the following morning (January 9th) he had a second attack of rigors. At one P.M. he had a third attack. At half-past one he was in great distress, owing to a pain in the tumour and at the back of the neck. The tumour was extremely tense and decidedly tender, particularly at its upper part. Its circumference at the base measured $1\frac{3}{4}$ inches more than before the operation. Distinct pulsation could be felt again at its upper part. The pulse was 136 and soft; the action of the heart was less tumultuous, and there was no abnormal cardiac sound. Large and repeated doses of opium and digitalis were now commenced. At half-past ten P.M. the pulse had fallen to 126, but the patient complained of being afraid to cough on account of a severe jerking pain in the tumour, which the effort to do so always induced.

On January 10th, at ten A.M., the patient had taken seventy-three minims of tincture of digitalis, and the equivalent of almost ten grains of opium, during the preceding twenty-one hours, and the result was, that he was in less pain, the pulse had fallen to 104, and the tumour was slightly reduced in size, its circumference being half an inch less than on the preceding day. At half-past seven P.M., however, he was seized with a severe burning pain in the tumour, and a feeling of tightness as if it were going to burst. The tumour was larger and more tense than ever; the pulse rose to 132; the heart's action was again more impulsive, and there was intense thirst. To-day it was noted for the first time that the pulses in the right temporal and radial arteries were slightly fuller than in the corresponding vessels on the left side.

Opium in large and repeated doses, along with digitalis, was persisted with. In the course of two days and a half (commencing January 9th), as much as the equivalent of twenty-seven grains of opium was administered. The treatment, however, failed to give relief. The tumour increased rapidly in size, and on the 11th, distinct pulsation could be felt at several parts of its surface. The radial pulse was 128, small and compressible, and still fuller on the right side. The beat of the right anterior tibial artery was also decidedly fuller and stronger than that of the left. The cardiac impulse was extremely feeble. The respirations were performed chiefly by the diaphragm and the muscles on the right side of the chest; the left side of the chest was almost motionless. The whole of the left side of the chest in front, unoccupied by the tumour, was dull on percussion, and no respiratory sound could be heard on this side, except immediately below the clavicle. Brandy and other stimulants were now given, but without any decided result.

On the morning of the 12th the patient was evidently sinking. The pulse was about 136, but was so weak as to be counted with difficulty. The circumference of the tumour at its base was now $3\frac{1}{2}$ inches more than before the operation, and the urine passed during the night was found to be loaded with albumen. At eleven A.M., four days and twenty hours and a half after the operation, the man died.

An autopsy was performed a few hours after death. The walls of the external tumour were formed by the integuments and fibres of the pectoral muscle, infiltrated with serum. They were nowhere less than a quarter of an inch in thickness. The skin covering a great part of the tumour presented a deep livid hue. The interior of the tumour was filled, for the most part, with a fibrinous coagulum, enveloping and imbedded in the coils of wire, and firmly adherent to the surrounding walls. The rest of the cavity contained fluid black blood. The interior of the outer tumour was nowhere lined with a prolongation of the arterial coats; but it communicated with the proper aneurismal sac within the chest by two large openings in the first and second left intercostal spaces, the intervening rib being bare and eroded, and at one place broken through. The aneurismal tumour within the chest was about the size of a man's fist. It lay immediately behind the sternum; it encroached slightly upon the upper lobe of the left lung, and inferiorly it rested upon the right auricle. It was partially filled with a fibrinous coagulum, which was continuous with that in the outer tumour, and was adherent at one part over a space measuring about one-third of an inch in diameter. It communicated by a circular opening, scarcely so large as a sixpence, with the ascending aorta. Through this opening a clot projected from the aneurism into the vessel, and extended downwards into the heart, and upwards into the arch. The greater part of this clot was evidently of *post mortem* date; but part of it, close to the opening, was pale, firm, and laminated. There was considerable atheroma of the coats of the thoracic aorta

The pericardium contained about eight ounces of turbid serum, and its opposed surfaces were coated with a thin layer of recent lymph. The upper part of the parietal pericardium presented a patch of livid discoloration, of about the size of a florin; and at the centre of this patch the cavity of the pericardium was merely separated from that of the aneurism by a delicate membrane. It was at this part of the aneurism that the coagulum was adherent. The heart was slightly hypertrophied. Its valves and muscular tissue, and likewise the coronary arteries, were healthy. The left lung was everywhere firmly adherent, and its pleura much thickened. On section, numerous cavities were observed, evidently resulting from dilatations of the bronchial tubes. In the intervening spaces a firm fibrous tissue took the place of the normal vesicular structure. The right lung was for the most part healthy. Both kidneys contained a number of circumscribed abscesses, varying in size up to that of a small pea. A cluster of six of these small abscesses was found at the apex of the left kidney. In the cortical substance of both kidneys a number of patches of yellowish deposit, of a large size, but less defined outline, were also observed. On microscopical examination, this appearance appeared to be due to the presence of a granular exudation deposited between the uriniferous tubes. The liver was large and fatty. The other parts of the body could not be examined.

After recording the history and *post mortem* appearances of the case, Dr. Murchison enumerated some of the more important features of clinical interest, independent of the operation, which it presented.

In his concluding remarks, Mr. Moore referred first to the circumstances of the operation, and to its early effects, which were highly satisfactory. So much fibrine appeared to have collected at the end of an hour that the pulsation of the tumour and its sharp second stroke were no longer perceptible; the aneurism had much diminished in size; the pulse, which notwithstanding medicines, had beat 112 for weeks previously, and was 120 before the operation, had fallen to 92, and at night was about 80. This unlooked for abundance of the fibrine, accumulated not by any inflammatory, but by a mechanical process, was an unprecedented circumstance. Its effects could not be foretold. It appeared to have caused local inflammation and the rigors, with great acceleration of the pulse. No aneurism could long resist such a pulse. Death had probably resulted from acute pericarditis, which was induced, not by continuity with the inflammation outside the chest, since neither the inner aneurism nor the pleuræ were inflamed, but incidentally by the imminent bursting of the intra-thoracic aneurism into the pericardium. No fragments of the clot of fibrine, large enough to be detected by the naked eye, had been detached, but microscopic portions were supposed to have existed in the kidneys. Neither the old nor the recent disease of the kidneys had actually caused death, which was due to the changes about the chest, and was, through the pericarditis, an indirect and not inevitable consequence of the operation. No coil of wire had passed through the opening of the aneurism.

Three facts appeared to Mr. Moore to justify a repetition of the operation, or of some modification of it:—1. The separation of fibrine upon the foreign body, and its rapid deposition. 2. The exemption of the inner aneurism from inflammation, probably to be accounted for by its possessing a lining membrane, which the outer cavity had not. 3. The firm adhesion of the clot to the wall.

Not having yet thought of a more suitable foreign body than wire, he had but two modifications of the operation to suggest: 1. The introduction of a smaller quantity. The objections to this had already been pointed out. 2. The use of slender needles as temporary means of procuring the consolidation of the fibrine. The safety of this must depend on the number of needles which might be inserted, the gentleness with which they should be withdrawn, and the period at which fibrine so procured should acquire a sufficiently firm attachment to the wall of the aneurism to allow of the artificial support of the needles being dispensed with.

Correspondence.

REGISTRATION AND THE MEDICAL COUNCIL.

Sir,—In a leading article of your Journal of last Saturday, entitled "Our Medical Act and Medical Council", attention is drawn, amongst other duties of the Council, to the publication of the *Register*; and you graphically describe the registration of the profession as "the milch cow, which has enabled the Council to live and operate." It is on this question that I desire to offer a few observations as to the registration of medical students.

The Medical Council, in its "Recommendations in Reference to General and Professional Education", requires—

1. That after October 1st, 1861, all medical students be registered.
2. That no student beginning professional study after September 1861, be registered, who has not passed an arts examination.
3. That the several bodies in Schedule (A) of the Medical Act, either jointly or severally, open a Register for students commencing their studies in medicine, in the form annexed.

Schedule—Register of Medical Students.

No.	Name.	Date of Registration.	Place of Study.	Arts Examination & Date.

4. That the said Register be opened on the first day of each session or term, and remain open for fifteen days; and that, within seven days of its close, the officer in charge transmit a duly authenticated copy thereof to the registrar of the Branch Council of that division of the United Kingdom to which the body or bodies belong.
5. That the Registrar of the Branch Council lay the copy of the said Register before the Branch Council, in order that the Branch Council may take whatever steps may seem necessary to secure its accuracy.

Now, what is the object of this system of registration of students? and, practically, what are its results? From the form of Register to be kept by the several corporations, it seems to be a scheme for enabling the Medical Council, without any trouble to its own officers, to ascertain the number of students who enter annually on the study of the profession, the place of study, and other particulars.

Now, considering the large sum already paid by the profession (some £50,000) for registration, and the annual tax of £4,000, which you inform us is paid for the same purpose, is it too much to expect that, if the Council require a Register of students, it should do the work itself, and not call upon the corporations to keep such a Register, and transmit "a duly authenticated copy" for its sole use and benefit? I do not profess any knowledge of the meaning of the Medical Act; but I cannot find any clause which authorises the Council to put duties upon others which they ought to perform for themselves. But has this plan of registration any useful result?

The corporations have long been in the habit of registering students, but with different objects; and have, therefore, adopted a different plan. At the College of Surgeons, every student is required to register at the commencement and termination of each winter session; at the Society of Apothecaries, at the commencement and end of each summer, as well as winter session. At the College of Physicians, students are required to register only at the commencement of professional study. Why the regulations of the two former corporations are in force, it is difficult to explain, as the registration merely evidences the payment of a fee for the privilege of attending certain courses of lectures. It is no proof whatever of such lectures having been really attended.

The truth is, that the form of registration recommended by the Medical Council entails on the several corporations additional expense and trouble, without remedying the existing defects of the system. And how do the recommendations of the Council affect the students themselves? Under the present plan, as is well known, students register with either one or with several of the corporate bodies; consequently, it is impossible to ascertain the number of students who enter the profession in any one year, unless, which is very improbable, the "duly authenticated copies" are compared and checked, so that any student's name appearing in more than one list may be eliminated, and not reckoned as several individuals.

Would it not be better that the Council should, in such manner as it may think most advisable, require every student to register at the commencement of professional study? The Council would then not only obtain a knowledge of the fulfilment of those requirements which it deems reasonable and proper, but it would possess the means of checking any opposition to its regulations by refusing to register those students who had not complied with its recommendations. I humbly offer these suggestions for the consideration of the Council at its next meeting, and append a form for registration which appears to comprise the information which the Council should require.

No.	Name.	Age.	Arts Exam. and Date.	Place of Study.	Date of Regist.

In this way, the Council would learn the actual number of students commencing study each year. It would, if a copy of the baptismal register is required, be certified once for all that the age before which a qualification should not be granted has been completed; it would be certified that a proper arts examination had been undergone, and that before commencing professional study; and it would have a guarantee, or at any rate a means of ascertaining, that a *bonâ fide* entrance to a school or place of study had been effected. The date of registration would give the means of ascertaining that the required period of time had been fulfilled, by comparing that date with the date of any qualification to practise subsequently produced for registration. The corporations might or might not continue their own plans of registration, as they may severally consider advisable; but it is to be hoped that they would modify, if not altogether abandon, their present plan, which requires students, without any apparent useful purpose fulfilled, to lose no little time in each session in registering their names with the different corporations.

I am, etc.,
HOSPITAL PHYSICIAN AND LECTURER.

London, April 14th, 1864.

THE SOCIETY OF APOTHECARIES AND THE MEDICAL COUNCIL.

LETTER FROM ALFRED M. RANDALL, ESQ.

SIR,—The attention of the Court of Examiners of the Society of Apothecaries has been drawn to the following passage in an article published in the BRITISH MEDICAL JOURNAL of last week.

"These recommendations, the Council has already formally issued; but the recommendations, we regret to say, have been hitherto not generally adopted by the examining bodies; and although the College of Surgeons and the Society of Apothecaries may see reason to differ in opinion from the majority of the Medical Council as to these recommendations, we feel certain that no one will approve of the continued opposition offered by those bodies to the carrying into effect recommendations which a majority of the Medical Council has deliberately approved. This opposition is the more painful, when contrasted with the readiness with which other corporations have brought their regulations into the strictest conformity with the recommendations of the Council."

I am requested by the Court of Examiners to state that they have brought their regulations into the strictest conformity with the recommendations of the Medical Council, and that they have had the less difficulty in doing so, as most of the regulations of the Council had been anticipated by the regulations already issued by the Court of Examiners in reference to the education of candidates, before the passing of the Medical Act of 1858. I am, etc.,

ALFRED M. RANDALL,
Secretary to the Court of Examiners.

Apothecaries' Hall, April 19, 1864.

[We will give the grounds upon which we made the statement, that the Society of Apothecaries was not in conformity with the recommendations of the Medical Council; and will leave the profession to decide as to whether or not our statement was correct. The Medical Council recommend four years of professional study; and this professional study is to commence from the first attendance at a medical school. But *the Society of Apothecaries requires only three years of such professional study.* According to the Hall's regulations published in October 1863, "Every candidate whose attendance on lectures shall commence after October 1st, 1863, must attend the following lectures during not less than *three* winter and *three* summer sessions." Again, the second examination may be gone into "at the end of the *third* summer session (the five years of pupilage being completed)." (See *Medical Directory*, 1864.) Here, then, is, as we read it, a plain and distinct evasion of the recommendations of the Medical Council—the substitution, in fact, of *three* years for *four* years of professional study. Previously to October 1863, the Society, it is true, was in accordance with the recommendations of the Medical Council. Reference to the regulations issued by the Society of Apothecaries in 1862 will show that the Society then demanded "lectures and medical practice during not less than *four* winter and *four* summer sessions." And, again, that the second examination should take place "after the *fourth* summer session." All this was in strict accordance with the Medical Council's recommendations. But, as we have seen, in October last, after the meeting of the Medical Council in June, it issued regulations, under which it reduces to *three* the years of professional study. The Society of Apothecaries has, therefore, if we can read English, disobeyed the recommendations of the Medical Council in accepting *three* years of professional study (as defined by the Medical

Council) instead of *four* years. We, therefore, must maintain our position; viz., that the regulations of the Society of Apothecaries are not in conformity with the recommendations of the Medical Council. EDITOR.]

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. At a general meeting of the Fellows, held on Monday, April 18th, 1864—

Clement, Augustus Ward, 78, Upper Berkeley Street

formerly an extra-Licentiate of the College, was duly admitted a member.

At the same meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bertin, Henri Victor, 26, Alpha Road, Regent's Park
Blanchet, Jean Baptiste, M.D.McGill College, Montreal, Quebec, Canada
Currie, John Legge, 42a, Charter House Square
Hooker, Edward Miles Coverdale, Hadlow, Tunbridge
Hunt, Henry John, 16, Portugal Street, Lincoln's Inn Fields
Nash, Andrew, Jameison, Victoria, Australia
Perks, Charles, Lichfield
Pyle, George Edward, Middlesex Hospital
Waugh, Alexander, Corsley, Warminster
Whipple, Connell, Plymouth
Wilson, William Samuel, 34, Hereford Road North, Bayswater
Wolferstan, Sedley, Plymouth

The following gentlemen were reported by the examiners to have passed the first part of the professional examination for the Licence:—

Barrett, Howard, St. George's Hospital
Court, Josiah, Guy's Hospital
De Tatham, Hamilton, St. Mary's Hospital
Fennings, Allen, Charing Cross Hospital
Griffiths, Richard S. P., St. Mary's Hospital
Gould, Franklin, King's College
Humphreys, Frederick William, Guy's Hospital
Iliffe, William, St. Bartholomew's Hospital
Kenyon, George Arthur, St. George's Hospital
Lattey, Walter, St. George's Hospital
Ransford, Gifford, St. George's Hospital
Wilford, John George Frederick, Guy's Hospital
Wilson, William S., Westminster Hospital

APOTHECARIES' HALL. On April 14th, the following Licentiates were admitted:—

Lamb, George, Hull
Lush, William George Vawdrey, Wilton, near Salisbury
M'Mahon, James Thomas, Rochester Terrace, Camden Town
Rowan, Andrew, Station Terrace, Hull
Shaw, Thomas Claye, Stockport

At the same Court, the following passed the first examination:—

Lloyd, Thomas Franklin, Guy's Hospital

APPOINTMENTS.

ARMY.

BARNETT, Assistant-Surgeon O., 6th Dragoons, to be Staff-Assistant-Surgeon, *vice* W. H. Corbett, M.D.
COGAN, Staff-Surgeon F., to be Surgeon 2nd Foot, *vice* E. G. Noott.
CORBETT, Staff-Assistant-Surgeon W. H., M.D., to be Assistant-Surgeon 6th Dragoons, *vice* O. Barnett.
MONTGOMERY, Staff-Surgeon A. G., to be Surgeon 46th Foot, *vice* E. Touch, M.D.
READE, Staff-Surgeon H. T., half-pay, to be Staff-Surgeon, *vice* Staff-Surgeon-Major G. T. Galbraith, M.D.
READE, Assistant-Surgeon J. B. C., Rifle Brigade, to be Staff-Surgeon, *vice* F. Cogan.
TOUCH, Surgeon E., M.D., 46th Foot, to be Staff-Surgeon, *vice* A. G. Montgomery.

ROYAL NAVY.

DUNN, Edward, M.D., Assistant-Surgeon, to the *Wye*.
FAGAN, Henry, M.D., Assistant-Surg. (additional), to the *Victory*.
PIERCY, Frederick, Esq., Assistant-Surgeon (additional), to the *Royal Adelaide*.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

LYON, D. M., Esq., to be Honorary Assistant-Surgeon 2nd Lancashire Engineer Volunteers.

DEATHS.

DUCAT, C., M.D., late H.E.I.C. Medical Service, at Hastings, on April 18.
MASSEY. On April 13th, at Camberwell, Adela, infant daughter of Albert Massey, M.D.
MINTER, Michael, M.D., at Mount Moriac, Geelong, Australia, aged 57, on January 31.
PERFECT, Thomas W. C., Esq., Surgeon, at Hammersmith, aged 87, on February 13.
ROBERTSON. On April 14th, at Clifton, aged 70, Anne, wife of *Archibald Robertson, M.D., F.R.S.
SODEN. On April 12th, at Bath, aged 3, Robert, youngest son of *John Soden, Esq.
THATCHER. On April 19th, at Edinburgh, Susan M. L., widow of John V. Thatcher, M.D.

BEQUEST. By will, Eneas Mackintosh, Esq., of Montagu Square, has left a legacy to the Middlesex Hospital of £1,000.

THE CHAIR OF CHEMISTRY AT BERLIN, vacant through the death of Professor Rose, has been offered to Professor Kopp of Giessen.

QUEEN'S COLLEGE, CORK. Dr. Bullen has sent in his resignation as Professor of the Cork College. Only four students attended his lecture on the 14th. The determination of the pupils not to enter his lecture-room hastened his resignation.

THE INDIAN MEDICAL DEPARTMENT. Last week, Mr. Bazley asked the Secretary of State for India how many candidates for employment in the Medical Department for India were presented, and how many were the vacancies at the time of the competitive examination in January last, and again how many at the recent examination. Sir C. Wood was understood to state in reply, that for two or three years there had been no examination of candidates for the Indian medical service.

THE DANO-GERMAN WAR.—The health of the Prussian army in Denmark is not so good as it was. I understand that there are now 10 per cent. of sick, many of them, however, from maladies of no dangerous character. There have been cases of typhus, but it has certainly not assumed an epidemic character. The arrangements made for the sick by the Prussian medical staff appear to be of a judicious nature The hospitals are numerous, and many of them established in retired rural situations. The sick, when too many for the Schleswig hospitals, are sent down to Hamburg. (*Daily Telegraph.*)

GRATUITOUS MEDICAL SERVICES. The *British Medical Journal* alone has energetically fought this battle in the cause of the profession against the pseudo-Pecksniffian charity of its London contemporaries. The postulate on which the *Medical Times* grounds its arguments seems to be that medical men are morally bound to give their work to the poor for nothing, and when such an opinion is held by a medical periodical we cannot wonder that it is the prevalent idea with the public. Let us not bolster up our own self-sufficiency, as the *Medical Times and Gazette* would have us, by giving ourselves credit for genuine charity when we can only boast of the Brummagen article. The *Medical Times* knows as well as we do that hospital charity in London, even more than elsewhere, is nothing but a means of arriving at notoriety, and that those who are independent of such means trouble themselves very little with gratis patients. The whole system is one of competition, a result of the same cause which is speedily dragging down the profession as low as underselling can bring it, the progress of which is to be resisted by every means in the power of the journalist. (*Dub. Med. Press.*)

Medical Prosecution. Edmund Tucker Jenkins, of 159, Lever Street, St. Luke's, and also of the New North Road, was charged lately at Worship Street with having unlawfully and falsely pretended to be and used the title of a physician, doctor of medicine, and surgeon, by which he had rendered himself liable to a penalty of £20. The defendant pleaded guilty, but his defence was that he had studied at King's College Hospital, had gone out as surgeon in a ship to New York, had received a certificate as to his conduct from the passengers, had acted as assistant to his father and another surgeon, and proved himself fully capable of practising in the profession, though not licensed or registered. He hoped, under these circumstances, and also because he was at the present time suffering from the death of his father, that the fine might be reduced. Mr. Leigh sentenced him to a fine of £5.

Why the Indian Medical Service is not Popular.—The *Bombay Government Gazette* announces that "Surgeon-Major Vaughan is permitted to retire from the service on the pension of £250 per annum." Dr. Vaughan has just completed twenty-two years of services in India; he has been actively employed ever since he came to the country, and has always had the reputation of being able to do and doing as good work as any man in the service. In the Central India campaign, more especially, when he was staff-surgeon to Sir Hugh Rose, he gained so much distinction, not only as a doctor, but as a soldier, that he was recommended by the general for a C.B.-ship, and, although he was refused that coveted decoration, there are few men of all who served through that campaign who will contest his right to it. Well, this distinguished surgeon, when he returns to England, after a service so protracted and so honourable, is allowed a pension of £250 a year—no more than the Government lately granted to young men of the Indian Navy who had been at sea some ten or twelve years when that service was abolished. It may be added that there are only eight men in the Bombay medical service, without reckoning the doctors attached to the Grant College, who are in receipt of incomes of so much as 1,000 rupees (about £100) a year. Can it be wondered at that, with such prospects before them, English medical men are unwilling to enter the medical service; the ranks of which will, consequently, henceforth be filled up with imperfectly trained surgeons from Ireland and Scotland? (*Bombay Medical Gazette.*)

Royal College of Surgeons. The Council has just awarded the Jacksonian Prize to Dr. Morell Mackenzie of George Street, Hanover Square, for his essay on "The Pathology and Treatment of Diseases of the Larynx." There was no competitor for the prize on the Normal and Pathological Anatomy of the various Synovial Bursæ connected with the muscles and tendons of the upper extremity. There are three subjects for prizes for the present year, viz: "Club Foot; its Causes, Pathology, and Treatment"; "The Diseases of the Ankle-Joint, and of the Joints and Bones of the Tarsus, requiring Surgical Treatment; and stating the Treatment, including Operative, most suitable in each case, with the results thereof"; and "The Malformation, Diseases, and Injuries of the Fingers and Toes, with their Surgical Treatment. The Dissertation to be illustrated by Preparations and Drawings." The following is the subject for the Collegial Triennial Prize to be sent in on or before Christmas day next. "The Structural Anatomy and Physiology of the Lymphatic Vessels and Glands (the Anatomical Distribution not being required); the communications (if any) between the Lymphatics and the Bloodvessels to be demonstrated; and the influence (if any) which the Lymphatic Vessels or Glands exercise on the fluid they transmit, to be elucidated. The Dissertation to be illustrated by Preparations and Drawings."

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 p.m. -Samaritan, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.

Wednesday... St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.

Thursday.....St. George's, 1 p.m.—Central London Ophthalmic, 1 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.—Royal Orthopædic, 2 p.m.—Royal London Ophthalmic, 11 a.m.

Friday.......Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.

Saturday.....St. Thomas's, 1 p.m.—St. Bartholomew's, 1.30 p.m.—King's College, 1·30 p.m.—Charing Cross, 2 p.m.—Lock, Clinical Demonstration and Operations, 1 p.m.—Royal Free, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Medical Society of London, 8.30 p.m. Clinical Discussion.

Tuesday. Royal Medical and Chirurgical Society, 8.30 p.m. Dr. Morell Mackenzie, "On the First Laryngoscope as invented by Dr. Benjamin Babington in 1829"; Mr. Thomas Bryant, "On Stone in the Bladder of a Female—Urethral Dilatation."—Zoological.—Ethnological.

Wednesday. Geological.

Thursday. Royal Society.

Friday. Royal Institution.—Zoological (Anniversary).

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St.,Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Alpha.—We have already said, that we must, for the present at all events, decline any further discussions on the subject of iridectomy. The differences pointed out by our correspondent between Gräfe's present and past views of iridectomy have already been alluded to by a writer in the Journal.

Bethlehem Hospital.—A correspondent writes:—"The meagre one-sided report in the *Times*, concerning the removal of Bethlehem Hospital, says nothing of Lord Shaftesbury, Dr. Conolly, Mr. Gaskell, or Dr. Webster's remarks. All these gentlemen, however, are strenuous advocates for removal. Mr. Martin, the Inspector, seemed to be also favourable, judging from the inquiries he instituted. The officials only are adverse to emigration. The Government, Lunacy Commissioners, and medical men generally, are favourable to moving the hospital into the country. Indeed, it is a fact that, throughout Europe, the principle of constructing asylums away from towns is universally admitted, and now most actively carried into operation."

I am, etc., A Governor.

Poor-Law Medical Reform Association.—Mr. Griffin, Weymouth, requests us to inform the Poor-Law Medical Officers that in *Knight's Official Advertiser* of the 15th instant, it is stated—"The Select Committee on Poor Relief (England) continued to meet on Tuesdays and Fridays until the Easter recess, and have now resumed their sittings. The members alone are present when the Committee are considering their report; and the resolutions agreed to will not be made known until they are formally reported to the House. In all probability, the report will be issued early next month."

Since April 1st, Mr. Griffin has received the following subscriptions in aid of the funds of the Association:—F. F. Jay, Depwade, 5s.; F. Davies, Pershore, 10s.; R. H. Whiteman, Wandsworth, 5s.; P. H. Banks, Bedford, 5s.; J. L. Thomas, Carmarthen, 2s. 6d.; T. Stainthorpe, Hexham, 5s.; H. Terry, jun., Hardingstone, 5s.; W. Percival, Hardingstone, 5s.; N. W. Spicer, Chard, £1:1; S. E. Moreton, Great Boughton, 10s.; J. Clarke, Barnstaple, 5s.

Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

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[*Continued from page* 439.]

WITH regard to the effects of the local abstraction of blood in internal inflammations, I believe the very same facts hold good as in the case of external inflammations. I think that the experience of every physician will lead him to the conclusion that leeches and cupping are not found so invariably beneficial in internal as they are in external inflammations; and that, in fact, they not unfrequently fail to give the relief expected of them. May we not fairly seek for an explanation of this in the anatomical relation of the part inflamed to the surface of the skin whence the blood is taken? Thus, for example, leeches and cupping, applied over the thorax in pneumonia, sometimes do, and sometimes do not, give relief. When relief is given through loss of blood, may we not fairly conclude that in such cases the leeches have drawn blood directly from the inflamed pleura, which so very frequently accompanies pneumonia? Just so, again, in pericarditis, I would suggest that the removal of the pain, etc., by leeches or cupping, results from the direct abstraction of blood from the inflamed pleura; local pleurisy (as we know) being an almost invariable associate of severe pericarditis. I might add, also, what I have never seen noticed in this sense, that a branch of the internal mammary artery, which supplies the skin and intercostal arteries over the præcordial region, is distributed to the pericardium, forming a direct vascular connexion between the skin and the pericardium.

Leeches, again, give relief in peritonitis; and, I believe, for a precisely similar reason. In all these cases, there is a direct capillary communication between the skin from whence the blood is drawn and the parietal layers of the serous membranes spoken of. Leeches, again, applied over the liver, often give ease to pain felt there; and what is a more common *post mortem* sign in old liver-affections than adhesions between the anterior surface of the liver and the parietal layer of the peritoneum—clearly indicating that this parietal layer had once been inflamed?

Practitioners generally have some indistinct idea that, when they apply leeches or cupping over the seat of an inflamed lung, the abstraction of blood has some specific or peculiar influence, other than what it would have if the blood had been taken from any other part of the body. We seem generally to forget that, in such case, although our leeches may be near to the seat of the lung-inflammation, the abstraction of the blood can only operate upon it just as venesection would—viz., through the general circulation; so that, in truth, the blood might just as well have been taken from the thigh or the back of the neck, so far as the mere abstraction of blood is concerned in its operating upon the inflamed lung. But we can readily understand that the leeches may give relief in such case, when they draw blood from an inflamed parietal pleura, accidentally accompanying the pneumonia. What is the relief given in such cases? Surely, in the main, it is the removal or diminution of local pain. And what more reasonable, than that the pain of pleurisy should reside in the inflamed parietal layer of the membrane? and that the direct abstraction of blood from the skin over the part should remove the pain, just as we observe it to do in the case of the inflammations, as already spoken of?

Let me give another example in this kind. We have generally a very firm belief that the abstraction of blood, through leeches or by cupping applied over the loins, is of great service in certain kidney-affections; but I think a careful examination of all the facts touching the matter throws great doubts on the opinion.

In the first place, it is manifest that no drop of the blood which is taken comes from the kidney; the blood is removed from the mass of the blood in the system, and its removal can only operate on the kidneys indirectly—*i.e.*, through the general system. In fact, as far as the mere abstraction of blood is concerned, the kidneys cannot be affected otherwise than if the blood had been taken from the arm or the nape of the neck. I must, indeed, confess surprise that this practice of local blood-letting in cases of this kind has not been more severely questioned, merely out of anatomical considerations. I shall, of course, be told that experience here excludes any necessity for theoretical arguing; and that the benefits derived from the practice are too manifest to be doubted. But to this experience I must suggest a demurrer. I must beg those who insist upon the advantages of drawing blood by cupping and leeching from the loins in certain kidney-affections, to remember—1. That patients who are thus treated are also invariably subjected at the same time to the most powerful of all remedies in such cases—viz., rest, the warmth of bed, baths, equable temperature, and so forth; and 2. That it is a fact also of experience, that the lumbar pain and other bad symptoms attending these kidney affections, will disappear under the influence of the treatment referred to, and without either cupping or leeching.

Time forbids me pursuing further this most interesting subject; but I would earnestly ask my auditors to test by serious consideration the propositions here laid down, and not hastily to consign them to oblivion, as unworthy the attention of practical men.

The general propositions, summed up, are these: That in all those cases of internal inflammations in which there is a direct capillary connection between the skin and the internal part inflamed, the local abstraction of blood is of manifest service, just as we see it to be in external inflammations; but that, in all those inflammations in which there is no such capillary communication, the benefits of the local abstraction of blood are neither clear nor positively ascertained. In saying this, however, I do not deny that leeching and cupping may have some influence over internal inflammations, other than that which is supposed to result from the abstraction of blood. The discoveries of Claude Bernard, and the experiments of Brown-Séquard and others, have opened to us an entirely new field of pathological observation in the matter of inflammation—a field which is as yet almost untouched. The main—the prominent—fact in inflammation is the enlargement of the blood-vessels of the part inflamed; that is to say in other words, an increased amount of blood supplied to the part. And the experiments referred to have shown that the vessels of a part may be influenced, as regards their contraction and dilatation, through their vaso-motor nerves. If the mere dipping of one hand in water will so alter the calibre of the vessels of the other hand as to change its temperature, why may it not be argued, that the application of leeches, etc., to the thorax sets up a reflex action, not by abstracting blood, but by the local irritation which they produce, and such a reflex action as shall influence through the vaso-motor nerves the vessels of the inflamed lung—for instance, produce a contraction of them, it may be, and so tend to reduce the supply of blood through them and to the inflamed part, to its natural amount? If there be not some such action as this exerted over the vessels of the lungs by irritation of the skin, how are we to account for the beneficial effects of plaisters, blisters, etc., applied to the thorax in bronchitis and chronic affection of the lungs? Dr. Brown-Séquard has shown that external irritation will produce, through reflex actions, contraction of distant capillaries within the body; and Claude Bernard has demonstrated, that redness and swelling and heat—*i.e.*, enlargement of capillaries—may be produced by injury of the sympathetic nerve. By division of the splanchnic nerves, he has, we are assured, produced pleurisies and other visceral inflammations.

With such facts before us, I think it may be very fairly suggested, that any good effected by leeches, etc., and local irritation of the skin, over those internal inflammations—in which there is no capillary communication between the skin and the inflamed part—may be ascribed to the excitement of a reflex action over the vaso-motor nerves of the part, producing contraction of the inflamed capillaries. An agent, said Hunter, having the power to contract the vessels, would probably be a specific in inflammation.

It is not my intention to enter into the interminable tale of inflammation; but I must observe, that no distinct and comprehensible explanation of the *modus operandi* of bleeding in inflammation, in accordance with our modern pathology, has yet found its way into general acceptation. In the minds of most of us, I believe, the idea attaching to the old phlogistic theory of inflammation is that which generally prevails—the idea, viz., that the focus of inflammation is a fire; and that, by cutting off the supply of blood, we reduce the fuel, and consequently the conflagration.

But we err, I venture to think, through not having modified our views in accordance with the teachings of modern physiology. Physiology and pathology have assuredly not yet bared to us the arcana of an inflammatory process—the *fons et origo mali;* but surely the experiments alluded to have given us some additional information, and that kind of information—the best of all—from which the man of practice may glean a hint while engaged at the bedside of his patient. We have learnt, for example, that lesion of certain nerves which supply the blood-vessels destroys their contractility, and so allows their undue dilatation under the influence of the heart's pressure, and consequently an undue amount of blood to flow through them; and that thus, by nervous lesion alone, all the main characteristics of inflammation may be produced—viz., heat, redness, and swelling. And, again, we know that excitation of certain nerves will produce contraction of those blood-vessels—the very opposite condition. Hence, then (as we know not what the element is which occasions the nervous lesion in inflammation), we may reasonably consider that this nervous lesion is, practically, the anatomical starting-point of inflammation. Also do we know that an increased action is going on at the part inflamed—not a natural formation of healthy structures, but an excessive production of crude and imperfectly elaborated material; and fairly may we conclude that this excess of action depends upon the excessive supply of blood. The object of the practitioner, then, is to reduce this excessive production of ill-formed materials; to direct the inflammatory process through its natural course (if I may use the term), so that the parts shall be left in their original state of entirety when the inflammatory action has ceased; and reasonably enough he concludes that, by regulating the supply of blood, he can in some degree regulate the inflammatory action. And here it is, in teaching us how to attain this object, that physiology has given us new knowledge. If we cannot remove the original exciting element of the inflammation—the cause, we suppose, of local nervous lesion—still we may direct our art to the removal of the next link in the chain of the diseased process; viz., the relaxation of the blood-vessels—the result of the nervous lesion, and the main and most efficient element in the inflammatory process; using those methods of cure for the purpose which will tend to the increase of the contractility of the blood-vessels. For example, cold is a well known remedy in inflammation; and cold is an excitor of the vaso-motor nerves, and thus is it of service in external inflammations. Now, the excellent effects of the local abstraction of blood, as I have said, may be in part accounted for in a similar way. Besides relieving tension, the leeches and the cupping, by the irritation which they occasion, may also excite contraction of the partially paralysed blood-vessels of the part inflamed. But there is no proof that venesection does anything of the kind. By diminishing the contractile force of the heart, it temporarily diminishes the supply of blood to the inflamed part, as it does to all other parts of the body; but there is no proof that it, in any other way, influences the inflammatory action——tends to its cure—*i. e.*, tends to the contraction of the blood-vessels. The blood-vessels are emptied; but their loss of contractility is not repaired. A striking illustration of this is given by M. Marey from Gerdy's method of treating phlegmonous inflammations by raising the inflamed limb. "Frequently," says he, "have we seen the limb, when brought down to the horizontal, rapidly resume an exaggerated size, and its coloration intensified, and its heat increased, in consequence of the atonic relaxation of its vessels." (Marey, 321.) Position here, like venesection, had merely assisted in preventing the temporary flow of blood to the part; it had, like venesection, done nothing towards improving the tonicity of the blood-vessels. As Hunter truly said: "Neither bleeding, sickness, nor purging can possibly lessen the original inflammatory disposition; by lessening the power of action of any disposition, you only lessen or protract the effects."

We read, it is true, of the cutting short of inflammations by venesection; but I apprehend that no one can produce an authentic example of the fact. In the flourishing days of blood-letting, men were bled till the congested eye became pale, and the rheumatic joints and erysipelatous limbs lost their vivid red colour; but I believe that the most heroic (as the term was) bleeder never pretended that he had thereby at once removed the inflammation.

The action of venesection over the vessels of the inflamed part is totally different from that of the local abstraction of blood. True, a temporary emptying of the partially paralysed vessels is produced, or rather the blood disappears from these vessels; but this emptying of the vessels results solely from the lessened force of the heart's action, and from the diminished quantity of blood which is consequently projected into them. No contraction results from any excitation of the vaso-motor nerves; there is, in fact, no increase or induction of the healthy and natural contractility of the vessels, such as is effected by cold, or may be effected by leeches, etc., but merely a less distension of them. And the action is merely temporary, lasting only until the heart has regained force enough once again to distend those morbidly dilatable blood-vessels. But by the local abstraction of blood, not only is blood, and depraved blood, drawn from the part inflamed, but also, in all probability, the action of the vaso-motor nerves is excited, and a healthy contraction of the blood-vessels thereby occasioned. Was not this, indeed, the effect which Hunter's wonderful sagacity anticipated when he tells us: "Bleeding in the part inflamed, I can conceive, does more than empty the vessels mechanically; it acts by continued sympathy." To remove the blood from the distended vessels of an inflamed part, large bleedings, as a rule, are requisite—such bleedings as have an effect upon the system—make the man faint; and, to maintain the vessels in such a state, the bleeding must be again and again resorted to. Moreover, we must keep in view the fact that the inflammatory process has a local excitant; and that the distension of the blood-vessels (for the relief of which, be it remembered, the bleeding is especially employed) is due to some morbid influence exerted at the part, and is still present and operating there. And, therefore, again to use the very words of Hunter, "the lessening of the quantity of blood, considered mechanically, can never remove a cause which neither took its rise from, nor is supported by it."

From all this, it would appear, that we cannot by bleeding remove either the cause of the inflammation, or the inflammation itself; and that to attain the object desired by venesection, the removal of blood from the inflamed parts, large and repeated bleedings are necessary; such as may tell injuriously upon the constitution of the patient, and so, indirectly, upon the cure of the inflammatory process. And, moreover, that, when we have removed this blood by venesection and have emptied the vessels of the part, we have done nothing towards the cure of the inflammation, as we have done nothing towards producing a healthy contraction or tonicity of the blood-vessels. Modern physiology, to use the words of M. Marey, "indicates that, in the treatment of inflammation, we must follow a new path. Instead of combatting local inflammations by blood-lettings which exhaust the whole system, it points out to us that we should ever, as far as possible, resort to local remedies."*

No one pretends that bleeding is of service when it weakens the constitution of the patient; on the contrary, wise physicians have always warned the profession against such abuse of the remedy. In truth, I might say that we of this generation admit bleeding to be of service in inflammations, then only, when it produces no harm upon the constitution; or, in other words, that our masters permit us to practise venesection to the extent in which it can do no harm. Now, if (as I think no one will dispute) a man in health may lose sixteen or twenty ounces of blood, and be no whit the worse for it, how can we reasonably, except on the very best of evidence, admit that a similar loss of blood is of infinite service as a cure in inflammations? And wherein can we find a more demonstrative proof of the uselessness of venesection as a cure for inflammations, than the positive fact that we of this day cure them without resorting to it? Men have, in all ages, warned us against the dangers of venesection, as well as told us of its virtues; but we of this advanced generation speak much of its injurious effects, and but little of its beneficial uses.

Surely all these considerations narrow into very small limits the value of venesection as a cure for inflammation, and throw the greatest suspicion on the praises which have been showered on the remedy as such. From whatever side we consider the subject, historically, practically, or physiologically, we still find the proof of the proposition, that venesection is, as a cure of inflammation, most defective.

But, on the other hand, when we come to regard bleeding as a remedy, not of the inflammation, but of certain secondary consequences which incidentally arise out of certain inflammation, and of certain diseases not inflammatory—then all the clouds of difficulties which obscure the subject vanish, and the clear light breaks in upon us. We then see how it is that the wise men of past days have ever lauded and resorted to the remedy; we then find, physiologically, an explanation of its mode of action; and practically can positively note its uses. And, I may add, we are then driven by the force of demonstration to the conclusion (which it is my object here to enforce), that bleeding must at all times have been an excellent remedy; that it is so now; and that its general disuse is greatly to be deplored—history, physiology, and practice, all coming in and reading us lessons corroborative of the conclusion.

[*To be continued.*]

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* M. Marey speaks of following a *new* path. He forgets that John Hunter had already long ago described this path. "When bleeding is necessary," he says, "it should be as near the part as possible, in order that it may have the greatest effect on the part with the least damage to the constitution." And again: "In all cases where it can be put in practice, bleeding in or near the part will answer better than taking the blood from the general habit, for certainly less may be removed in this way, so as to have an equal effect upon the part inflamed. Bleeding in the part inflamed, I can conceive, does more than empty the vessels mechanically; it acts by continued sympathy."

PHOSPHATE IN MEDICINAL DECOCTIONS AND INFUSIONS. Some researches made by M. Terreil show that plants contain the phosphates in a soluble state; and he concludes that vegetable infusions and decoctions owe a portion of the action they exert on the economy to the phosphoric acid and phosphates they contain, the phosphate of lime of the bones proceeding from the soluble phosphates. (*Phar. Journal.*)

Lettsomian Lectures

ON

MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

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Lecture II.

On some Points having Reference to the Differential Diagnosis of Fibrous Tumours of the Uterus.

Mr. President and Gentlemen,—It is not my intention, in this lecture, to enter into a detailed account of all the symptoms of fibroid disease of the uterus, or of the differential diagnosis between it and every other disease with which it may be confounded. It would be, I imagine, as much a loss of your time as it would be objectionable in me, to endeavour to elucidate points upon which you are as well informed as I can be. In an assembly like the present, and at a time when abdominal operations are so rife amongst us, and have proved so successful as a means of relieving disease previously deemed incurable, it is well to aim at the development of surer means of diagnosis; and this I believe to be all-important in the present state of medical experience. Already the published annals of ovariotomy tell strange tales. Not only have pregnant women been operated upon for ovarian disease, but Mr. John Clay has given us an aggregate list of thirteen cases of attempted ovariotomy, where extraovarian tumours were removed. Of these, eleven cases were uterine growths. Mr. Clay has given us, in addition, twenty-three cases where ovariotomy was attempted, and abandoned in consequence of the disease being extraovarian. Of these last, twelve were examples of uterine disease. (Kiwisch on *Diseases of the Ovaries*, translated by John Clay.) Altogether, as I hope to show in the sequel, the operation of gastrotomy for fibroid disease of the uterus has been performed, incompletely in fifteen cases, and completely in some thirty-four cases; yet, with but very few exceptions, ovarian disease has been diagnosed during life. Let me not, however, be understood as arrogating to myself better powers of diagnosis than others. I make no doubt that the larger number of these errors in diagnosis were made at a former period, when knowledge and experience were less general. I also believe that, even now-a-days, accurate diagnosis in some cases is impossible. Still we are in a position at present to be more exact than we were; and this chiefly from the greater number of facts now extant, and the very mistakes previously made; also because we now possess certain instruments which materially assist our powers of diagnosis. Some of these, if I mistake not, will be shown in this room to-night for the first time.

The frequenters of the Samaritan Hospital last year may remember a remarkable case in one of Dr. Savage's beds, which made some noise about that time. This patient had gone the rounds of several of the London hospitals. The eminent accoucheur to one, after two careful examinations, said it was indubitably pregnancy. Another, similarly circumstanced in another metropolitan hospital, said it was ovarian disease; a third, that it was extrauterine pregnancy; a fourth, that it was a fibroid. An eminent French surgeon, then in England, stated in the most positive terms that it was a fibroid, although unconnected with the uterus. The majority amongst us, however, were of opinion that it was ovarian disease. An exploratory incision verified this diagnosis. Ovariotomy was performed by Mr. Wells, and the case did well.

This example illustrates well the difficulty now-a-days of dianosis even.

I think the subject of the differential diagnosis of fibrous tumours of the uterus may be advantageously considered under the three following heads.

i. The mode or positions for examination, and previous history of an affected patient.

ii. The particular notation of special symptoms, and the testing of their relative value.

iii. Particular reference to the differential diagnosis between pregnancy and ovarian disease, the two most common conditions likely to be mistaken for fibroid disease of the uterus.

i. The two points of great importance in the examination and diagnosis of these cases, upon which I wish first to dwell, are: 1. The position in which the patient is placed for examination; 2. The importance of obtaining the particulars of the previous and early history, which throw immense light on cases which otherwise, by mere present examination, it would be quite impossible to make out.

1. As to position for examination, I am satisfied that, in obscure cases, to give true results it must greatly vary. The position on either side, on the back, or even on all fours with the nates raised, and that usually adopted in *ballottement* (the patient standing on a chair and leaning over you), are each necessary in individual cases; and this is at once obvious, if we look to the extraordinary mistakes made. In fibrous tumours this position is especially useful, because patients affected with them, even in flooding cases, are often unusually fat and corpulent; so that palpation externally affords but indifferent help in measuring extent or dimensions; even fluctuation does little, unless it be assisted by the erect position and the finger in the vagina. The weight, then, of the affected organ, allows it to fall and play upon the finger within the vagina; whilst the point from which (if pressure be exerted above on the abdominal parietes) it is felt in the vagina, indicates the height to which the tumour extends within the abdomen, and also the connexion with the uterus by contiguity of surface.

By change of position alone, we can often diagnose the connection or disconnection of the uterus with an abdominal tumour.

I had this fact very forcibly brought to my own mind in a case of ovarian disease. The diagnosis here was very difficult. The uterus was closely connected with a large tumour in the left iliac fossa. In most positions, the movement of the one affected the other, although considerable free movement was possible in the iliac tumour. Was it a pediculated fibroid attached to the uterus, or an ovarian growth? It turned out to be the latter. When the patient was made to lie down inclined to her left side, and when the sound passed within the uterus was depressed at its handle-end, so as to push the uterus away from the left side towards the right side, *then* the iliac tumour could be felt to be altogether free from the uterus. The diagnosis, therefore, made was ovarian disease with a short pedicle; and so it proved to be on operation.

Again, the *sound* can be passed in one position, and not in another. The changed position allows the weight of the diseased organ to bear in a different direction; and thus the existence of adhesions or enlargements in particular directions is made out. The os uteri also may only be felt sometimes in one of the positions when the uterus is much displaced by the tumour.

Upon the subject of adhesions, more mistakes are perhaps made than upon any other, more especially if they be pelvic, and when the patient is examined in the recumbent or erect position. The test generally given is a full inspiration; when, if the abdominal parietes move freely over the tumour, adhesions are said not to exist; and *vice versâ*. Unfortunately, however, in fat subjects especially, either this movement is not perceptible, or the skin moves over the muscles; and so we are deceived. Also, if the tumour dip low within the pelvis, it may be difficult to raise it in the ordinary position; and so adhesions may be inferred to exist on one or other side of the pelvis; yet the operation will prove that there were none. The adhesions may be present superiorly higher up in the abdomen. Had the patient been placed on all fours, and slightly on one side, the tumour would probably have moved a little from the pelvis, and the non-existence of adhesions there would have been made out. The stethoscope also, or hand, may make out a *friction*-sound. But this is no evidence of adhesion, only of dryness of the peritoneal covering; and it may disappear next day.

And here I think I had better say a few words upon the use, not of one only, but of at least two sounds, used in two of the pelvic passages at the same time; I mean the bladder, and uterine cavity, and rectum. By their combined action, the position of the fibroid enlargement and its situation can generally be very accurately made out. External abdominal manipulation does a good deal, but it is insufficient. Suppose there be little or no menorrhagia, so that the tumour is most probably a surface or an intraparietal tumour, the finger and sound afford a ready means of exploration *per vaginam.* If it be situated in the posterior wall, the double *touche* will often clear up the case: better still, one finger in the rectum or vagina, with the uterine sound in the cavity. The space in the case between the extremity of the sound will be greatest at this point. So, if it be in the anterior wall, the use of two sounds—one in the bladder, and the other in the uterine cavity and the space included between them—will determine it. In either case, a small fibrous tumour, without this precaution, may be mistaken for retroversion or anteversion. Dr. Atlee mentions several cases of error in this particular. I have seen the same difficulty occur where, besides retroversion, the uterus was congested and large—not an uncommon condition. Where the tumour is high up above the true pelvis, without two sounds I do not think it possible to say whether a given tumour is in the anterior or in the posterior wall. Except in the exceptional case where we have to do with a thin woman, with thin abdominal parietes and an atrophied anterior wall of the uterus, so that the one sound *in utero* can be felt externally by palpation over the abdomen, I do not think it could be made out otherwise; for the finger is not long enough; and I know positively that an eminent practitioner actually cut through the uterus into the peritoneal cavity, from not having previously satisfied himself, by the use of two sounds, of the thickness of the uterine parietes, or exactly made out the position of the fibroid.

If the tumour be in the lateral wall, even here, I believe, and especially if on the left side (owing to the sigmoid flexure of the colon), the ordinary digital examination *per vaginam* may be assisted by two sounds; one placed in the uterine cavity; the other in the rectum or bladder, and pushed up or down laterally. The direction of the uterine sound, generally inclined to the side opposite to which the tumour exists, is important. It is well, in all such cases, carefully to empty the bladder before manipulation. I have seen a tumour, solid in its contents, in a thin person, because the bladder was pushed against the abdomen, yet convey the feeling of fluctuation, and be mistaken for an ovarian cyst, by the neglect of this simple precaution.

I have dwelt upon the use of a sound in the rectum in some of these cases. I think that, indeed, in some cases it is indispensable, if we wish to make a correct diagnosis. The finger will not always suffice, more especially if the tumour be large and high up.

There is a most interesting case detailed by Dr. Waller, which bears upon this point (*Medical Gazette* for April 1853). The case occurred in the practice of Mr. Evans of Blackfriars Road. He diagnosed a large exostosis, of stony hardness, occupying the promontory of the sacrum; so that the antero-posterior diameter of the upper pelvis was reduced to an inch and three-eighths. The lateral diameter was also encroached upon. From its hardness, immobility, and apparent connexion with the sacrum, from which it could not be separated, he also concluded it was an exostosis. The Cæsarean section was performed. The patient, unfortunately, died. At the *post mortem* examination, the case proved to be one of fibrous tumour of the uterus, of the hysteromatous variety.

But the use of two ordinary sounds has some disadvantages. The distance between them, when out of sight, cannot be always accurately measured when an attempt is made to replace them for purposes of measurement, out of the body, in the position they occupied within it. The cavities may be of different lengths, and so preclude measurement altogether. To remedy these inconveniences, I have constructed the instrument I now show you, and which I have called the *pelvimeter.* It consists of two sounds, but of unusual length. On one of these there is a moveable pin, which, by means of a screw, can be made to move up and down, or fixed at any point. This sound is graduated upon its inner side by the ordinary inch degrees, which are marked 1, 2, 3, 4, etc. The other sound has along its middle two-thirds a slit, within which the end of the pin before alluded to may be moved to and fro. At the lower end of this is a screw, to which is attached a transverse bar, also graduated in inches and eighths of inches; but, to avoid confusion, they are marked by letters. The sounds, the upper parts of which are very soft, being placed in any two cavities, and bent in any manner required, are then locked, and the position noted and marked by the transverse bar; and when the two parts of the instruments are removed separately, and readjusted, out of the body, as they were within it, the exact distance of the extreme ends can at once be measured. But, in practice, we sometimes meet with difficulties. Supposing the bladder do not reach as high as the uterine cavity, or *vice versâ*, then the thickness of the anterior wall must be determined another way. We must put one blade within the bladder, and the other on the outside of the abdominal parietes. Thus the thickness of the abdominal walls may be determined. Then, the second time, if one blade be placed within the uterine cavity, and the other upon the abdominal parietes, the distance between these two points, *minus* the known thickness of the walls, is the thickness of the anterior wall. So also, upon the same principle, with one blade within the rectum and one upon the spine first, and then, secondly, one on the spine and the other within the uterine cavity, the difference made out will determine the thickness of the posterior wall. Sometimes the folds of the rectum render the passage of the rectal sound difficult. In this case, the passage of a largish gutta-percha or caoutchouc tubing, properly prepared, may precede that of the sound; and the sound needs only to be passed within the tube. It is especially in cases where the tumour is high up, or extends above the true pelvis, that this instrument will be found so necessary, if we wish to make a correct diagnosis. In its absence, I have seen a tumour in the anterior wall taken for one in the posterior wall, the examiner being deceived by the position of the os, which was near the pubis.

2. The second point upon which I wish to dwell is the necessity, in these cases, of a very close and cross-questioning examination into the particulars of the previous history. Important as this is in most cases, it is exceedingly so in uterine fibroids. I believe that many errors of diagnosis may be referred to imperfect inquiries in this respect; parties examining such cases taking, as it were, the cue too readily from the idea of the patient, or mere external and internal manipulation. Thus the ideas of presence or absence of pregnancy are sometimes so strongly set up by the patient, who perhaps has had several children before, that the physician is often taken off his guard. I have known several women who actually asserted that they have felt the movements of the child in cases of simple fibrous tumour. For, although at first sight the difference between such cases appears very simple, we shall find in the sequel that it is not always so. Then there are many cases in which an ordinary examination will not suffice to make out the distinction between cellulitis or hæmatocele and fibrous tumour. I have seen the former two affections frequently confounded; and have myself been quite at a loss to say, even after very close examination, whether such tumours were fibrous or not. Suppose, in fact, a large tumour *in utero*, and chiefly pelvic, impacted within the pelvis. You find the uterus fixed. You come against a large tumour. You can detect no fluctuation; all you can ascertain is, that it involves the uterus. Fibrous tumours, you will say, are not generally fixed; and the cellulitis is generally more extended on one side than on the others. Granted. But the latter is not always the case; and, in fibrous tumours, the uterus may, either from its size or from some adhesions, lead to a conjoined fixation of the uterus. Here, therefore, is one advantage of knowing the early history. The suddenness of the symptoms in hæmatocele, the marked inflammatory symptoms in cellulitis, and the tense fixation of the uterus, which is generally much less marked in fibrous tumour, will assist the diagnosis, more especially if conjoined with menorrhagia.

But there is another way in which we can usually distinguish between cellular abscess and hæmatocele and fibrous tumour, more especially if the latter be not impacted *in utero*. The instrument which I now show you, and which, for want of a better name, I would speak of as the uterine *kinometer* (*kineō*, I move), will enable us to measure the amount of uterine movement very accurately. It is, in fact, a speculum, closed at the vaginal end by a caoutchouc membrane. The distal end terminates in a glass tube bent at a right angle, in a part of which there is a tap. The whole is filled with coloured water. In one which Mr. Coxeter has made for me, there is at the distal end, instead of a glass tube, a watch plate duly graduated, upon which a needle in connexion with the water moves. The vaginal end being pressed upon in the first case, the coloured water rises in the tube; in the second, the needle moves. When used, however, in the vagina, the tap in the first case, a screw in the second, is closed; so that the fluid is not forced outwards. Both are opened after the introduction of the instrument. We then notice two movements—one synchronous with the pulse, a *pulsatory* movement; the other with the respiration, a *respiratory* movement. If a healthy person be made to hold her breath, at each pulse you will observe the fluid rise and fall in the tube. The rise in this case is slight. If, however, you desire her to make a long inspiration, the fluid rises in the tube considerably, and as completely goes down with the expiration. The uterus, in fact, comes down with the diaphragm, like the ordinary viscera; and so the extent to which the water rises in the tube, or the needle moves round, is the index of the mobility of the uterus, which can often be more forcibly pushed down by the hand. In hæmatocele and cellulitis, the respiratory movement is mostly absent altogether, and the pulsatory alone remains.

In fibrous tumours, both are generally obvious, unless the growths be situated so high up that the instrument cannot reach them, or firmly impacted—a comparatively rare complication.

[*To be continued.*]

HYDROPHOBIA. J. Leshman, a joiner, of Liverpool, was admitted into the Southern Hospital on the 19th inst., suffering from hydrophobia. It appears that he was bitten by a dog on November 28th last. The lacerated parts were at once cut out, and caustic applied. Up to Monday he appeared quite well, but in the afternoon he began to experience some difficulty in swallowing, and soon after well-marked symptoms of hydrophobia set in. He gradually grew worse, and died on the following day, about thirty-six hours after the symptoms first set in.

SPONTANEOUS GENERATION. At the scientific meeting of the Sorbonne, on April 7th, M. Pasteur treated of spontaneous generation. The importance of the subject in its bearing on other questions, such as that of the existence of the Deity, the eternal duration of matter, etc., was pointed out by the learned professor, who then put forth the various arguments in favour of and against the doctrine, showing the objections in a forcible manner, and altogether treating the subject with a masterly hand. (*Chem. News.*)

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

ROYAL PORTSMOUTH, PORTSEA, AND GOSPORT HOSPITAL.

Lock Ward, No. II.

CASE OF SYPHILITIC IRITIS: USE OF MERCURY.

Under the care of K. E. Knight, Esq.

E. C., aged 19, was admitted January 10th, 1864, with syphilitic iritis, having its usual characteristic marks—effusion of lymph, adhesion of the iris, dimness of vision, etc. He was ordered to have two grains of calomel and one-third of a grain of powdered opium every six hours.

The effect of the mercury was soon visible on the vessels of the iris. Its natural colour was restored; the cornea became clear again; the red zone around it faded away; effused lymph was absorbed; and vision again restored. He was now ordered three grains of iodide of potassium and an ounce of infusion of quassia three times a day, and was discharged cured in twenty-seven days.

As syphilis, in some of its worst forms, comes under treatment from time to time in the wards of this hospital, the value of mercury as a remedy is fairly tested; and well-grounded opinions, founded on experience, can be given in its favour. If those who argue against its use had an opportunity of studying syphilis in the wards of a lock hospital, or if attendance at those institutions formed part of the curriculum of the medical student, we should not have such divided opinions now-a-days upon the best mode of treating this disease. Men of great experience hold that mercury is a specific for syphilis; but they keep aloof from a controversy of mere words, when theory is more relied upon than facts. The only remedy for this chaos of opinions on a question of such vital importance to the health, and, it may be justly added, the well-being of the people of this country, is the establishment of a special school of instruction for venereal diseases, the want of which must now be apparent to every thinking man in the profession.

CASE OF HÆMATURIA.

Under the care of F. Page, M.D.

J. C. S., aged 47, admitted November 14th, 1863, had hæmaturia for seven years, coming on periodically at intervals of from six weeks to two months. He looked pale, emaciated, and highly anæmic. Bladder and urethra were explored, and found healthy. There was no symptom of renal disease. He was ordered to have generous diet and wine, and half a drachm of tincture of sesquichloride of iron three times a day.

By a steady perseverance in this treatment for six weeks, the patient perfectly recovered, and now, at the end of four months, looks healthy, has gathered flesh, and is able to resume his work, that of shoemaking. He occasionally takes small doses of iron with dilute sulphuric acid.

The cause of passive discharges of blood from the system, unconnected with organic disease, appears to be involved in considerable obscurity. This case is interesting in a pathological point of view. Here we have a patient suffering from passive hæmorrhage, without any *apparent* organic lesion. Did the discharge depend on some abnormal condition of the blood, or on some derangement of the organic nervous influence. The suppression of hæmorrhages is very often attended with serious consequences; but in this case, although the disease had existed for some years, and had become apparently *chronic*, no harm has resulted from its suppression.

Original Communications.

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. Tilbury Fox, M.D.Lond., Physician to the Farringdon General Dispensary.

Certain diseases, which exhibit in the main the characters of a sporadic nature, occasionally put on an epidemic garb. We see examples of this truth among the out-patients of large hospitals and dispensaries, in the occurrence of a "run" of cases of this or that disease. During my connexion with the Farringdon Dispensary, I have met with a large number of cases of an affection which has no description in books, or has been defined only in a vague, unintelligible manner. Its apparently epidemic nature is explained, in some degree at least, by its contagious quality; though, no doubt, the predisposing causes are more active at one than at another time, giving rise to what the French term "an epidemic constitution". If, however, a case of the disease referred to occur, others will speedily be produced, merely by simple contagion.

Porrigo is the favourite modern name for the affection; but porrigo has been applied at different times to denote very many dissimilars, especially eruptions on the scalp, whether vesicular, pustular, or squamous. Under all circumstances, it will be much the best to discard altogether a term whose indiscriminate use has been a fertile source of confusion in the nomenclature of skin-diseases. To those *parasitic* diseases which have been designated by the word porrigo, the generic term tinea is applicable, as a decided simplification. If used at all, the word porrigo should be restricted in its application to the disease now about to be described, known by some as the contagious, by others as the scrofulous impetigo, the porrigo Startinii, or contagious porrigo; but I agree entirely with the suggestion of my friend and colleague, Dr. Frodsham, that, *quoad* this disease, the word porrigo should be discarded and forgotten, and its place supplied by *impetigo contagiosa*.

At the outset, I had better state clearly that impetigo contagiosa must not be confounded with ordinary impetigo; they are absolutely distinct. Mr. Startin, if report be correct, fully recognises the existence of a contagious form of impetigo; but I am not aware of any published account from that gentleman's pen. In the British Medical Journal for November 28th, 1863, is a description, by my colleague Mr. R. W. Dunn, of porrigo. He says it consists of large dirty straw-coloured spots, flattened, of irregular shape, seeming as if they were stuck or glued on the part, without any inflammation at their bases; mostly seated on the scalp, but found also on all parts of the body. When the face is attacked, the spots are a little more regular; they discharge, and commence originally as papules, which become pustular. Mr. Dunn thinks it is of parasitic nature; from this opinion I entirely dissent.

Characters. The disease varies considerably in aspect, according to its seat, as I have narrowly observed. It occurs mostly on the face, where it is generally unilateral, and seated especially about the angle of the mouth and side of the nose; also on the limbs, anteriorly and posteriorly; on the trunk especially, about the shoulders, the neck, and the buttocks. The constitutional symptoms which usher in the complaint are generally sufficient to make the friends declare the child "poorly", unable to take its food properly, "mopish", and the like. The local characters of the disease show themselves as little white, apparently vesicular, or more truly pustular points, just tinged at their bases with slight redness, and generally possessed of little pain. These points, which are always isolated and distinct at the outset, speedily enlarge and umbilicate to a more or less perfect degree. Now and then, coalescence takes place between two or more pustules. This is seen especially on the face. The next change is the assumption of the characters of a perfect pustule, which may desiccate, leaving a dark dry scab, depressed in the centre generally, through or from beneath which oozes out a little thick pus or puriform discharge. Each spot increases in a perfectly centrifugal manner, until, in about a week, it attains the size of a shilling or so. A characteristic aspect is then presented; the disease looks like a flattened bleb, whose central part is depressed and shrunken; the contents giving an opacity; while the margin of the bulla, as it now may be termed, is formed by a perfect ring of varying breadth, which has the look of wet soddened white leather, just as though the central part were circumscribed by a collar composed of upraised and blebbed epidermis; and this circumferential ring enlarges *pari passu* with the bleb.

It becomes an interesting question to determine the exact value to be attached to the umbilication in impetigo contagiosa. I hold it to be almost diagnostic. Of course, it is only seen perfectly in the early stages. In pemphigus, the uplifting of the cuticle and the subsequent distension is *extreme* and perfect, and the contents are serous; in impetigo contagiosa, some differences exist. It has been said that the umbilication is simply due to the presence of a sweat-gland, tying down the centre of the bulla or pustule, whichever it may be. This, however, is certainly an erroneous explanation. The depressed condition is secondary to distinct distension, and is brought about by the peculiar nature of the disease and the character of the secreting surface. At the outset, the secretion is pretty free, but presently becomes lessened and more plastic, while the surface which pours it out tends to ulcerate; hence the part where the disease commenced—viz., the central part of the bleb or pustule—will be less distended, perhaps begin to desiccate, while the secretion is going on freely at the extending circumference, so as to produce the comparative aspect known as umbilication.

The so-called bleb or pustuloid may attain to a considerable size. The contents are peculiar; there is generally more or less pus; and always, at the early stage, at the bottom a little pellet or *bouton* of mucous consistency (aplastic lymph), which can be removed, and then leaves to view a little conical pit of ulceration. The discharge dries into crusts, tolerably thick, which adhere for many days, and then fall off, leaving ulcerated surfaces. If the crusts be detached by the finger, a nasty sticky puriform fluid is seen to cover the surface of the ulcers; these latter give out a greater or less amount of discharge, which again concretes in crusts. Fresh pustulations occur, so as to prolong the disease for a period of from three to six or eight weeks. Each spot lasts a variable time—ten days or more—leaving, in process of cure, a dull red stain. The scabs may become quite black from the commingling of dirt with the discharge.

The disease is always characterised by the presence of *circular* umbilicated *quasi*-bullous spots, which increase centrifugally, and become covered by yellowish flat crusts, which cover over superficial ulcerations of an unhealthy kind, leaving, in process of cure, dull red stains.

Modifications. There are several modifications worth considering. There may be but one solitary spot. A short time since, I saw a most typical example in a patient of Dr. Frodsham. The crust was of about the size of a florin, or nearly so. This solitary spot may be seated on the face or head; rarely on the trunk, except as the consequence of direct contagion or inoculation. When seated on the head, the crusts are very perfect, inasmuch as the hairs help out the matting together of the mass. On the scalp, the disease possesses the characters ascribed to it by Mr. Dunn. The so-called porriginous spots always commence as small elevated isolated points. They are always a primary form of disease; the crusts are circular, or nearly circular, isolated, yellowish, adherent, granular, and pretty dry.

I have seen this form of impetigo associated with strumous ophthalmia, and with otitis, both of an acutish kind. More than this, I have seen the mucous surfaces affected; all these states being dependent evidently upon the cause which gives rise to the impetigo.

On the face, it is not unusual to notice several separate foci of disease, running together into an irregular, oozy, cracked, scabbed patch. In this state, it is not unlike eczema impetiginodes; but almost invariably the peculiar umbilicated pustuloid or peculiar ulceration will be found. Again, on the surface (and head especially), there is usually little if any redness around the bases of the different spots; though they may be as large as a shilling. Occasionally, however, there is a marked exception to this rule; and there may be an intense inflammatory areola. I have seen a considerable degree of inflammation of the derma and subcutaneous cellular tissue, the erythema having a dull red hue.

In situations where the cuticle is thick, it occasionally happens that the bulla, instead of becoming umbilicated, is upraised in the centre, and filled with a thin puriform fluid; but, under these circumstances, there is an opening at its centre, through which the contents ooze out. The discharge does not observe any regularity, but takes place capriciously. Now the pustuloid (or bleb) is apparently desiccating; now it rapidly fills; and the covering or operculum is always white, looking soddened, as though the parts had been scalded. The spots are solitary; and I have always seen this either at the point of the elbow or the back of the joints of the fingers.

Now and again, the separate pustuloids are confluent; but even here their distinct individuality can be made out, and there is no crusting over to such a degree as to make it appear as one large pustule.

The degree of ulceration varies. It is always tolerably superficial, and presents a soddened, pasty, gelatinous aspect, due to the character of the secretion. The edge of the patch of ulceration is sometimes peculiar. It is often that which is seen in other diseases called "scrofulous", particularly when the sore itself is the seat of diminished or scanty discharge; viz., indurated, elevated, of a dull red hue, and slightly inverted, like some instances of lupus; only this state is of short duration, comparatively speaking. In other words, the ulcer, which is circular, may be bounded by a well defined, rounded, raised, and dull red margin of thickened integuments. It is from this feature, among others, that one is led to infer the existence of a scofulous taint in the totality of the disease.

Microscopic Characters. I have made some very careful microscopic examinations of the crusts and secretion of impetigo contagiosa. In an early state, when the isolated points first make their appearance, there are present a few pus-cells perhaps, but chiefly a homogeneous blastema, with more or less fat, epithelial *débris*, and the like. In the more fully developed condition, the same elements are seen, but with a decided comparative preponderance of pus-cells. The scabs are composed of foreign substances (cotton, fibres, etc.), epithelial cells in different degrees of development, homogeneous plasma, pus-cells, fat, hairs, and parasites (animal and vegetable). I have never detected any sign of the presence of the acarus scabiei; but have noticed most perfect specimens of the steatozoon (acarus) folliculorum; and in several instances the spores and filaments of tricophyton, but in others not a trace; and, from all considerations, I believe the presence of the latter is an accidental phenomenon. It is worth mentioning, that the small hairs in the crusts are invaded and split up by the fungus—a state which, whatever may be said to the contrary, is, practically speaking, diagnostic of the presence of a parasite, provided the hair so split up be a well developed one. In the *Transactions* of the Pathological Society (vol. vi) may be found the brief description and figures of a supposed new fungus observed by Mr. Hutchinson in the course of "contagious porrigo". "Although", he says, "a vast number of cases were inspected, I was, however, successful in only two in finding anything beyond the usual constituents of purulent crusts." He adds: "Having failed to find, in so very large a proportion of the cases examined, anything at all similar to the bodies illustrated, I cannot, of course, suppose that the observation is of any value in relation to the pathology of the disease."

One word more about the umbilication, as it has been termed. In some cases it scarcely, perhaps, amounts to more than is entitled to be called depression; but the tendency to marked depression in the centre, as compared with the circumference, is certainly the characteristic of the spots of impetigo contagiosa; and this feature is, as I have explained, dependent upon the peculiar behaviour of the secretory power of the disease. When thick crusts form, of course the aspect of umbilication is obliterated.

Causes. The disease exhibits no preference for sex. It attacks adults sometimes, but children most generally, and particularly those of the lower orders, of scrofulous habits—the fat, flabby, pale, thick-nosed, and light-complexioned ones. Want of cleanliness, light, and air, and wholesome food, help out its evolution. The disease not unfrequently follows in the wake of, or appears to be caused by, vaccination; at other times, it has no direct dependence whatever on this. In a person predisposed to the disease, it is not unlikely that any local irritant would call it forth into tangible existence.

[*To be continued.*]

CASE OF EMBOLISM, FOLLOWING SYNCOPE FROM POST PARTUM HÆMORRHAGE.

By J. Shepherd Fletcher, M.D., Manchester.

[*Read before the Manchester Medical Society.*]

[The following notes of the case are furnished by A. Ransome, M.A., M.B.Cantab.]

Mrs. R., aged 36, had previously borne two children. She had phthisis sixteen years ago, from which she recovered, but has been delicate. Her brother died of phthisis, and her father of diabetes. She was confined February 12th, with a girl. The delivery was very rapid, and was shortly followed by profuse hæmorrhage, which produced slight fainting, lasting for some time. Her recovery was rapid. She was allowed to sit up on February 25th.

On March 1st, she rose at 10 A.M. She had suckled the baby frequently in the morning. She ate rather a smaller dinner than usual; but, in other respects, nothing unusual was noticed. At 2 P.M., she was sitting up. The nurse had just taken the baby from her, and turned away; on looking round the moment after, she saw Mrs. R. with her lower jaw dropped, pale, and making signs with her hands. The nurse gave her a tablespoonful of raw brandy, and then got her upon the sofa. Mrs. R. was just able to name her next neighbour, and made signs to send for her. After this, she could make no articulate sound.

When seen half an hour after the seizure, she was lying upon the sofa, pale and much agitated; her head was hot; her hands wet with perspiration; the pulse in right wrist (the only one then examined) 104, full, and jerking. She moved both hands, to express, as it seemed, something wrong about them. The face was somewhat drawn to the left side; and the tongue, when protruded, was pushed to the right side. All power of articulation was completely gone. Mustard was applied to the back of the neck, to the stomach, and to the calves of the legs. Two grains of calomel were given, and ammoniated tincture of valerian was ordered. In about an hour from the time of the attack, she seemed to recover partially, and again spoke easily and plainly; but in another half-hour she again became speechless, though conscious, and able to answer by signs.

At 5.30, Dr. Fletcher saw her, and found that, though the pulse was easily felt in the right wrist, yet it was scarcely perceptible in the left: it was equally feeble in the brachial artery, but was easily found in the axillary, subclavian, and carotid. She could move both hands, but was unable to grasp with the right. The pulse had now become very rapid and weak. Brandy and sal volatile, and then brandy and ammoniated tincture of valerian, were given every twenty minutes; and afterwards, five grains of sesquicarbonate of ammonia and half a grain of ammonio-tartrate of iron, in camphor julep, were given alternately with brandy and beef-tea every hour through the night. Blisters were applied behind the ears. Under this treatment, the pulse gradually improved slightly in strength, and was rather more easily felt in the left wrist; but it was still excessively feeble and small.

March 2nd. 8 A.M. She had dozed a little in the night. Her head was cool; the body was bathed in perspiration. The blisters had risen. The bowels were not open; the abdomen was distended with flatus. She had passed urine voluntarily every half-hour. The pulse was 96, stronger in both wrists, but still scarcely perceptible in the left. There was rather more strength in the right hand, but she was still unable to hold a pencil. An enema of turpentine and soap brought away a copious evacuation and much flatus. During the day, she gradually recovered power in the right side. The tongue, when protruded, was less completely pushed to the right side. The pulse also was diminished in frequency, but retained its force; and in the right wrist it had slightly increased in volume. The urine was pale, of specific gravity 1007, not albuminous.

March 3rd. There was great improvement in her appearance. The skin was cool, not perspiring; pulse quieter in right wrist, stronger in left. She could hold a pencil in the right hand, and wrote several words on a slate without much difficulty.

March 5th. She articulated several words for the first time, as "baby, papa, beef-tea, good night." She wrote, that she felt more natural altogether, but complained of pain in the left shoulder, and of tingling in the left arm and leg. The bowels were regular; the pulse better.

March 6th. She seemed more nervous; had presentiments of impending evil. The pulse was softer and weaker. She wrote, that the sense of smell, which had been impaired, was now all right again.

From this time her progress was steady, but slow. Her speech was not perfect even so late as the end of May; but her strength had so far returned, that she was then able to go away from home.

The treatment by sesquicarbonate of ammonia and small doses of iron was continued throughout, with increase of dose, and the addition of a quantity of the tincture of nux vomica.

To the details of the case, as given above by Mr. Ransome, I have nothing to add, except that, on the sixth day of July, she came by express train from the seaside in a great state of alarm, thinking another attack was impending, as she felt strange feelings of confusion in her head, with some unpleasant sensations in her right side. On careful examination, I could not detect any reason for increased fear, as in all respects she seemed better, except that the left pulse was still not equal to the right. I advised tepid shower-baths, and prescribed three grains of phosphate of zinc in pills three times a day. I saw her again in a month, when she expressed herself as quite well, and stated that the pills gave her immediate and most perfect relief from all her unpleasant feelings. Her speech up to about two months ago was slightly imperfect, and the left pulse below the right in strength.

The preceding case is remarkable for many circumstances, and is of considerable interest, inasmuch as the cause of the embolon, or clot, cannot have been such as is generally productive of this serious condition of things; and, again, the result was fortunately altogether different to that which is the general rule in cases of embolism affecting the cerebral arteries—which have been said to be almost always fatal.

The causes of embolism generally are known to be organic diseases of the left side of the heart, atheromatous degeneration of the large arterial trunks and inflammation of the veins; each one of these causes the development of fibrinous concretions, which adhere but slightly to the walls of the vessels or cavities in which they are contained, and are readily detached, when they are carried with the course of the circulation until they are arrested by some of the smaller vessels along which they are too large to pass.

The formation of fibrinous clots during syncope is an unusual cause of embolism, so far as I am acquainted with the literature of the subject; and yet, looking at all the circumstances of this case, I can find no other reason for the formation of an embolon in the case just detailed. My own opinion as to this case is that, at the time of the hæmorrhage after labour, a small clot was formed, which, during the time of feeble circulation, probably contracted some adhesion to the walls of one of the heart's cavities—most probably the left ventricle—and when the circulation became more energetic, this was detached, and moving along the aorta, was arrested at the left carotid and the left subclavian arteries, into each of which it entered, fitting on the small portion of the aortic wall between them in the form of a saddle; from which spot a portion was probably detached to be carried into one of the cerebral arteries at the time that she for the second time became speechless and partially hemiplegic, and the second portion into the lower end of the brachial when it stopped the pulse.

It will have been remarked that in the account given of the symptoms, the left side was the one in which the circulation was interrupted, whilst the right side was the one partially paralysed—this agreeing with the general rule as to cerebral paralysis.

Another remarkable feature in the case was, that as the pulse improved in the left wrist, the use of the right arm also returned; and these two symptoms seemed to move on together—to me very clearly telling of the same process of removal or absorption of the several clots. This is remarkably seen in the account of March 3rd: "Pulse quieter in right wrist; stronger in left; can hold a pencil in right hand."

On the 5th, she could write words; and on the 6th, smell returned. It was a remarkable feature in the case that, although perfectly conscious, she could not for more than a week recollect the words she desired to write on her slate, and would very often use wrong words; indeed, it was some weeks before she could always recollect the words she desired to use.

This lady had been for years subject to rheumatic pains; but she had never had any severe rheumatic attacks; and, although I am quite aware that rheumatism has been found to be often associated with cases of embolism, I cannot suppose that this had any relation to this case—as I think it will be found that it is only in those cases of rheumatism giving rise to heart-disease that any connexion can be traced between the two conditions.

Certain conditions of the blood would undoubtedly give a disposition to the formation of clots, by deposit from the blood itself; and the condition of rheumatism, I apprehend, may be one of these.

In considering the question, as to whether or not an embolism can be formed in the blood by simple coagulation of a portion of its fibrine without the existence of any organic change in any part of the heart or blood-vessels—as I believe to have been the case here—we must remember that coagulation of the blood takes place much more readily with a slow and feeble circulation, and that after great loss of blood there is generally a relative excess of fibrine and a much quicker coagulation of the blood (Day), whether this loss occurs by blood-letting or by hæmorrhage.

Pregnancy, too, has its own particular condition of blood; viz., a low specific gravity, from an excess of water, fewer red corpuscles, and a relative excess of fibrine: all circumstances favouring the occurrence of embolism. Her anæmic habit is not an unimportant point in this case, and would aid in the development of an embolon.

The co-existence of all these favouring circumstances lends additional probability to my opinion, that the case I have narrated was one of the formation of an embolon by simple coagulation; and I think I am warranted in saying that such a pathological condition does occasionally occur. The prognosis in all such cases of embolism would be more favourable than in those arising from organic disease, from the fact of the clot being less firm than detached masses of old-standing effusions are; and referring to Dr. Richardson's experiments on the coagulation of the blood, we find that he could re-dissolve the clot of coagulated blood in serum alkalinified with ammonia. This I believe was done in the living subject in Mrs. R.'s case by the administration of ammonia; and I am disposed to give a share of the credit due for the result of this case to Dr. Richardson, for the important additions he has made to our knowledge of the physiology of the blood, although I am quite aware that his conclusions as to the cause of the coagulation have been very ably contested.

The result of this case has been most satisfactory; for the long continued difficulty of articulation led to some little fear that a permanent difficulty of articulation might be the result, as it is said to be in all cases of recovery from embolism of the cerebral arteries.

Cases somewhat similar in character to the one I have detailed are, I am convinced, of much more frequent occurrence previous to and after confinement than are generally supposed; and are reported as, and believed to be simply cases of death from syncope. I have myself seen two cases, both of which proved fatal, occurring in the practice of other medical men; and which, I believe, were cases of embolism; but this disease not being thought of, was not detected, nor was any examination made after death. After great loss of blood, coupled with a feeble state of health, I think it will be well to keep the possibility of such an occurrence in our minds, and to direct such treatment as might tend to prevent it.

The treatment in this case is somewhat novel; as I find that most of the reported cases of embolism have been treated by calomel, croton oil, etc. Such treatment, carried to the extent of acting freely on the bowels, would, in this case, I think, have proved injurious; and in suggesting the use of the carbonate of ammonia, iron, and brandy, both Mr. Ransome and myself were not influenced so much by the general condition of the system; but the special reason for preferring the carbonate of ammonia was founded upon Dr. B. W. Richardson's theory as to its action in maintaining the fluidity of the blood. Whatever may be thought of this theory, I am quite convinced that the line of treatment adopted in this case with such excellent results is the proper treatment for cases of embolism generally; and I should look with little favour upon the administration of calomel, croton oil, etc.

CASE OF POISONING BY KIDNEY-BEANS.

By William Dale, Esq., Ilkeston.

A few days since, I was sent for to see a child five years old, who had been taken suddenly ill a short time previously, and was said to be dying. On my arrival at 8 p.m., I found him bedewed with cold perspiration; the breathing slow and sighing; the pulse at the wrist very rapid and almost imperceptible; the pupils widely dilated, and insensible to light. He could only be roused by speaking loudly, but appeared, when thus roused, to understand what was said. Pressure on the abdomen apparently gave pain, as the child shrank from it, and drew up his legs. The features also expressed suffering.

The history of the case was this. The child had always been remarkably healthy up to the time of this seizure. In the afternoon, he was playing with some kidney-beans. (These beans were some of last year's seeds, which a neighbour had thrown away because they were mildewed, and he thought them unlikely to germinate.) At tea-time, he asked his mother for some water. This almost immediately returned, and with it a quantity of half-digested beans. He then complained of pain in the bowels, and gradually became worse until I saw him. I immediately administered a dessert-spoonful of mustard in warm water; and, vomiting being produced, I ordered copious draughts of warm water, with an occasional teaspoonful of sweet oil. The vomit contained a large quantity of semi-digested kidney-beans. When the vomiting had somewhat abated, I ordered two teaspoonfuls of brandy to be administered occasionally, with a little water. The pulse now became a little stronger, and the breathing more natural; the pupils also began to act slightly, but the drowsiness still remained. He was then ordered to have two teaspoonfuls of castor oil. I also ordered a tablespoonful of strong coffee to be given every half-hour. The castor oil soon produced purging; and from that time amendment commenced. The pulse grew stronger; the breathing more natural; the pupils more active; and the drowsiness less. In the morning, the only symptom remaining was a little tenderness at the epigastrium.

Reviews and Notices.

The Science and Art of Surgery: being a Treatise on Surgical Injuries, Diseases, and Operations. By John E. Erichsen, Professor of Surgery and of Clinical Surgery in University College, and Surgeon to University College Hospital. Fourth Edition, enlarged and carefully revised. Illustrated by 517 Engravings on Wood. Pp. 1280. London: 1864.

A System of Surgery. By James Miller, F.R.C.S.E.; Surgeon in Ordinary to the Queen for Scotland; Professor of Surgery in the University of Edinburgh; etc. Pp. 1387. Edinburgh: 1864.

These two classical works on Surgery have appeared nearly simultaneously in London and Edinburgh; their authors being well known teachers of chirurgical knowledge in their respective localities. Mr. Erichsen furnishes a fourth edition of his well known work. Mr. Miller's book is, we believe, the result of the union into one volume, with the necessary emendations, of the two works which have hitherto been published under the titles of the *Principles* and the *Practice of Surgery*.

Of two such works, with the favourable antecedents belonging to them, there is little to be said by the reviewer; and any attempt to determine positively which is the better of the two would be, at the least, a difficult task in more senses than one. Yet, in their arrangement, and in some other matters, there is a marked difference between the two books.

Mr. Erichsen arranges his subjects under the three divisions of General Principles, Surgical Injuries, and Surgical Diseases; and in the latter two divisions, after first noticing each injury or disease in its general bearings, he describes the lesions affecting the various parts of the body. Pathological considerations, and the description of necessary operations, are with him incorporated with the description of the injury or disease to which they specially belong. An exception, however, occurs in the case of amputations, which have a chapter to themselves in the works of both authors—Mr. Erichsen placing at near the *beginning* of his book, while Mr. Miller places it at the *end*. Mr. Miller places his pathological remarks, and the general descriptions of such diseases as aneurism, fracture, dislocation, etc., in the first part of his book—that corresponding to his *Principles of Surgery;* while a regular arrangement of diseases and injuries is adopted in the remaining portion. Mr. Erichsen, considering that the diseases of the eye would require more space than he could afford them, purposely omits a description of them, referring the reader to works on ophthalmic surgery. Mr. Miller, on the other hand, has nearly a hundred pages devoted to the consideration of these affections. As to the fulness with which various matters are treated, there is a variety; sometimes one author, sometimes the other, is the more copious in detail; but, on the whole, Mr. Erichsen's work, with the exception to which we have above referred, is the fuller of the two.

An important feature in Mr. Erichsen's book, and one which certainly increases its value, is the elaborate manner in which he gives the *diagnosis* of various injuries and diseases. As he judiciously observes in his preface, "accuracy in this branch is an all-important requisite for success in treatment"; and therefore he has, "in each case, not merely described the signs and symptoms by which the injury or disease under consideration may be recognised, but has been careful—even at the risk of repetition—to point out the several conditions with which it may be confounded, and the means of distinguishing it from each of them".

Both authors, distinguished as they are among operating surgeons, have some very judicious remarks on the subject of operations. Mr. Erichsen, throughout the book, takes care to point out when operation is not advisable or likely to succeed; and, in the opening sentences of his first chapter, entitled "General Considerations on Operations", assuming apparently that the necessity for and advisability of operation has been established, he says:

"Manual dexterity is necessarily of the first advantage to a surgeon, and he should diligently endeavour to acquire the art of using his instruments with neatness, with rapidity, and with certainty: but manual dexterity must not be mistaken for professional skill; and, desirable as it doubtless may be to be able to remove a limb, or to cut out a stone, in so many seconds; important, in a word, as it is to become a dexterous operator, it is of still far greater importance to become a successful Surgeon. The object of every operation is the removal of disease that either threatens life, or interferes with the comfort and utility of existence; and the more certainly a surgeon can accomplish this object, the better will he do his duty to his patients, and the more successful will he be in his practice. . . . . The Diagnosis of the nature of the local disease, and of the extent of its connections, has to be made; lurking visceral affections must be detected, and, if possible, removed. The Constitution of the patient must be prepared; the best time for the performance of the operation seized; and, after its completion, the general health must be attended to in such a way as shall best carry the patient through the difficulties he has to encounter, and any sequelæ or complications that arise must be met by, and must be subjected to, appropriate treatment. . . . . It is well known that the result of operations differs much in the practice of different surgeons of acknowledged dexterity; and this variation in the proportionate number of recoveries cannot be accounted for by any difference in the degree of manual skill displayed in the operation itself, but must rather be sought in the greater attention that is paid by some surgeons to the constitutional treatment of their patients before and after the operation, and to their more perfect acquaintance with the general science and practice of surgery. Indeed, success in operative surgery depends greatly upon the selection of proper cases. The practice of operating in notoriously hopeless cases, with the view of giving the patient what is called a last chance, is much to be deprecated, and should never be followed. It is by operating under such circumstances, especially in cancerous diseases, that much discredit has resulted to surgery; for in a great number of instances the patient's death is hastened by the procedure, which, instead of giving him a last chance, only causes him to be despatched sooner than would otherwise have happened."

Mr. Miller, too, treating of the same subject, writes as follows:

"Perhaps a more common, and still more serious error" (than that of believing that rapidity of operation is specially to be aimed at), "is the imagining that operations constitute the greater and more important part of practical surgery. The student is very apt to be led away by the more garish and imposing part of his profession, to the neglect of that which is in truth by much the more valuable; and he may also forget that, in after life, he will be only occasionally called on to perform the greater operations, while daily he must exert his general knowledge and skill, as well as his minor handicraft, to avert the necessity for the knife's employment. . . . . It is surely a higher exercise of a better skill, and both the means and the result will prove infinitely more creditable and satisfactory, if, by the internal use of simple remedies, and suitable attention to hygiene, the disease" (such as diseased joint, or stone in the bladder) "shall be in its very origin frustrated, pain and danger dispelled, and health and comfort restored, all without the infliction of a scratch, or the loss of one drop of blood. . . . . The advance of surgery will ever be found characterised by a corresponding decrease of its operations, both in amount and in severity. The true object of our mission is not to cut, but to cure."

Before concluding, we must notice one fact which may be regarded as a compliment to British surgery; viz., that, since its first appearance, Mr. Erichsen's volume has passed through several editions in America, has been recently translated into German, and is now, he states in his preface, "in the hands of a French editor".

As we have already intimated, we forbear to express any absolute opinion on the relative merits of the two books. For our own part, we prefer Mr. Erichsen's—on account of its greater fulness, and probably, in part, from its having been, in past years, most familiar to us. With either, however, as a book for study and reference, we should be well content, and should only desire access to the other as a means of enlarging our information on certain special points.

Female Doctors on Horseback. An American paper states: Miss Dr. Harriet N. Austin, of New York, has come out in favour of ladies riding on horseback astride. The present style of riding, she says, is unsafe, ungraceful, unhealthy, and unnatural. Dr. J. C. Jackson, in his work on consumption, takes the same view. He says that the present style in which ladies ride, when long continued, is productive of numerous diseases; but thinks that, if women could have dresses fitted for the purpose, and would ride astride as men do, horseback riding might not only be used as a means of occasional relief from the monotony of life, but might be elevated into a national characteristic.

British Medical Journal.

SATURDAY, APRIL 30th, 1864.

MEDICAL EDUCATION: PROPOSALS FOR AN IMPROVED METHOD.

We have stated, in our recent numbers, what we consider to be the duties and powers of the Medical Council under the Medical Act; and we have pointed out the direction, although not the precise mode, in which those powers, in our opinion, might be most advantageously exercised. We have also drawn attention to the necessity for some uniform plan of education for the medical student, as manifested in the great diversity of subjects taught, and the varying number of lectures given on each, in the several medical schools of this metropolis; and we arrived at the unavoidable conclusion that the Medical Council ought to interfere, and at once.

We now purpose to offer some suggestions towards effecting that which we consider would be an improved system of medical education; and we hope to elicit, also, the opinions of others more experienced than ourselves in the matter of medical tuition.

In the first place, we consider it desirable for the guidance of the student, not only that a minimum be fixed both as regards the time to be devoted to, and the subjects to be comprised in, his professional education, but that there should be also some general agreement as to the order in which such subjects should be studied, and the methods by which a knowledge of them can best be acquired.

As regards *the time to be devoted to professional studies*, we think that four academic years should be the minimum, each year to consist of a winter session of five months, commencing in November, and a summer session of three months. The commencement of professional study should be understood to be the time of commencing professional studies at a medical school. And here we beg leave to express our dissent from a proposal which has been made to divide the academic year into two equal sessions of four months each; an arrangement which would needlessly curtail the time for dissection, which can only be carried on during the colder period of the year.

As regards *the subjects of professional study*, we would divide them into such as are especially *preparatory*—namely, Anatomy, Physiology, Chemistry, and Materia Medica; and those which may be termed *final* subjects of study, or which teach the student the actual practice of his art—namely, Medicine, Surgery, and Midwifery. To the former, he should devote his first two years; and to the latter, another two years—thus completing four years, at least, of professional study. Botany, we are of opinion, should be included in general education; and Forensic Medicine should not be made the subject of a separate course of lectures. Our reason is this. Forensic Medicine is a special department of practice, and exercised by very few; whereas a plan of education should be adapted, not for the few, but for the many. If it be objected that a knowledge of this subject is required by every medical practitioner to aid in the detection of poisoning, or other criminal attempts, our answer is, that the knowledge which he must otherwise acquire of Chemistry, Surgery, Midwifery, and Morbid Anatomy, will or might be sufficient for that purpose.

Such being our views as to the time to be employed in professional study, and the subjects to be studied, dividing them into "preparatory" and "final"; let us state the number of examinations which the student should, in our opinion, be required to pass. In addition to regular class examinations, which we consider to be of primary importance both to teacher and pupil, as a means whereby the student's knowledge and progress may be ascertained, we think that every candidate for a qualification to practise should be required to pass at least two public professional examinations: one to be undergone after two years, and the other after four years of professional study. Should, however, any student fail to pass his first examination, he should not be permitted to present himself again for examination until after the expiration of an additional six months of study; nor should he be allowed to enter on the study of Medicine, Surgery, or Midwifery, until his first examination has been passed.

We are met here by the serious inconveniences which result from the existence of examining boards having different standards of a sufficient professional education, as tested by their examinations; and, although this is not publicly stated, the fact is sufficiently well known to students, who not unfrequently avail themselves of the greater facilities offered for passing an examination by one corporation, when disappointed in their hopes at some other, where higher attainments are required. This state of things is much to be deplored; but we trust that the corporations themselves, even without a suggestion from the Medical Council, will, before long, perceive that it is to their own interest, as well as to the students' advantage, to avail themselves of the power given in Section xix of the Medical Act, "to unite and cooperate in conducting the examinations required for qualifications to be registered under this Act."

Another evil of no little importance in reference to the safety of the public, connected with this subject of examinations, is this. Each of the three great licensing medical corporations in London, the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries, has a differently constituted board of examiners; and the Pass Examination of each differs greatly in respect to the subjects it comprises.

At the College of Physicians, the final or Pass Examination comprises the Principles and Practice of Medicine, Surgery, and Midwifery; the Examiners on Medicine and Midwifery being chosen from the Fellows of the College, and the Examiners on Surgery from the Fellows of the College of Surgeons. It may, therefore, be inferred that candidates for the License are sufficiently tested on each of these departments of practice.

At the College of Surgeons, the final or Pass Examination comprises Pathology, Surgery, and Surgical Anatomy; the Examiners being Fellows of the College. Neither Medicine nor Midwifery forms part of the Examination for the Diploma of Member; but there is a separate Examination for a qualification to practise Midwifery; two Fellows of the College of Physicians forming part of the Examining Board. This Examination is not, however, compulsory on the candidate for the Diploma of Member.

At the Society of Apothecaries, the final or Pass Examination comprises the Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology; the Examiners possessing, for the most part, the Diploma of Member of the College of Surgeons and the License to practise as an Apothecary; four of the twelve Examiners being Members of the London College of Physicians. Surgery, be it observed, forms professedly no part of the Examination for the License to practise as an Apothecary.

Here, then, we have three Corporations, the Licentiates of each being submitted to very different examinations as regards the subjects comprised in them, understood legally to possess very different privileges of practice, "according to their qualification or qualifications," yet practising, without let or hindrance, Medicine, Surgery, and Midwifery, at their discretion, although their sufficiency on certain of these subjects may not have been, as we have shewn, in the least degree tested. *It is well known that hundreds of Members of the College of Surgeons, who have never been examined as to their proficiency in Medicine or Midwifery, are, notwithstanding, engaged in such practice. Numbers, who have no other qualification than the License of the Apothecaries' Society, are practising Surgery, although this forms no part of the examination to which they have been subjected.* Such dangerous irregularities surely ought not to be allowed. Some measures should be taken to provide that those who practise these three branches of physic should be sufficiently tested on each; and that the public should be protected against the ill consequences which cannot fail to arise from such a state of things.

Before we offer any remarks on the order in which the subjects of professional education should be studied, and on the methods by which we consider that a knowledge of them can best be acquired, let us draw attention to what, in our opinion, would be a great advantage to the student, if the division of subjects into "preparatory" and "final", each occupying a period of two years, were adopted. It must be apparent that Anatomy and Chemistry can only be successfully studied in those schools which are provided with the necessary dissecting-rooms and a suitable laboratory; in those schools, in fact, whether London or provincial, at present "recognised" by the examining bodies. The first two years of professional study would, therefore, still have to be passed at one or other of these schools. Such is by no means, however, a necessity as regards the two years to be devoted to the final subjects of study; these subjects can be studied as well —nay, probably better—at some sufficiently large institution for the sick, to which no so-called school is attached; for the number of students attending the physician or surgeon during his visit to the patients in a hospital with which a school is connected, precludes of necessity a great majority from any participation in the practical instruction given at such times; so that the facilities for acquiring this the most essential, because the most practical, part of a student's knowledge of his "final" subjects of study, are less at such hospitals, although the opportunities afforded him for learning his "preparatory" subjects are greater.

Why should not the student be permitted to enter at these schools for his first two years only, leaving him free, after having passed his first examination, to select the institution, either in London or in the provinces, in which to study Medicine, Surgery, and Midwifery, provided always, that the institution chosen offer sufficient opportunities for this purpose? Why should his experience be derived from one institution only? Why should so many of our country hospitals and infirmaries, places in every way well adapted for studying Medicine and Surgery, be useless in this respect, solely because they have no so-called school attached? There are many institutions in the large towns of this country receiving annually hundreds of patients, attended by physicians and surgeons both competent and willing to aid in the practical instruction of students on these subjects. Opportunities for acquiring a practical knowledge of Midwifery, under the direction and advice of experienced members of the profession, are quite as favourable in large provincial towns as in London. Any arrangement of the kind now suggested would, we are aware, tend to diminish the emoluments of London lecturers and teachers; but is it right, is it reputable, that a system recognised as faulty, and capable of improvement, should be suffered to continue on that account?

Having thus fully expressed our views on the chief points relating to the time and subjects of study, and having pointed out some of the advantages of the changes we suggest, let us proceed to offer, with all deference, our opinions on *the methods by which a knowledge of the subjects of study can best be acquired.*

Anatomy is divided by teachers into six species or varieties; namely, Anatomy, descriptive and surgical; physiological and general; comparative; histological and minute; morbid; pathological: and these are taught by separate courses of lectures. We do not question the accuracy of this subdivision in a scientific point of view; but we consider it an unnecessary and inconvenient arrangement for the student. Comparative and Histological or Minute Anatomy should form part of the lectures on Physiology; and Morbid and Pathological Anatomy should be included in the teaching of Medicine and Surgery. Anatomy, moreover, should be learnt, not taught. It is in the dissecting-room only that a real knowledge of this subject can be acquired; it is best learnt by demonstrations, and the student ought to demonstrate for himself. Official "demonstrators" may be appointed; but their duty should be to direct the student in his work; to explain away difficulties as they arise; to examine him from time to time; and to ascertain that he is learning as he ought. Knowledge would be thus gained practically; and it would make a deep and lasting impression on the mind. This would make a clean sweep of nearly a hundred lectures at once; and time now occupied by these would be at the student's disposal for other purposes.

Physiology must, of necessity, be in part taught by lectures; they should not, however, in our opinion, be more than two a week. They should be explanatory of general principles rather than of minute details; and be supplemented by frequent class examinations. These lectures should, as we have said, include also just so much of Comparative and Histological or Minute Anatomy as may be essential for teaching the functions of the several organs of the body.

Chemistry is now divided and taught as Chemistry proper, practical, and experimental. We would suggest that the student should learn Chemistry in the laboratory, and not in the lecture-room. It must be remembered that chemistry is not to be the occupation of his life; and, although we admit that he may study with advantage the physical forces as explanatory of chemical changes and as bearing on vital actions, one lecture a week on this subject would, we think, be amply sufficient. On this subject, also, class examinations should be held.

Materia Medica lectures we hold to be of very doubtful advantage. As regards the general appearances and physical characters of drugs, these can be learnt by an examination of specimens which the museum of the school ought to contain. A knowledge of their chemical composition affords very little aid in determining their medicinal action; and as to their uses and effects, these surely are better learnt at the bedside of the patient. We discountenance, therefore, a separate course of lectures on this subject; and we have less compunction in doing so, because the study of practical pharmacy will afford the student better opportunity of familiarising himself with the characters of drugs; and the class examinations on Medicine and Surgery will test his knowledge of their uses and effect.

Such are the subjects which should occupy the student's first two years of study. Anatomy must, of necessity, be learnt during the winter. Physiology should be taught during the summer; and Chemistry and Materia Medica may be studied at any period of the year.

The suggestions now made neither necessitate the discontinuance of those courses of lectures at present given, nor a diminution in the number of lectures. Teachers who are enamoured of the employment may pursue their favourite pastime; but attendance on lectures by the student ought to be voluntary, and not compulsory. And this rule would determine, we imagine, the question of their continuance, or the contrary.

Under the present system, not fewer than eleven lectures in each week are to be attended by the student during the six months of the winter session, and nine in each week during the three months of the summer session; amounting, in the aggregate, to about eight hundred and sixty lectures during the first two years of his professional study. This number would be reduced by the plan we have proposed to about one hundred and sixty lectures during the same period; and we believe that the student would obtain more useful knowledge, take more pleasure in its acquisition, and have more time to spare. This time, however, saved by a better system, may be applied with advantage in many ways. The student should attend every operation; and a portion of every week day should be set apart for hospital attendance. Not that it is intended he should commence systematically to learn diseases, medical or surgical, at this early period of his career; but there is much more to be learnt in the wards of a hospital than is implied in the word disease. The habit of observing, comparing, reflecting, reasoning, comes only by degrees; and there is no better place for acquiring this habit than that now mentioned.

After the student has passed his first examination, he ought, as we have stated, to be free to choose whether he will continue his studies at the school where they were commenced, or pursue them at some institution where a knowledge of the *Practice of Medicine, Surgery, and Midwifery* can be acquired. The instruction given by the physicians and surgeons of such institutions should be entirely clinical. Diseases, being objective in their nature, are better studied and understood when seen than when described. Three hours of lectures a week on *Medicine* and three on *Surgery* are, to our minds, so much time lost. If lectures relating to these subjects be given, they should have reference to the causes and means of prevention, and not to the signs and symptoms, of diseases. The teaching of *Pathological Anatomy* naturally forms a part of the teaching of medicine and surgery; and, in addition to diseases being made the subjects of clinical study and teaching during life, fatal cases should be made the subject of a short explanatory lecture, illustrated by the diseased organs or tissues, and other specimens or drawings. These demonstrations would teach the student the consequences of disease; and he would thus more certainly learn both morbid anatomy and pathology. The division of *Surgery* into *Aural*, *Dental*, *Ophthalmic*, etc., may be convenient for grouping together diseases of the same parts, and for clinical teaching; but courses of lectures on each of these parts of surgery cannot be needed, for very few students become specialists; and, as we have already said, a plan of education should be adapted, not for the few, but for the many.

Would such a system as that now proposed, it may be asked, secure to the student a sufficient knowledge of all those subjects which ought to form part of his professional education? We answer unhesitatingly, in our opinion, certainly. His study would be practical and real. There would be more learning, and less teaching; more education, and less sham; more time for reading, for observation, and for thought.

In the remarks we have now made, we have not hesitated to criticise freely, but we trust fairly, the system of education as at present followed in the schools. We may be charged with ignorance and presumption in speaking thus of a system approved by the medical corporations and by custom; but we know how slowly and how unwillingly corporate bodies originate or even accept reforms, and how custom at last assumes the force of law. We deliberately, therefore, risk such accusations as may be brought against us, convinced that the present system of medical education is not only faulty, but capable of improvement; and that if the Medical Council will exercise its moral influence, and, if necessary, its legal powers, the medical corporations will lend their powerful aid also towards effecting such improvement; and we may then hope to see a system of medical education worthy of the name—a system which will tend both to the interest of the public and to the honour and respectability of the profession.

MORTALITY IN THE VIENNA LYING-IN HOSPITAL.

Professor Spaeth of Vienna has given a sketch of the Lying-in Hospital at Vienna from 1784 to 1863. The hospital was established by Joseph II, in 1784. From 1784 to 1822, it was under the direction of Simon Zeller and J. L. Boër. The number of births during that period were 71,395, and the number of deaths 897; the mortality being about 1.25 per cent. The epidemics during this period of thirty-seven years were not severe. From 1822 to 1833—the time when the second clinical lying-in department was established—32,336 women were delivered; and of these 1714 died, being a mortality of 5.30 per cent. During these eleven years, epidemics were almost constantly present. From 1833 to 1839, Klein and Bartsch directed the hospital; and during this period there were in the first clinique, 12,253 births and 902 deaths, and in the second clinique 9353 births and 620 deaths; consequently, the mortality of women was 7.36 and 6.62 per cent. Puerperal diseases were almost constantly present; but were most fatal in the year 1836-37. During the next period, 1839 to 1847, the management of the two cliniques was altered, the physicians having exclusive charge of the first clinique, and the second clinique being chiefly under the management of midwives. The effect of this change was well marked. The mortality in the second clinique diminished; of 21,155 women confined, 810, or 3.82 per cent., died; whilst under the fearful epidemic of 1842-43, the mortality in the first clinique increased to a terrible height, 2482, or 10.14 per cent., dying, out of 24,455 confined. The greatest mortality occurred in December 1842, reaching, in fact, to 31.3 per cent. In 1847, Dr. Semmelweiss called attention to the origin of puerperal diseases, through infection from decomposed animal matters, and took measures for furthering cleanliness; ordering all students to wash their hand in chlorine water before attending the women. Hereupon, the mortality rapidly diminished; and up to 1849 (when Semmelweiss gave up the direction), of 6589, only 142 died, or 2.15 per cent. At the same time, in the second clinique, the mortality was also low. From this time up to 1864, the mortality has never been so great as in former times; although the hospital has been visited by severe epidemics. In 1854 and 1855, there was a mortality of 9.1 per cent. and 5.4 per cent. in the two cliniques. The last epidemic occurred in the winter of 1861-62, and produced a mortality of 7.7 and 10 per cent.

Professor Spaeth discusses the cause of these visitations. They cannot, he says, be cosmical or telluric; because outside the hospital, in the neighbourhood, no such mortality has occurred. Neither does it appear that these visitations had any connexion with epidemics of typhus, scarlatina, measles, etc.; for it often happened that, when these diseases were raging, the Lying-in Hospital was in a healthy condition. Nor does it appear that cold has any direct influence on the health of puerperal women; and if these diseases are more common in winter, the cause is to be ascribed to the want of opening the windows. For these and other reasons, the Professor is convinced that the cause of puerperal epidemics lies in the hospital itself, and that its influence is exerted either during labour or within an hour after its completion. The chief, and probably the sole, agent of puerperal fever is decomposing animal matter, whether arising in the hospital or brought into it from without. The cure for the evil is, therefore, evident; great cleanliness, good ventilation, and separation of the sick from the sound. Semmelweiss was too exclusive in considering that the puerperal fever was caused solely by the infected fingers of the dissecting student.

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An esteemed correspondent's arguments on education rest on a series of suppositions, which, we believe, are quite fallacious. True, the courses of medical lectures in Germany are very extensive; but, unless we are mistaken, the ordinary run of German medical men is inferior to the British medical man as an educated practitioner in medicine. If scientific medicine be more advanced in Germany than in Great Britain, the reason is this, that in Germany the government so arranges the scientific chairs as to make it worth a man's while to devote himself to science. The competition of the schools here, as a rule, prevents a man from giving himself up to the illustration and scientific investigation of any one special subject. In this country, and especially in London, men give lectures in order to get (indirectly, of course) private practice, not to advance the study of science. Lecturers here keep an eye ever on the main chance. Can three medical lecturers in London be named who are not lecturing with the view of private practice in their eye? Dr. Beale has fallen into the same error with some of Mr. Syme's indiscriminating critics; viz., that because we have endeavoured to get scientific study put into its proper place, and administered in the right form and at the proper moment, therefore we are enemies to scientific medical study. Our critics seem to forget that a child must learn to walk before he can run; and that just so must the student learn the A B C of medical knowledge before he can dabble successfully in the unknown X Y Z of scientific medical researches. A wise teacher takes his pupil gradually upwards from the simple to the compound. What we complain of is, that students are sometimes crammed not only with the compound, but the supradecompound, before they have yet mastered the simple terms of their business. There surely must be some limit to the powers of a student's mental digestion; and what we want to get at is, the fitting amount and the proper quality of nutritive matter adapted to them in his pupil state. Dr. Beale seems to think there is no limit to the voracity and capacity of the student. The quantity which must be forced down him is, he says, ever more and more; his appetite for science must be like that increase of love "which grows by what it feeds on". Examinations are more diffuse and extensive, and *therefore* more diffuse and extensive must be the student's powers of answering questions. Instead of indulging in prophetic and possibly wrong assurances of what may happen if all our suggestions were carried out, why does not so well known and capable a teacher as Dr. Beale lay down for us some kind of education course which he considers fitting for the student? We should prefer his opinion down in black and white on these particulars, to all the many generalities of assumption and assertion of which he treats, and which may be right, or may be wrong.

The Manchester Medico-Ethical Association has issued its Sixteenth Annual Report. We are glad to find so laudable a society lives and flourishes. It cannot fail to be an useful beacon in the midst of the professional ethical immorality which we see going on amongst us. The report tells us that "no town in England has fewer medical squabbles than Manchester"; and, naturally enough, the reporter attributes the fact to the existence of the Association. The Association also at its meetings discusses most important questions affecting the practice of medicine. Its manifest tendency, therefore, is to discourage quackery and to advance the social position of the profession. May its efforts not be without their due reward.

Dr. Radford, Honorary Consulting Physician to St. Mary's Hospital, Manchester, a veteran still energetic in the furtherance of medical knowledge, is endeavouring to gain for his town the benefits of a reception-house or hospital for the treatment of the contagious diseases of children. If he accomplish his object, he will leave behind him the memorial of another great good done by him to the society in which he lives. We need hardly speak to medical men of the advantages of such an institution in a large and densely populated town. The removal of a child attacked with scarlet fever from the crowded room in which it lies sick, may prevent the spread of the disease through the whole family, and through the district in which the family lives; it may, in truth, be the means of saving the life of the parent, and consequently of preventing all his family from being pauperised. If society were wise, it would quickly see that its pecuniary interests are, in this case, intimately bound up with its moral obligations. To heal the sick—to take charge of children affected with contagious diseases—is manifestly, in numerous instances, to save the father's life, and so to prevent his widow and children becoming a burthen on the ratepayer. On the low ground, therefore, of self-interest, the erection of such hospitals is most desirable. We sincerely trust that Dr. Radford's efforts will be successful; and that his success may produce many imitators.

SINCE last week, Garibaldi has himself declared that his prime object in coming to England was to "thank the people". It must have been clear to himself and to every one else that there was nothing either for medicine or surgery to do in reference to his leg. This visit, therefore, in its medical aspect, has been simply a pretence. We do not for a moment accuse the high and simple-minded hero of being any party thereto; but, as many persons imagine, he has been made use of by others—has been what the French call *exploité*—in the business. If all we have heard be true in reference to the offers made, directly and indirectly, by various medical men, of their services (uncalled for and unnecessary) to Garibaldi, our profession will not shine overmuch in the General's eyes, or in the eyes of any of those whose guest he has been. We ask the question again: What was there for surgery to do in his case? What single thing has surgery actually done for Garibaldi since he came to England? Common sense must have convinced all reasonable men that Garibaldi's proposed "progress" through England would have been simply ridiculous; and that his cup of honour was filled to overflowing in London. But we are sorry to say that we believe there are very few people in the country who are convinced that his state of health unfitted him for going through the anticipated fatigue. As we last week said, English surgery has not been happy in its dealings with Garibaldi. We cannot but feel that Garibaldi has been made use of by the profession, rather than the profession by Garibaldi.

THE army authorities have been advertising during the past week for contracts for lemon-juice, knives and forks, blacking, groceries, rape and other oils, and tin mess-cans; and this week they advertise for doctors to do "temporary service". Any gentleman qualified to practise medicine and surgery under the Medical Act may apply (if he like) to the Director-General—"army assistant-surgeons being required." Pay to be at the rate of ten shillings per day, and allowances equal to those of a staff assistant-surgeon. No one over forty years of age need apply. We have only space this week to make this remark upon the advertisement: that any gentleman who accepts office under the above terms will assist the Director-General in seriously injuring the position of the army medical officers, and will also aid in dragging down his profession one degree lower than it at present occupies in the social scale. We shall take an early opportunity of asking who are they who represent our profession at head quarters, and under whose management it is that things have been brought to such a pass as this?

THE position so often assumed in this JOURNAL, that the King and Queen's College of Physicians of Ireland had no right to grant the degree or title of Doctor of Medicine, has received its full justification in the judgment of the Master of the Rolls. On the 26th instant, his Honour decided that the College had no right to grant the degree of M.D.

KING'S COLLEGE has at last determined—taught by experience and the necessity of the case—to act wisely; viz., to elect its assistant-physicians and assistant-surgeons for life, instead, as of late, for a short term of years.

OUR Medical Council has decided to admit reporters to its sittings. We, therefore, give a summary of the debates and doings of that body up to the time of going to press. The first day's meeting was occupied in deciding the question of the admission of reporters. The profession will, no doubt, reap occasional amusement, if not advantage, from a perusal of the Council's discussions. It certainly has a right to expect something for its money. As each day's sitting costs the profession about £120, and as more than one sitting has been devoted, at different times, to the settlement of the reporting question, we may safely say, that the decision has cost us at least £250. We hope it will turn out that we have not bought the article of publicity at too heavy a cost in the present instance. We trust that we shall be pardoned for taking occasionally a mercantile view of the Council's labours; but it is certainly well to remind our "Friends in Council" that their minutes are golden ones. Eleven or twelve shillings is, we believe, the cost of every minute spent in Council—a fact which will, we trust, not be lost upon the speakers there.

IF Miss Garrett fail in her application to the College of Physicians, she can, it appears from the following, obtain a degree on the other side of the Atlantic:

"*A Female Medical College.* The Legislature of the State of New York has passed an Act authorising the New York Infirmary for Women to confer the degree of M.D. This institution is under the charge of Miss Blackwell. The New York Infirmary has thus far done nothing in education except to train nurses. It is now the purpose to organise a systematic course of medical instruction, and give diplomas. The course of instruction will be the same as in other colleges. The faculty is not yet chosen, but it is designed to select the lecturers from the best class in the profession."

A very remarkable fact was mentioned in the House of Commons by Major O'Reilly, when treating of the comparative expenses of the French and English armies. He showed that, as a rule, the expenditure per soldier in the French army was greatly less—on an average, about one-half less—than in the English army. But he found that, in one particular item, the expenditure in both armies was about equal; and that was in the medical department. Have we not here a clue to the notorious discontent existing in this department in our army? Does it not indicate that niggardness and cutting down go on in this department in a way unknown in other departments.

"Regimental pay and allowances for food cost in England £41:15 per man, and in France £20. The French soldier was as well clothed as the English; but, while the cost of the former was only £2:2:6, the latter cost £4:6. Martial law in England cost 6*s.* per man, and in France only 2*s.* 6*d.* Stores cost in the French army £1:10 per man, in the English army about £8:10. Small arms in England cost £1:6, and in France 7*s.* 2*d.*; gunpowder, £1:8 and 16*s.* French military education was quite equal to ours; and yet the cost there was 6*s.*, as against £1:4 here."

A long list of this kind is given; and in all items the marked difference prevails, except in the one referred to.

"But the cost of medical attendance was more nearly alike, being £1:16 in the English army, and £1:10 in the French."

Perhaps some of our army brethren can give us an explanation of what seems to us a very remarkable fact, when tried by the light of the universal discontent prevailing in the medical department of the army.

We recommend the following extract from a leading article of the *Times*, to the consideration of those many medical gentlemen who are busy in supplying the working classes with medical advice gratis. The statement of the *Times* is one which we have repeated again and again. Perhaps, from the mouth of the great popular expounder, it may receive the attention it deserves.

"But one thing is certain. The working classes of this metropolis spend in stimulants of one sort or another, not only to recruit their strength, but to enliven the idle hour, an immense aggregate, sufficient to maintain on the voluntary principle all the institutions for religion, for education, *for charity*, for the promotion of art and science, and even for more costly material improvements, in this metropolis."

From the last report of the Cotswold Village Hospital, we learn that thirty-eight patients were treated in it during the past year. And that of £96 received during the year, £23 were paid by the patients. Amongst the items of expenditure, we note no charge for medicines. The whole expenses of the establishment for the year were £97. Again, we must ask, why should the medical officer do all this business of society without pay? We see his name amongst the list of subscribers. Why should he, after performing his duty as a generous member of society, also do the work of society?

Mr. Gamgee of Birmingham, on the 20th instant, presented to the Academy of Medicine an account of a case of operation for ovariotomy which he had performed a few days before at Paris. He also presented the multilocular cyst which he had extracted.

Professor Bœckel of Strasburg relates a case of thyroidean laryngotomy, which he lately performed, in order to remove a number of polypoid vegetations situated behind in the glottis in a young girl. He turned back the pieces of the thyroid cartilages, "like opening a book", and in this way readily removed them. The wound was cauterised with nitrate of mercury. The tissues slowly healed; and the young girl was sent back to the country "perfectly cured", to all appearance; the fits of suffocation to which she had been previously subject having entirely vanished. Her voice, however, was completely gone. Some time after this, she died of a disease of which M. Bœckel could get no account. By this method of operating, the polypous growths may be wholly removed and destroyed, he said. "Of course, thereby the voice is destroyed; but better to lose the voice than life."

Professor Tardieu, in his medico-legal report on the famous case of M. Armand, says that the only signs of injury found on the man Roux, three hours after he was discovered, were the deep burns which had been made on his arms and the calves of his legs, "to bring him back to life". He was conveyed to the hospital, to be cured of these burns; and there the wounds became inflamed, so that for a time his life was in danger.

Rooms are to be established in all the Parisian hospitals, wherein the patients who are not confined to bed can meet and talk and amuse themselves—an example well worthy of being followed in our own hospitals.

New Cure for Small-Pox. Dr. Lord of New York, whether in jest or earnest we know not, writes as follows: "In connection with the use of sarracenia purpurea in variola, I would call attention to a statement, that a great discovery is reported to have been recently made by a surgeon in the English army in China, in the way of an effectual cure for small-pox. The mode of treatment is as follows. When the fever is at its height, and just before the eruption appears, the chest is rubbed with croton oil and tartar emetic ointment. This causes the whole of the eruption to appear on that part of the body, to the relief of the rest. It also secures a full and complete eruption, and thus prevents the disease from attacking the internal organs. This is said to be now the established mode of treatment in the English army in China, by general orders, and is regarded as a perfect cure."

The Medical Council.

REPORT OF PROCEEDINGS, April 1864.

The Medical Council commenced its session for the present year on Monday last.

Monday, April 25.

G. Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Committees. The following committees were appointed.

Business Committee—Dr. Andrew Wood (chairman); Dr. Embleton; Dr. Corrigan; and Mr. Rumsey.

Finance Committee—Dr. Sharpey (chairman); Mr. Arnott; Dr. Fleming; Dr. Aquilla Smith; and Dr. Quain.

Committee on Returns received from the Bodies in Schedule A—Dr. Embleton (chairman); Mr. Cooper; Dr. Thomson; Dr. Leet; Dr. Apjohn; and Dr. Stokes.

Admission of Reporters. Dr. Andrew Wood moved, and Dr. Alexander Wood seconded:

"That reporters be admitted to the meetings of the General Medical Council."

To this an amendment was moved by Dr. Acland, and seconded by Dr. Christison:

"That a committee be appointed to consider, and to report to the present meeting, the advantages and the disadvantages to the business of the Council which may arise from the admission of reporters; and to suggest the various ways in which (should the Council resolve to introduce them) they might be admitted to the Council, Branch Councils, or Committees."

Dr. Thomson moved, and Mr. Cooper seconded a second amendment:

"That the Council deem it expedient and desirable that their proceedings should be published, and that a Committee be forthwith appointed to consider and report upon the best means of accomplishing this object."

The second amendment was put to the vote, and the numbers were found to be equal for and against it. The President then gave his casting vote in favour of the amendment.

The following members of Council were appointed a Committee to consider and report as to the best mode of publishing the proceedings of the Council: Dr. Thomson (chairman); Mr. Cooper; Dr. Storrar; Dr. Alexander Wood; Dr. Apjohn; Dr. Corrigan; Mr. Rumsey; and Dr. Stokes. On the motion of Dr. Alexander Wood, seconded by Dr. Stokes, it was resolved that the above-named Committee "be requested to report to-morrow" (Tuesday); "and that the consideration of that report take precedence of all other business."

Standing Orders. Dr. Quain moved, Dr. Andrew Wood seconded, and it was resolved,

"That a Committee be appointed to revise the standing orders"; the Committee to consist of Dr. Christison (chairman); Dr. Storrar; Dr. Alexander Wood; Dr. Corrigan; and Dr. Quain.

Tuesday, April 26.

George Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Publication of Proceedings. Dr. Thomson presented the following Report from the Committee appointed to consider the best means of publishing the proceedings of the Council.

"The Committee on Publication of the Proceedings of the Council met this day, and having considered the matter remitted to them by the Council, agreed, by a majority, to adopt the following resolutions, and directed the Chairman to lay these resolutions before the Council as the Report of the Committee.

"1. That reporters be admitted to the meetings of the Council.

"2. That a special reporter be engaged by the Council to prepare a report of the proceedings.

"3. That the Council reserve the power of withholding the privilege of admission to reporters, whenever the Council may think fit."

This Report, after discussion, was adopted; and the Business Committee, with the President and the Registrar, were appointed a Committee to carry it into effect.

Standing Orders. Dr. Christison presented the following Report of the Committee appointed to revise the standing orders.

"The Standing Orders Committee appointed, on the 25th instant, to revise the standing orders of the Council, report that they have for the present confined their attention to Articles 7, 8, 9, and 10 of Section III, 'Order of Business.' They recommend that these articles be repealed, and that the following be substituted:

"1. That the seconder of a motion may, if he please, reserve his speech.

"2. That if an amendment be proposed on a motion, the amendment shall be disposed of before any other amendment shall be moved.

"3. That such an amendment shall first be put to the vote; that if it be negatived, a second amendment may be moved, and shall be disposed of in the same way as the first amendment; and so on until no further amendment shall be proposed.

"4. That should every amendment be negatived, the original motion shall then be put to the vote.

"5. That if any amendment be carried, it shall then be put as a substantive motion, and treated, as to further amendments and the right of speaking on it, in all respects as an original motion."

The resolutions of the report were considered *seriatim*, and adopted.

Executive Committee. Mr. Arnott moved, Dr. Paget seconded, and it was resolved:

"That the number of members of the Executive Committee be confined to four, exclusive of the President."

And on the motion of Mr. Arnott, seconded by Mr. Syme, it was resolved:

"That the members of the Executive Committee shall be elected by ballot, by means of marked lists."

Certain claims of Messrs. Spottiswoode were referred to the Finance Committee to be reported on.

Wednesday, April 27th.

G. Burrows, M.D., President, in the Chair.

The minutes of the preceding meeting were read. When the motion for their confirmation was put,

Dr. Fleming suggested that the printed minutes of the Council be paged continuously, so as to afford facility of reference, and be more easily preserved and published.

Dr. A. Smith thought there would be a difficulty in paging the reports of the Branch Councils.

Dr. Paget suggested that the difficulty mentioned by Dr. Smith might be obviated by using different forms of numerals for the different Councils.

Dr. Sharpey said that, in another institution with which he was connected, the minutes of Council were regularly paged, and bound when a sufficient quantity had accumulated.

Dr. **Fleming** gave notice of a motion for the appointment of a Committee to consider the best mode of paging the reports.

The minutes were then confirmed.

The British Pharmacopœia. Dr. **Quain** said that the subject of the *British Pharmacopœia* must be referred to a Committee; and, as the discussion on medical education was likely to last several days, he asked leave to propose at once the following resolution, as a matter of form and of necessity.

"That a Committee be appointed to consider and report on the arrangements to be made for producing the next edition of the *British Pharmacopœia.*"

Mr. **Hargrave** seconded the motion, which was carried; and the following members of Committee were appointed: Dr. Christison (Chairman); Dr. Acland; Dr. Alderson; Dr. Apjohn; Dr. Aquilla Smith; and Dr. Quain.

Education of Medical Students. Dr. **Storrar** moved, Dr. **Sharpey** seconded, and it was resolved:

"That the Council do now resolve itself into a Committee on Education."

The Council accordingly resolved itself into such Committee; Dr. Burrows, by request, in the Chair.

Dr. **Storrar** moved:

"That the Committee proceed to consider one by one the recommendations of the Council, relating to General and Professional Education and Examination.

He said that, of all the matters submitted to the Council, none was more important than this. Five years ago (1859) he had brought forward the subject, and certain recommendations had been agreed on; and he thought it would not be improper to review the ground that had been gone over, and see what progress had been made. Some of the more sanguine among the members would doubtless be disappointed that more had not been done; while those who knew the difficulties of altering old courses might be of opinion that the Council should advance slowly, and would consider that as much had been done as could be expected. He thought that some good at least had been done, in bringing about the general recognition of the need of preliminary education and of practical examination. It would also be admitted that, if much progress had not been made, it was from want of consent on the part of the examining bodies to various of the regulations; some of the boards adopting certain recommendations, and being lax with regard to others; while other boards treated the same recommendations in the reverse manner. He felt that it was specially important to endeavour to ascertain where it might be practicable to give something in the hope of getting something. He then proceeded to recapitulate the circumstances under which the recommendations regarding education were called into existence. They sprang out of Sections XVIII and XX of the Medical Act. In the first meeting (1858), returns were called for from the examining boards; and in 1859, a Committee was appointed to examine their regulations in reference to Section XX of the Act. The duty of the Council was, if the regulations of the examining boards fell short of what was required, to report, as provided in Section XX, to the Privy Council. But here a difficulty arose. Suppose the Council came into contact with a body whose course of study was deficient, the latter might say, "Give us a standard, and we will fit our regulations to it." The Committee saw that, before they could act, they must establish a standard for the guidance of the Council, as well as to guide the examining bodies. On proceeding with their task, they perceived that not only was it necessary to surrender something to custom, but that advantage would be gained by allowing a certain latitude to the examining bodies. They therefore determined to express their standard in as general terms as possible, and drew up their recommendations under three heads: 1. General Education and Examination; 2. Professional Education; 3. Professional Examination. This being done, an objection was raised that there was no notice taken of persons proceeding to the higher degrees in medicine; but, on taking legal advice, it was found that the Council had no power in this matter. The recommendations thus drawn up were sent to all the examining bodies. He wished to lay stress on the word "recommendations", as not meaning absolute regulations or rules. All the authority that the Council possessed was that of representing the shortcomings of the examining bodies to the Privy Council; and such shortcomings they measured by the standard of their recommendations. It had appeared to him that it was desirable to consider whether any of the recommendations could be improved. They should be taken as a sort of catalogue of the various questions to be considered.

Mr. **Hargrave** seconded the motion.

Mr. **Syme** had understood that, if the recommendations were not complied with, the culpable body was liable to punishment. But it was well known that, in reference to one board which had rebelled, the Medical Council had determined to take no proceedings: and it was but last year that the Council came to the conclusion that the time for employing force had ceased, and that for the use of moral suasion had arrived. He therefore thought it useless to go into the consideration of the recommendations: both for the reason already given, and because it would cramp the discussion of the general question. The Medical Council should take a view of the whole subject, point out what was deficient, and suggest a remedy. He moved as an amendment:

"That the Committee do now proceed to consider the whole subject of Medical Education and Examination, with the view of preparing a report for the guidance of the licensing bodies."

Dr. **Andrew Wood** seconded the amendment. He would, however, not be thought to be one of those who would abandon the use of the Medical Council as a means of compulsion, and employ it only for the purpose of moral suasion. If moral suasion were an effective means of establishing efficiency and uniformity of qualification, then no Medical Council would be required. He thought that no one member of the Council was responsible for the defects of the Medical Act; which was only a compromise, and could only be regarded as a transition Act. He would read the education clauses of the Act in the light of the other Medical Bills which had been previously brought forward. If he understood the meaning of the Act, its object was to abolish special privileges and monopolies, and to put all practitioners on an equality, and to establish at the same time a means of ensuring a fair and just amount of medical education and examination. As to the objects of the educational clauses, they were, as regarded the public, the establishment of a safeguard against examining boards granting licenses to candidates who were not properly qualified; and, as regarded the licensing bodies themselves, the ensuring of a just and fair system to all, so as not to allow some to have a low standard to the prejudice of others. The Council had started by issuing recommendations on the subject of general education and examination, with the intention of enforcing them. The Royal College of Surgeons of Edinburgh (which Dr. Wood represented) had adopted them, not because they altogether approved them, but from a spirit of loyalty to the Council. But they found that other boards, such as the Royal College of Surgeons of England, acted differently; and they also found that, if they adopted these recommendations *pur et simple*, they would be placed at a great disadvantage. Hence the Edinburgh College of Surgeons resolved to follow what was right in their own eyes, and desisted from carrying out certain of the recommendations. He believed that if the Council had acted firmly, in regard to the College of Surgeons of England, and had carried the matter before the Privy Council, they would have found what their real powers were. If the Privy Council supported them, they could have enforced their powers; but if otherwise, they must either have submitted to act as a Council of moral suasion, or have gone to Parliament for increased powers. His object in seconding the amendment was to give an opportunity of considering the whole subject anew. Various remarks on medical education had been made outside the Council; and he thought this good, so far as these remarks had given a basis on which the Council might proceed. He thought it would be wrong that, while the question was being freely discussed outside, it should not be fully investigated in the Council. Let the matter be freely ventilated, and reconsidered next year; and then let the Council either use the powers given them by the Medical Act, or go to Parliament for a new Act.

Dr. STORRAR could not see any essential difference between the original resolution and the amendment.

Mr. ARNOTT was disposed to support Dr. Storrar's motion; as several new members had been added to the Council, and might lay new views before the meeting; and, in the lapse of time, several amendments in the recommendations might have suggested themselves to the older members. He objected to the remarks made by Dr. Andrew Wood in reference to the College of Surgeons of England, and thought that that body should not be singled out for condemnation. Dr. Wood had stated his aversion to compromises; but it was impossible to get on without them. He considered that the Council had been too stringent in the details of its recommendations, and that it should have confined itself more to the expression of principles. With regard to going before the Privy Council, he would ask whether that body would allow the Medical Council to override the systems followed in the Universities of Oxford and Cambridge. If the Council framed resolutions, and then endeavoured to obtain the sanction of the Privy Council to them, they would give the control of the examining boards into the hands of the Privy Council. He would ask the Medical Council to hesitate before dealing with the Privy Council. A *Pharmacopœia* had been formed, and the Medical Council had represented to the Privy Council that the Colleges of Physicians were willing to give up their former privileges: but the Privy Council addressed special letters to each of these bodies, and ascertained directly from each of them their readiness to give up its right of publishing a *Pharmacopœia*. If the Medical Council were to go to the Secretary of State nothing would be done, even if they were unanimous, in the way of gaining a bill granting compulsory powers. Those who were not bound by any previous opinion should reconsider the recommendations and frame a curriculum; and two years should elapse before adopting any further proceedings. The Council would be of service without having any despotic power; and they would get more power when they had shown themselves worthy of it.

Dr. ALEXANDER WOOD did not precisely agree either with Dr. Storrar's resolution or with Mr. Syme's amendment. If any thing was omitted in the recommendations, it would be missed by following Dr. Storrar's plan; while at the same time the discussion on medical education could not be entered on without some basis. If Mr. Syme's motion were carried, he would suggest that a committee be appointed to draw up a plan for discussion. He regretted that any one examining board should be dragged forward on account of not having complied with the recommendations of the Council; for few bodies had complied with them. With the present constitution of the Council, he thought it bound to carry out its requirements. He did not desire any strong powers; if the Council possessed the power of moral suasion, let it be used.

Mr. SYME would remind Mr. Arnott that the College of Surgeons had been mentioned, because it was the only body, of all those mentioned in Schedule A, that was notoriously accused of not following out the recommendations of the Council. He had no intention of specialising it.

Mr. ARNOTT believed that some imagined the College of Surgeons of England to have acted from a spirit of hostility to the Medical Council. It was not so; but the College considered that, by adopting the recommendations, an injustice would be inflicted on the candidates for its diploma.

Mr. HARGRAVE thought that the conduct of the College of Surgeons should not have been brought forward.

Dr. PAGET observed, in reference to Mr. Arnott's remarks concerning Oxford and Cambridge, that the practice of the University of Cambridge was in strict conformity with the recommendations of the Medical Council.

Dr. EMBLETON thought that some of the recommendations had become obsolete and required to be recast. He thought they could not be enforced on the examining boards. Each of these might be regarded as capable of drawing up regulations; and all that the Council could do was, to see that the regulations came up to a proper standard. If they did not do so, then the conduct of the body so rebelling should be laid before the Privy Council; but he thought that no board would place itself in such a position.

Dr. ACLAND said that much time and labour had been bestowed on the recommendations; and the attention given to the document had been such, that it ought not to be regarded as entirely useless and set aside. The late president of the Council, Mr. Green, a man of deep thought, and who had carefully studied the subject of education, had paid much attention to the framing of the recommendations. Even if Mr. Syme's motion were adopted, must not the present arrangement of the recommendations be ultimately adopted by any committee that might be appointed? It would certainly give much trouble, even if it were possible, to make a better arrangement. He could not imagine but that every member of the Council might have an opinion to express on the several clauses as they now existed. Again, some of the Council had been on it five years, and had done their best; and nothing would pain them more than that the code of recommendations, regarding which so much trouble had been taken, should be cast away, so that the Council should begin to consider the question *de novo*. He would remind the Council that it had never before been attempted in England to bring the regulations of the examining boards into shape; and he considered that it would much facilitate matters if the present recommendations were adopted as the basis of discussion.

After a few remarks from Dr. Sharpey, the votes were taken, when there appeared: For Mr. Syme's amendment, 5; against it, 16. The amendment was consequently lost; and Dr. Storrar's motion was then carried by a large majority, 17 voting in its favour.

Dr. STORRAR proposed, and Dr. SHARPEY seconded, "That the first recommendation; viz., 'That all students pass an examination in general education before they commence their professional studies', be adopted."

Dr. ACLAND would point out an inconvenience arising from the wording of the recommendation. He presumed the Council meant to say that students must pass the general examination before they commence the period of time to be allotted to professional studies. The subject had come under his notice at Oxford.

Dr. APJOHN asked how the recommendation would affect certain Bachelors of Arts of the Dublin University, who had commenced their medical studies before taking their degree.

Dr. ACLAND said that, at Oxford, a candidate had presented himself whom he could not admit to examination, because he had not complied with the statutes of the University, which required four years of professional study after the degree of B.A. had been taken. He believed that there were certain arrangements in the Universities and other boards that could not be brought into one shape. Nor was this necessary; for the object of the degree in Arts was not to give a title to a man, but to ensure his possession of a proper mental training before commencing his studies.

Dr. APJOHN said that another reason for not complying with the first recommendation, was the existence of the privilege possessed, under Act of Parliament, by the students of the School of Physic in Ireland, of being instructed in the University of Dublin.

After a few words from Dr. A. SMITH and Mr. ARNOTT,

Dr. STORRAR asked whether the students referred to by Dr. Apjohn were not ultimately intended to belong to some one of the examining bodies? If so, then care must be taken that a preliminary examination be passed by them before entering on their professional studies.

Mr. COOPER thought the recommendation thoroughly desirable, and one which should be followed.

Dr. ANDREW WOOD believed it to be one of the most important recommendations. It was not, however, originated by the Council; for the Apothecaries' Societies of London and of Ireland, and the College of Surgeons of Edinburgh, had insisted on preliminary general education. The latter body at first made it optional for the students to be examined in general education before commencing professional studies; but, when the day of examination came, instead of thirty, about one hundred and twenty presented themselves. The object of preliminary education was evidently not the mere proof of possession of knowledge, but the proof of proper training; and he believed that the recommendations of the Council had diminished the number of medical students, by debarring illiterate men from entering the profession. In Scotland, at least, it had also had an effect on the schools, by causing the education to be directed so as to enable youth to pass their preliminary examinations. Hence the Council, though it did not originate preliminary examination in general education, had already done good service. It could not be expected to make this rule stringent beyond a certain extent. In the Edinburgh College of Surgeons, with every desire to make the general examination preliminary, there was a difficulty. A young man might present himself for examination, and pass in four or five subjects, but fail in one. It would be a hardship to prevent him from beginning his professional study; and, therefore, the College gave him a certificate of having passed in certain subjects, admit him as a medical student, and require him to pass in the subject in which he was deficient before he entered on his second session. He suggested that Clause 15 of the recommendations (allowing exceptions to be made under certain circumstances) should be added to the first recommendation.

Dr. STORRAR objected to pointing out loop-holes to the examining boards. He agreed with Dr. Acland that the real value of the preliminary education lay in the mental training; and considered that, if the student were not qualified for passing the preliminary examination, he was not fit for the study of medicine. If, in the transition state of things, any of the boards thought fit to relax their regulations, they must do so on their own responsibility.

After some remarks from Dr. THOMSON, Dr. CHRISTISON, Mr. RUMSEY, Dr. LEET, Mr. HARGRAVE, Dr. ALEXANDER WOOD, and Dr. A. SMITH, in support of the resolution,

Dr. ACLAND proposed, as an amendment, and Dr. PAGET seconded:

"That all students pass an examination on subjects to be included under the head of General Education, prior to the date from which the commencement of their professional studies is to be reckoned."

The amendment being put to the vote, there appeared for it, 5; against it, 12. It was consequently lost.

The original resolution was then carried.

Dr. STORRAR proposed the adoption of the second recommendation; viz.:

"That the time of commencing professional studies shall be understood to be the time of commencing studies at a medical school; and that no qualifying body be held to have complied with the recommendation of the Council which shall allow the examination in general education to be passed after the commencement of professional study."

On the suggestion of Mr. ARNOTT, it was resolved to transfer the first part of the recommendation, ending with the words "medical school", to the recommendations on Professional Education; and to omit the remainder of the paragraph.

Dr. PARKES moved, and Mr. HARGRAVE seconded:

"That testimonials of proficiency granted by the National Educational bodies, according to the subjoined list, be accepted; the Council reserving the right to add to or take from the list. 1. A Degree in Arts of any University of the United Kingdom, or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council; 2. Oxford Responsions or Moderations; 3. Cambridge Previous Examinations; 4. Matriculation Examination of the University of London; 5. Oxford Middle Class Examinations (Senior); 6. Cambridge Middle Class Examinations (Senior); 7. Durham Middle Class Examinations (Senior); 8. Durham examinations for Students in Arts, in their second and first years; 9. Durham Registration Examination for Medical Students; 10. Dublin University Entrance Examination; 11. Queen's University, Ireland, two years' Arts' course for the Diploma of Licentiate in Arts; 12. Ditto, Preliminary Examinations at the end of A.B. course; 13. Ditto, Middle Class Examinations; 14. Ditto, Matriculation Examinations; 15. First Class Certificate of the College of Preceptors; 16. 'Testamur' granted by Codrington College, Barbadoes; 17. Degree of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the Student has been examined in Latin and Mathematics."

Dr. ANDREW WOOD thought the Council ought to specify the branches of General Education which they considered necessary. It would be much more satisfactory, and would show to the parents and guardians of those about to enter the profession what was required. He would suggest that certain subjects be rendered imperative, such as English, Latin, and Arithmetic as far as Decimal Fractions: and that a knowledge of two other subjects, such as Geometry, Natural Philosophy, Algebra, Greek, French, etc., to be selected at the option of the candidate, should also be required.

Dr. STORRAR objected to specifying any particular subjects, lest it should be imagined that a knowledge of them was all that was required. When the Council took the subject under consideration five years ago, the ground adopted was that no special form of general education is required for a professional man. Let a man be first well educated, and then train him to a profession. He thought that the medical boards should be relieved from undertaking the general examination of young men.

Dr. FLEMING thought there would be an advantage in having a defined code—a prescribed minimum—of preliminary education.

Mr. RUMSEY thought it would be well if there could be a general scheme of subjects required; not a minimum, but an indication of the branches of knowledge with which any one entering the profession ought to be acquainted. He had sketched such a scheme in his work on *State Medicine*.

Dr. ALEXANDER WOOD, in reference to some remarks made on the question whether the examining boards on the list fulfilled the requirements of the Council, stated that their curricula of examination had been carefully investigated by the Committee appointed for the purpose.

Mr. COOPER considered that there should be a fixed standard for all, and that it should not be too high. He thought that of the Apothecaries' Hall too high, as he had known thirteen out of thirty-nine candidates to be rejected on one occasion.

Dr. CORRIGAN proposed as an amendment:

"That testimonials of proficiency granted by the National Educational Bodies, according to the list contained in the third recommendation, be accepted, provided that the examinations conducted by those bodies comprise at least the following subjects: English, Greek, Latin, Mathematics, Arithmetic to the end of Decimal Fractions, and one Modern Language."

Mr. RUMSEY seconded the amendment.

After some discussion, in which Dr. ANDREW WOOD, Dr. ALEXANDER WOOD, Dr. STORRAR, Dr. PARKES, Dr. PAGET, Dr. CHRISTISON, and Dr. ACLAND, took part, the amendment was put to the vote; when there appeared—for the amendment, 5; against, 13.

Dr. ALEXANDER WOOD then proposed, and Dr. ANDREW WOOD seconded, as an amendment to Dr. Parkes's motion:

"That a minimum standard of preliminary education and examination shall be fixed by the Council; that testimonials of proficiency granted by the National Educational Bodies may be admitted, provided the Council deem the education required by them to be sufficient; and that a Sub-Committee be appointed, to prepare a minimum standard to be submitted to the Council for its consideration."

The hour of adjournment (6 P.M.) having arrived, the further consideration of the subject was deferred until the next day.

The Council, at its meeting on Thursday, again formed itself into a Committee on Medical Education. After further discussion, Dr. Wood's amendment was lost, and Dr. Parkes's motion was carried. The Committee then proceeded with the discussion of other of the recommendations.

Correspondence.

DR. BEALE ON MEDICAL EDUCATION.

LETTER FROM LIONEL S. BEALE, F.R.S.

SIR,—In one leading article in the JOURNAL of April 16th, you deprecate the practice of compelling the student to attend numerous courses of scientific lectures. In another, you exhibit indignation at a contemporary for its laudation of things Germanic, and its low estimate of British ophthalmology.

The very doctrines you have lately been advocating with regard to medical education, must of necessity bring about the result which you seem so much to deplore, not only with reference to ophthalmology, but with regard to every other branch of scientific professional knowledge. If the views advocated in many of your leading articles upon medical education were carried out practically, our British schools would soon cease to be esteemed by the profession, by the public, and by students, as places in which the most perfect knowledge of the medical sciences was to be obtained, and they would no longer be respected as institutions concerned, not only in teaching but in prosecuting and adding to, and advancing in every possible way, medical knowledge.

You have been advocating a reduction in the courses of lectures and in the number of lectures, although you admit that the German student has at this very time to attend many more than the British student. If the German education is more extensive and more thorough than British education—if German medical science is more advanced than British medical science—if minute observation is more thoroughly taught in Germany than in Great Britain—if greater importance is attached to the more purely scientific departments of medicine in that country than in our own—there will be laudation of things Germanic; and those who desire the most advanced and the most scientific medical education which it is possible to obtain, will obtain it in Germany, and will naturally form a high estimate of things Germanic.

It is by advanced work that the reputation of schools is made; and if the British schools for twenty years do little advanced work in any department, while a German or a French school does much work in the same time, is it wonderful that our students should rush to the latter, and learn all they can; and having done so, is it unreasonable that they should respect German and French scientific work? and when such students become practitioners, is it surprising that they should desire to hear from time to time what is done in these foreign schools, and that there should be a demand for information on these points in our medical reviews?

There will always be men who feel anxious to know, not only how a case is to be doctored honestly, but the exact nature of the changes upon which the symptoms depend, and how and why the remedies act. These matters can only be entered upon by men who have studied many of those sciences which some persons consider unnecessary or useless for medical education, because they have nothing to do with "doctoring".

Those who want to know what is known of these things, will seek information in any part of the earth where the information exists. But if it is to be learnt at home, they will learn there.

With regard to this very subject, ophthalmology, there are, at this present time, surgeons in London who would gladly teach what has been done, and what is now being done, in Germany—men who are well qualified to teach exactly that for which there is a great demand; but you and others raise a cry that the student is over-lectured at present; and, so far from teachers being encouraged to teach advanced ophthalmic work, and especially the more purely scientific branches of the subject, some of the leaders of public medical opinion in this country do all they can to show that what these well informed working men know and desire to teach to others ought not to be taught in our schools. Such men may carry out their own work privately; but unless they have the opportunity of giving lectures (and advanced work of this kind can only be taught to a number of students by lectures); unless they are encouraged to perform original investigations, and keep themselves well up in the advanced work of the continental schools; and teach this advanced work—they are powerless to advance the school of British ophthalmology as a school.

I do not, of course, mean to assert that ophthalmology is not taught, or not well taught, in any of our schools; but it certainly is not even yet taught in all London schools; nor is the same amount of importance attached to this subject here as abroad; while, I imagine, there are few who would advocate such a course on ophthalmology in this country as is given annually, for example, by Donders of Utrecht. Nevertheless, it is only by thorough work and by thorough teaching such as this, that the reputation of a "school" can be made and sustained. It would be absurd to insist that every student should be deeply versed, and compelled to pass a very strict examination, in all branches of ophthalmological science; but every student should be compelled to learn something; and with the enormous advantages we possess, there ought to be full courses of lectures, purely scientific as well as practical, to which every student desirous of learning could enter. The professors who took part in such instruction would keep up the high reputation of the several departments of an ophthalmic school.

You may say we do not want a reputation for pure science; we want the reputation of being sound practical doctors, and this only. But, then, there is a difference of opinion among practitioners, students, and the public, as to the precise kind of reputation a great medical school in such a city as this ought to have. Some of us think that it is the province of a great medical school to teach both science and practice in the very best way that these things can be taught at the time. And students who hold this opinion, and find out that more science is to be got from German, than from British schools, go there to obtain the science, while they will learn the practice in our own hospitals.

So it must happen that if an opinion, founded upon the fact of the amount of new work and good and sound work done and recorded in our journals, gains ground, that a better knowledge of ophthalmic science is to be obtained in Berlin, than in Dublin, in Edinburgh, or in London, those who desire the best knowledge of ophthalmic science will go to Berlin, instead of spending time in Dublin, Edinburgh, London, or elsewhere; and if this be so, it is only right that we should acknowledge the advantages of the Berlin school in this particular; and the same holds good for every other subject of medical or other education.

You have expressed very summarily your opinion of Mr. Callender's pamphlet; and you appear to have made out the longest list of courses of lectures delivered in our schools which your editorial ingenuity could devise; but you might, by adding subjects which some consider ought to be taught, have easily lengthened it still more. As one object in your article on education seems to have been to "astonish" your readers, by doing so you might have given to them and to yourself still greater gratification.

You might have added, for example, medical chemistry, physiological chemistry, pathological chemistry, among some other subjects, which I, for one, think might very advantageously be taught in our schools. You may meet this, and much more that might be urged in the same direction, with ridicule; or you might show that it was useless, or impossible, or injurious; but it is obvious, if men want to know (and I suppose the articles in our daily and weekly papers are enough to convince us all that men do desire to know) these and other purely scientific things, and they cannot learn them here, and can learn them abroad, with the great facilities now existing for travelling, they will go to continental schools; and in this particular they will esteem their foreign school more highly than their own. As the general public becomes every day better informed upon scientific questions bearing on medicine, it is of paramount importance that medical men should be at least equally well informed, or, without doubt, we shall not retain the respect of the public.

So far from receding, we must advance. So far from diminishing our means of teaching, we must increase them. Instead of advocating a reduction of the subjects, it would be far more to the point if you would consider how these could be taught better, and how others which are required could be conveniently and advantageously introduced. How very much, for instance, would be gained, if the elements of comparative anatomy, physiology, botany, and chemistry, and natural philosophy, were taught in the senior forms of our public schools; so that the mind of the student would be trained for the study of science from an early age. These things cannot possibly be expunged, but they might be taught at a different period of education. But this opens a wide field for discussion, into which I will not now enter.

The tendency of examinations is to demand from the student not less, but more; and it is not likely that, in these days of rapid advance, the demand will diminish.

To provide against the "intellectual flatulence" which you fear future medical students will suffer from, would it not be well to consider if the pabulum might not be presented in a more palatable and more digestible form, and the meal-times somewhat better arranged, before you advocate a wholesale reduction in the quantity and quality of the food? You seem scarcely aware of the keenness of the intellectual appetite in these days; and you are, I think, quite wrong in your estimate of the amount of intellectual nutriment necessary to afford the growing student a fair chance of gaining a vigorous constitution, which will enable him, when he arrives at mature age, to withstand that intellectual storm which is now gathering in every part of the civilised world, and threatens ere long to drive before it all those who have, from their youth up, rested content with the minimum of intellectual strength sufficient to supply them with their daily sustenance.

I am, etc., Lionel S. Beale.

61, Grosvenor Street, W., April 18th, 1864.

RE-VACCINATION.

LETTER FROM THOMAS JACKSON, ESQ.

SIR,—Whilst your pages are warm in the discussion of Medical Gratuitous Services, will you allow me a corner in them to ventilate the subject of Re-vaccination?

I am vaccinator to the Ferriby District of the Sculcoates Poor Union, Hull; and in May, June, and July, of last year, during an epidemic of small-pox, re-vaccinated successfully some sixty adults.

In the September quarter of last year, I sent in to the board my claim for these re-vaccinations; and am now, within the last few weeks, told that they refuse to acknowledge them, on the plea that the legislature has not contemplated re-vaccination, and that public vaccinators cannot legally demand payment for such services.

Under the Public Health Act of 1858, her Majesty's Privy Council issue to public vaccinators regulations and instructions, which not only authorise the performance of re-vaccination, but require it to be done.

It is, perhaps, superfluous to your readers to give these regulations; but I will do so (extracts from some of them) to make my case better understood.

No. 1 says: "Do not re-vaccinate persons who in infancy have been efficiently vaccinated, unless they be more than 15 years of age; or if, during any immediate danger of small-pox, more than 12 years of age."

No. 4. "Legibly write in his register the letter 'R' against the name of any person, adult or adolescent, who, having in early life been successfully vaccinated, is re-vaccinated."

No. 6. "Do not take lymph from re-vaccinations."

No. 5. "Guardians and overseers, in their respective unions and parishes, shall forthwith take measures to bring the performance of public vaccination into conformity with these regulations."

This rule evidently requires that our contracts be made in accordance with the regulations; and as the Privy Council "may from time to time issue such regulations as they think fit", they must be considered imperative.

The Sculcoates guardians think otherwise; and submit a case for the opinion of Mr. R. Lush, Q.C., who, in answer, says, Sept. 18th, 1863.

1. "I am of opinion that the provisions of these acts extend to all persons, whatever their ages or circumstances may be, who choose to avail themselves of the privilege of being vaccinated at the public expense, provided they have not been already successfully vaccinated.

2. "The statutes, however, do not appear to me to contemplate re-vaccination; and I am of opinion that a medical officer cannot charge the Union for the vaccination of a person whom he knows to have been successfully vaccinated."

To the question, "Whether the Public Health Act, and the orders issued therein, in any way repeal, alter, or enlarge, the provisions of the 3rd and 4th Vict., so as to charge the poor-rate with the vaccination of persons previously successfully vaccinated?" the answer is

3. "I am of opinion they do not."

4. "I am of opinion that the contracts must be construed with reference to the Acts of Parliament by which they are authorised; otherwise they would be void, as being *ultra vires*."

If this opinion, sir, be a correct one, we are, indeed, called upon to perform a vast amount of gratuitous service; for re-vaccination is considered as powerful in preventing the inroad of small-pox, as infantile vaccination; and we shall be constantly applied to, to perform it. We should err in refusing obedience to the orders of the Privy Council, can the Sculcoates Board violate them?

I shall be glad to know your opinion, as well as that of any medical *frère* on this question, and also the practice adopted in other unions.

Last week, I addressed the Poor-law Board, Whitehall, for their decision; but have not yet received an answer.

I am, etc.,
THOMAS JACKSON.

Walton, near Brough, East York, April, 1864.

[The treatment of medical men by Poor-law officials is, we need hardly say, too constantly both shabby and grinding. There is only one way in which such treatment can be met. Our advice, in this case, to Mr. Jackson is, that he never again re-vaccinates any case until he has obtained from the Guardians promise of payment. He should point out to the Guardians the dangers which result to the individuals whom he deems not sufficiently protected by the first vaccination; and secondarily, to the public, through their not being re-vaccinated; and there leave the matter with a clear conscience. We should consider, from Mr. Lush's opinion, that Mr. Jackson is under no legal obligation to re-vaccinate. EDITOR.]

Medical News.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH. (Double Qualification.) The following gentlemen passed their first professional examinations during the April sittings of the examiners.

Allshorn, A. H., Enfield
Carrick, George L., Cronstadt
Chisholme, Wm., Edinburgh
Cornish, Henry, Taunton
Duguid, William, Elgin
Elmslie, Wm. J., Aberdeen
Godfrey, Frank, Salisbury
Kynock, Patrick, Roxburgh
M'Craith, Edward, co. Cork
Mickle, John, Douglas
O'Niell, P., Castledermot
Steel, William E., Blaenavon
Veitch, Wm. Young, Coundon
Walsh, David J., co. Cork
Wardleworth, Thomas, Lancaster
Wicks, Aubrey, Cambridge
Worthington, James Vince, Lancaster
Young, David, Perth

And the following gentlemen have passed their final examinations, and been admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Cosgrove, William Dunbar, Aberdeen
Crerar, John, Perthshire
Eames, Wm. L., co. Cork
Jamieson, James, Bowden
Laing, Alexander, Aberdeen
M'Caul, James, Edinburgh
Ropes, Francis C., London
Stewart, William, Ayrshire
Topham, David, co. Cavan

ROYAL COLLEGE OF SURGEONS, EDINBURGH. The following gentlemen passed their first professional examinations during the April sittings of the examiners.

Christie, G. A., New Brunswick
Compigne, Horatio D. S., Gosport, Hauts
Lytle, John D., Maghera
M'Arthur, Peter, New York
Moniot, John A., Penang
Robinson, C. H., Yorkshire
Smith, James, Dumfries

The following gentlemen passed their final examinations, and obtained the diploma of the College.

Barrie, Andrew, Glasgow
Bruce, Wm., Edinburgh
Ducat, Andrew D., London
Gaffney, J. B., co. Roscommon
Hunter, James, Ayrshire
M'Crea, Samuel, co. Down
MacSwiney, E. V., co. Cork
Millar, John, Edinburgh
Miller, A. G., Edinburgh
Monat, George B., Stirling
Poole, Samuel W., Edinburgh
Semple, Wm. H., Stranraer

APOTHECARIES' HALL. On April 21st, the following Licentiates were admitted:—

Bain, John William Devereux, Brunswick Terrace, Blackwall
Gunning, John Edmund, Surbiton, Surrey
Istance, Richard, Carmarthen
Murphy, Joseph Wm. Carter Neynoe, 75th Regiment

DEATHS.

Mather, Horatio, Esq., Surgeon, of Earlestown, Newton-in-Makerfield, on April 20.

Watson. On April 14th, at Chester, aged 49, Margaret, wife of *George Churchill Watson, M.D.

Medical Society of Vienna. Dr. Morell Mackenzie has been elected a corresponding member of this society.

Origin of Species. A work has appeared by M. Flourens, entitled, *Criticism of the Book of M. Darwin upon the Origin of Species.*

Professor Langenbeck of Berlin has been appointed head-surgeon of the Prussian army, and has left for Düppel.

Deaths of Medical Men from Fever. We have noticed the death of five of the ten resident physicians of Bellevue Hospital who contracted the fever, and now have to record the fact that three more are prostrated by this disease. (*American Medical Times.*)

Radcliffe Travelling Fellowship, Oxford. The Radcliffe Travelling Fellowship has been awarded to A. B. Northcote, B.A., of Queen's College. Mr. Northcote took a first-class in Natural Science in March Term, 1861.

University of St. Andrews. The graduates of the University of St. Andrews will hold a dinner at the London Tavern on Tuesday next, May 3rd, when a testimonial to Mr. Day, late Chandos Professor at the University, will be presented. The testimonial consists of a carved cabinet (by Rogers) holding, in twenty volumes, the *Règne Animal* of Cuvier, with the coloured illustrations. The dinner promises, we believe, to be largely and influentially attended. Dr. Richardson is to occupy the chair.

Increase of Medical Students. There has been a large increase of students in attendance upon all the medical colleges of the country. The schools of New York and Philadelphia have again reached nearly the maximum of their former attendances. The young men coming forward represent the higher classes of society, and bring to the profession a much more thorough preliminary education. The great inducement which the Army and Navy hold out to qualified medical men is the cause of this stimulus and attraction to the medical profession. (*American Medical Times.*)

Poisoning by Phosphorus. A woman has been committed at Llangadock for wilful murder of her child. The infant, it appeared, from evidence given at the inquest, was seized with vomiting and purging; the matters vomited smelt strongly of "brimstone"; and the motions; and the evacuations from the bowels "shone in the dark." Dr. Prothero made a *post mortem* examination, and deposed that the stomach was inflamed and softened, its mucous and muscular coats being in some parts destroyed. The contents of the bowels, etc., were examined by Dr. W. B. Herapath, who made a minute analysis of them, and arrived at the following results: "Evidence of the presence of free phosphorus in minute quantity was obtained from the contents of the stomach; whilst evidence of phosphorous acid, the lower oxide of phosphorus, was obtained by Scherer's test, as modified by myself, from the contents of the stomach, and of the large and small intestines; whilst a still larger quantity of the same phosphorous acid was shewn to have been absorbed or imbibed by the tissues of the stomach and intestines, and to be present in the liver; whilst the presence of dextrine in the intestinal canal shews that starch had been present there during life. I infer that phosphorus was probably the cause of the acute inflammation of the mucous surface of the stomach and intestines, of which the infant died." The viscera were brought to Dr. Herapath on the 24th ult.; the child died on the 4th, a period of twenty days having elapsed since the death. The poison was found with difficulty, but chiefly as phosphorous acid.

University of Oxford. It is proposed to continue to pay towards the Linacre Professorship (till funds otherwise accrue) £140 *per annum*; to the Professor of Chemistry for chemical apparatus £150 *per annum*; to the same Professor for an assistant in lecturing £100 *per annum*; to the same Professor for a practical demonstrator £150 *per annnm*; to the deputy of the Professor of Experimental Philosophy £120 *per annum*; and to the Professor of Zoology for a servant £15 *per annum*. The five grants are to be made for a period of five years only.

Gratuitous Medical Services. A spirited agitation is going on, and gaining ground throughout England, to abolish the system which has prevailed to such an extent in the United Kingdom, of giving gratuitous advice and assistance to persons who, in many cases, can well afford to remunerate medical men. That the profession is really getting alive to this destructive system of gratuitous medical advice is evidenced by the sensible and businesslike resolutions passed by the Medical Society of Liverpool. It is to be hoped that the example set by the Liverpool practitioners will be followed elsewhere, undeterred by the silly attacks of the *Medical Times*, on what it is pleased to term the British medical tradesmen, the parallel of whom it finds in the pot-house keeper alluded to in Fielding's novel of *Joseph Andrews*, from which work the writer of the article in the current number of that journal publishes nearly a column about Mrs. Towwouse, and having as much to do with the admirable papers on this subject in the British Medical Journal as with the Man-in-the Moon. (*Dublin Medical Press.*)

Garibaldi's Congé. An old acquaintance, Mr. Assolant, gives an amusing account to Garibaldi's departure. "'My dear friend,' said the Duke of Sutherland, 'you should by this time be fatigued with all these receptions.' 'Not a bit of it,' returned the simple hero. 'My foot is much better since Nélaton—' 'My friend,' continued his grace, 'you are in ignorance as to your real condition. Our fogs do not favour the recovery from accidents. The London climate is unhealthy, and we should be for ever grieved were the liberator of the Two Sicilies laid up with a bad cold. Return, then, my dear fellow, to Caprera, and I will see you home.' 'But I assure you,' answered Garibaldi, 'I am very well, and this popular enthusiasm warms my heart.' 'No matter,' continued the duke, 'Dr. Partridge believes that—' 'Dr. Partridge?' asked the hero. 'Is it he who declared there was no ball in my foot? That's a good joke indeed!' 'But,' insisted the other, with evident impatience, 'Partridge is not alone of this opinion. Palmerston and Clarendon do not augur well of your stay in London.' 'Palmerston and Clarendon!' exclaimed Garibaldi. 'I never heard before that they were medical authorities. Where have they taken their diplomas—in Edinburgh or Paris? Ah! this is the reason of Clarendon's visit to the Tuileries. He has been commanded there to pack me home, and England obeys.' 'My dear Garibaldi, you know nothing of the matter.' 'But I want to be let alone. Why did you come and take me from Caprera? Am I a natural curiosity which may be concealed or exhibited at the will of its possessor?'"

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY. ...... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY.....St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations. 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY. Epidemiological Society, 8 P.M.—-Entomological.—Royal Institution (Anniversary).—Odontological.

TUESDAY. Pathological.

WEDNESDAY. Obstetrical Society of London, 8 P.M. Dr. Meadows, "On the Treatment of Vesico-Vaginal Fistula"; Mr. Nunn, "Destructive Inflammation of the Hip-Joint following Delivery."

THURSDAY. Harveian Society of London, 8 P.M. Dr. Sisson, "On the Origin and Nature of Syphilis."—Royal.—Linnæan.—Chemical.

FRIDAY. Western Medical and Surgical Society, 8 P.M. "Practical Evening for Cases and Specimens."—Royal Institution.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

RE-VACCINATION AND THE POOR-LAW.—Mr. Jackson, District Vaccinator at Ferriby, is refused payment of his just fees, because "it is past the time."

"A letter was read from Mr. Jackson, the medical officer for Welton, stating that it was not his intention to waive his claim against the Board for re-vaccination.—Mr. Ellison: I will move that it be paid.—The Chairman: And I will second it.—The Clerk: You can't; it is past the time; six months have elapsed.—Mr. Ellison: That's a very shabby way of making your payments."

When Mr. Jackson made his claim in a correspondence, the refusal was grounded on the non-liability of the guardians. Thus every "shabby" method is resorted to for the avoidance of the payment of the surgeon's just debts.

A CORRESPONDENT makes the following useful suggestion:—"It would be of much use if we could obtain the actual result of change of climate in the patients sent abroad for the winter. If their English medical attendants would give the effects they find on their return, the needed information would be gained. Would it be possible to obtain this information by some such plan as is now adopted, of naming a reporter, and requesting such information to be sent to him? My firm conviction is, that, as a rule, patients are much worse off abroad than in England; but to ascertain the fact, or some approach to it, would be satisfactory. Indeed, to furnish evidence to give medical men in doubtful cases sufficient reasons for opposing a change, would be very serviceable, for the expense and wretchedness caused by sending doubtful or hopeless cases abroad is untold."

COMMUNICATIONS have been received from:—Dr. W. TILBURY FOX; Dr. ROUTH; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; THE HON. SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON; THE HON. SECRETARIES OF THE HARVEIAN SOCIETY OF LONDON; Dr. J. S. FLETCHER; Mr. BRODHURST; Mr. T. M. STONE; Dr. SKINNER; Dr. LIONEL BEALE; Dr. THUDICHUM; Mr. THOMAS MATHER; Mr. THOMAS JACKSON; Dr. HOLMAN; Dr. R. B. HOLLAND; Dr. W. BIRD HERAPATH; Dr. M. L. SIRCAR; Dr. E. GOODEVE; THE REGISTRAR OF THE MEDICAL COUNCIL; Dr. N. CHEVERS; Dr. SANKEY; Dr. RICHARDSON; Dr. STEVENS; and Dr. DRYSDALE.

ESTABLISHED 1840.

Bowmer's Medical Agency.—In consequence of the decease of Mr. Joseph Bowme M.R.C.S., the representatives of that gentleman have transferred th business so long and successfully conducted by him at

50, Lincoln's-inn-fields,

to a member of the Medical Profession, who, from his busines experience, energy, and well-known ability (combined with his pe sonal knowledge of the requirements of Medical gentlemen), a peared to them to be *specially qualified* to carry out successfully th negotiations entrusted to him. They, therefore, respectfully beg introduce to Mr. Bowmer's clients and the Profession generally h successor,

MR. J. BAXTER LANGLEY, M.R.C.S.,

(late student of King's College, and for some time business manag of one of the London daily newspapers), to whom all correspondenc referring to the business of this Agency is in future to be addresse

March 10th, 1864.

MEDICAL TRANSFER AND AGENCY,

50, Lincoln's Inn Fields, W.C.

Mr. J. Baxter Langley, M.R.C.S (King's Coll.), begs to inform the members of the Medic Profession that he has undertaken the Medical Transfer and Gener Professional Agency business till recently carried on by the la Mr. Bowmer.

Mr. Langley devotes his prompt personal attention to the negoti tions entrusted to him, and treats confidentially and with care a matters relating to Professional business.

Gentlemen desirous of relinquishing their Professional connexio or prepared to receive partners, can be introduced to gentleme ready to invest in *bona fide* transferable practices and partnership The strictest reserve will be practised in all the preliminary a rangements, and no expense incurred (except in special cases unless a negotiation be completed.

Gentlemen who have recently obtained their qualifications, or wh may be looking for new spheres of employment as principals assistants, are invited to communicate with Mr. Langley with view to the satisfaction of their requirements. Having been e gaged in practice himself, Mr. L. believes himself peculiarly con petent to give advice as to the value of partnerships or transfer Mr. Langley can refer to the Professors of his College, Members Parliament, Clergy, and others, as a guarantee of his integrity an honour in all negotiations entrusted to him.

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Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY
W. O. MARKHAM, M.D., F.R.C.P.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

[*Concluded from page* 463.]

Venesection is, I maintain, not a remedy of inflammation, but a remedy of the accidents which accompany, or, rather, arise out of, certain inflammations and non-inflammatory diseases; viz., those inflammations and diseases which are accompanied with obstructions of the cardiac and pulmonary functions. It is, therefore, of service in those inflammations only which are attended with such obstructions.

Let me repeat, in brief, what I hold to be the proofs of this proposition. In all ages of medicine, venesection has ever been most especially lauded as of service in those affections which are attended with such obstructions to the play of the thoracic organs. As science advanced, and men came to understand better the special character of diseases, they began to bleed less; first, they gave up the practice in external inflammations, under the teaching of facts *oculis subjecta*; and then, at length, in all other inflammations, excepting in those attended with pulmonary or cardiac obstructions. At the present time, there is never any pretence of bleeding, except in the class of affections alluded to. Is not the conclusion obvious?

The very symptoms, let me remind you, for which venesection is practised in such cases, are the very symptoms which are representatives to us of pulmonary and cardiac obstructions. The very relief given by the bleeding is just the kind of relief which, we know, experimentally results from venesection in such cases. The relief given by bleeding, when practised in pneumonia, is the very same relief as that which is given by bleeding in chronic cardiac and thoracic aneurismal affections. It is precisely the relief which naturally flows from the removal of mechanical impediments to the respiratory and cardiac movements; and the relief is given, although the physical conditions of the local inflammation in the lung, for example, remain unchanged. The relief, again, is in all cases immediate; while the blood is still flowing, the relief is profoundly felt, if the bleeding be of service at all. Moreover, no one ever thinks of resorting to venesection in pneumonia, if the inflammation be so limited as to produce little or no impediment to the respiratory or cardiac functions. Yet, if bleeding be a good remedy for the cure of the inflammation of the lung *per se*, why is it not as requisite when the lung is very partially as when it is very largely inflamed? The destruction of a small portion of the lung may be as dangerous to life as the destruction of an entire lung. But the mere removal of the obstruction to the play of these organs is not the only good which results from the venesection. I need not stop to tell all the long series of beneficial consequences which follow the bleeding. The entire vegetative life of man is renewed through the freedom of action given to these vital organs. To interfere with the play of the heart and lungs is to interfere, *pro tanto*, with the proper functional activity of every organ of the body. All these great benefits I claim as the indirect results of the bleeding. Nor have I time, nor is it needful for me, to discuss more nearly how the relief given in such case is effected by the bleeding. Enough for my argument is the fact that it is given. I will only observe, that it seems to me to be, in the main, of a mechanical character; by the withdrawal of blood, relief is given to the distended, oppressed, and, I may say, of necessity, partially paralysed heart. See what happens. When pneumonia extensively pervades a lung—and it is only, remember, in such severe case that bleeding is ever thought of as a remedy—suddenly a large extent of the pulmonary aërating surface is rendered useless; and as the amount of blood in the body remains unchanged, there is all at once established an undue relation between the mass of the blood and the aërating surface. The result is obvious. One lung is suddenly called upon to do the work of two; the blood is obstructed in its passage from the heart to the lungs, and the right side of the heart begins to labour and becomes engorged. But engorgement and dilatation of the heart is, of necessity, *pro tanto*, obstruction to, and partial paralysis and loss of natural force, of the heart; and all these evils increase *pari passû* with the degree and duration of the obstruction. Leaving out of consideration all those other evil consequences which necessarily flow from this one, may it not be most reasonably argued, that the relief of this condition is the main, the starting-point of the benefits accruing from venesection in pneumonia? The suffering which finds relief through the bleeding in pneumonia is, I take it, the very same in kind as that which is the expression of the agony of angina; and in both cases, as I argue, it takes its origin in an oppressed and partially paralysed heart. In angina, the cause of the paralysis of the organ lies within its very self—in its enfeebled and degenerated muscular walls; whereas, in pneumonia, it finds its source from without; viz., in the obstructed pulmonary circulation. And just so, likewise, do we find that venesection, which relieves the one affection, is worse than useless in the other? We find also, indeed, that in all cases of heart obstructions, whatever their cause—that in pneumonia, for example—there are periods when venesection will no longer avail to give freedom of action to the enfeebled heart; then, indeed, when its partially paralysed force is paralysed beyond redemption. Remember, again, the relief, when given by venesection in pneumonia, is given whilst the blood is flowing from the vein, and long before the patient begins to feel faint—long, therefore, before that period of syncope arrives, which is said to be of such service in causing the blood-vessels of an inflamed part to become pale and empty.

The experiments of Dr. John Reid, touching asphyxia, also surely corroborate the view I am maintaining. He showed that when the heart had ceased to beat in asphyxiated animals—had become paralysed through over-distension—its action might once again be renewed, and even so as to preserve life by giving exit to the blood from the engorged right side of the heart.

It may seem strange that, in the latter half of the nineteenth century, I should offer within these walls illustrations of the uses of blood-letting; but, in consideration of the prejudice existing against the remedy at this time, I may, perhaps, be pardoned if I relate a few examples of what I cannot myself do otherwise than regard as demonstrative of the life-preserving effects of venesection—examples showing the incorrectness of the theory, that diseases will not bear bleeding now as they did formerly; and examples of the fact, that a dread of bleeding is at this moment prejudicial to the interests of the sick.

Not long ago, I saw a female suffering from severe pneumonia, so that her life was considered in danger. To my view, she was in that condition of body, and presented those signs which strongly indicated the propriety of venesection. The gentleman in immediate attendance upon her received the proposal with dismay. He at last, however, gave his consent to the operation, on the condition that his hands were to be washed of the expected results. I will only say, that the patient was largely bled, was thereupon immediately relieved, and made an excellent recovery; the marked change in her condition admittedly dating from the moment of taking the blood.

The next case I will give is one of chronic disease of the valves of the heart. The subject was a large and powerful man. When I saw him, his legs were œdematous, his abdomen dropsical, and from the great oppression of his breathing, it was manifest that his lungs were already invaded with effusion. This was his first attack in this way; and all these severe symptoms of heart-affection had come rapidly on him. During a week he had been subjected to treatment; but neither diuretics, nor purgatives, nor diaphoretics, etc., had availed to relieve him. Indeed, if ever there were a case of the kind, in which early dissolution might be predicted, this surely was one. I then and there had him bled, or rather bled him myself, as the young surgeon in attendance had never seen the operation performed. About thirty ounces of blood were taken. The relief was unmistakable; it was immense and immediate; and I will only add, that on the very next day he was up, walked about on the third day, and made a complete temporary recovery from the dropsical attack in question.

The next two cases I will give are from the surgical practice of my colleague Mr. Walton, who has, like myself, no prejudice in favour of a present asthenic phase of humanity. A man of 78, hale and temperate, fell from a cart, and did or did not break a rib or two. In two or three days, pain on inspiration was felt in the back; purgatives and opium gave no relief. On the eighth day, the pain was intense and killing, the dyspnœa great, and the face distressed. Mr. Walton now saw the man for the purpose, I understand, of deciding and taking the responsibility of venesection. The patient was at once largely bled; the blood being allowed to flow until the breathing became easy. The relief was immediate and permanent.

In another case, the ribs were also broken; and as the symptoms, in the course of three days, became of an alarming character, Mr. Walton was called in to decide whether venesection might be resorted to, the patient being sixty-eight years old. When Mr. Walton saw the man, he had been sitting for two days bolstered up in a chair; his legs œdematous; his lips blue and congested; and the gentleman in attendance upon him considered him to be dying. Mr. Walton immediately bled the man largely—to about thirty ounces. "The result was most satisfactory," the report runs, "enabling the patient to resume the horizontal position; and, from being asphyxiated and at the point of dissolution, gradually to improve and recover." I could, sir, give you other cases of a like character, and of quite modern date, if it were necessary; but it would be merely repeating the same tale. I know that, in cases of this kind, many members of the profession would at once resort to the remedy; but I am equally certain that the majority of practitioners, however much their better judgment might incline them to the right conclusion, do hesitate, and fatally hesitate, at the present moment, in resorting to venesection in such cases. The phantom of asthenia rises before them, and paralyses their actions. I have attempted to show that this phantom—this change of type in diseases—is a theory unsupported by satisfactory and trustworthy data; that the idea so widely spread and so generally accepted, that men will not bear bleeding now as formerly, is unfounded in fact, and contrary to experience; and sincerely do I hope that I may have in some small way assisted in removing a delusion which, as I believe, banefully weighs upon the practice of our art.

I have also attempted to define the right limits and the true effects and the proper application of blood-letting in diseases; pointing out that, as it seemed to me, physiology, pathology, and experience all concur in teaching us: that venesection has no directly beneficial influence over inflammations; that it is only of service during certain stages of those inflammations in which the action of the heart and lungs is impeded; and that its use lies in removing the obstructions which arise incidentally out of those inflammations.

In dealing with this wide and unlimited subject, I have, of necessity, been forced carefully to avoid the temptations which have beset me on every side; I mean the discussion of the hundred interesting topics incidental to the tale of blood-letting which present themselves to him who treats thereof. I have strictly confined myself to two especial points; viz., the attempt to show the fallaciousness of the change-of-type theory; and to the explanation of the real uses of bleeding in inflammation; believing firmly that the removal of the theory and the acceptance of the explanation would necessarily involve, with all reasonable people, a reconsideration and a readoption of venesection as an ordinary remedy in diseases. This, sir, must be my apology with those of my hearers who may think I have treated the question in too exclusive a spirit.

Allow me, sir, in conclusion, to say one word of apology. I fear that I may seem at times to have expressed my own views too dogmatically, and too lightly to have estimated the value of the opinions which I have opposed. Should I have fallen into this error, let me assure you that it was not from any want of due respect to those whose opinions I naturally regard so highly, but solely from the earnestness of the conviction with which I have attempted to impress my own views upon your notice.

Lectures
ON
ORTHOPÆDIC SURGERY.

BY
BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XII.
ON TALIPES, OR CLUB-FOOT.

CLUB-FOOT occurs especially in four principal forms or varieties; namely, equinus, varus, valgus, and calcaneus. There are also compound varieties, such as equino-varus, equino-valgus, calcaneo-valgus, and others, which, being very rare, scarcely require separate mention.

Talipes equinus is essentially a non-congenital distortion, and it is that form which is most commonly met with. It occurs, however, very rarely as a congenital affection. Figure 30 was taken from such a case. In this instance, the forearms were extended on the arms, through retraction of the triceps muscle, and the legs were extended on the thighs; the left foot was affected with equino-varus, and the right with equinus. The positions and the rigidity of the feet remained the same from birth until I saw the child, as was testified by Dr. William Fox, who placed him under my care. Since this time, I have seen two other cases of congenital equinus.

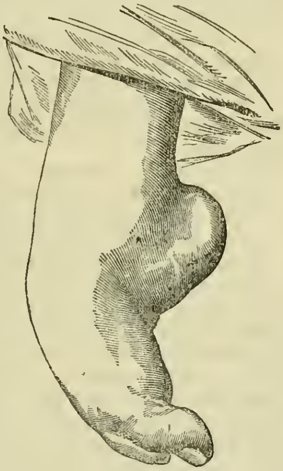
Fig. 30.

The *characters* of this affection are elevation of the heel through morbid contraction of the muscles of the calf of the leg, the foot being neither everted nor inverted.

In this form of distortion the extremities of the metatarsal bones and the toes rest on the ground and support the weight of the body, as is shown in Figure 31. Any contraction of the muscles of the calf of the leg, however, is known as equinus. Thus, though the heel rest on the ground, and the contraction be only so much as to prevent the foot being flexed on the leg, it is equally known as equinus.

There are ertain conditions of the limb which it is useful to attend to, in forming a diagnosis as to the nature of the affection. Thus, in spasmodic equinus, the toes are retracted like the claws of a cat; but, when the anterior muscles are paralysed, the toes are folded back, as is represented in Figure 32; or even the entire dorsum of the foot may rest on the ground, as in Figure 33. When the foot is thus retroverted, loss of power is general on the anterior surface of the leg.

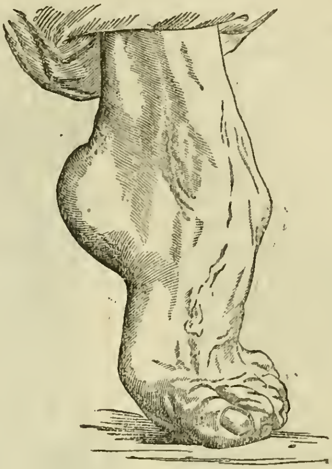
Fig. 31.

When any lateral deviation of the foot is superadded to elevation of the heel, then other muscles than those of the calf of the leg are called into action, as the adductors of the foot or the abductors; and thus a compound distortion is produced, whether equino-varus or equino-valgus. The deviation is

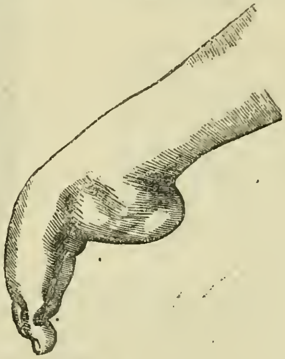
Fig. 32.

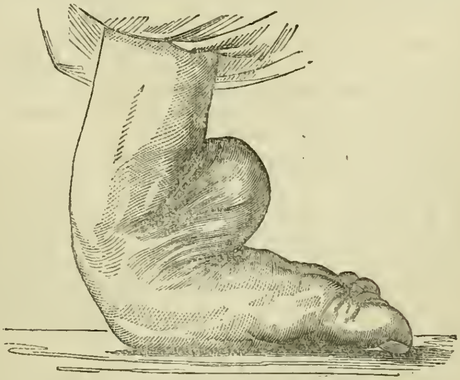
Fig. 33.

determined by the greater power of one or other set of muscles, by the manner in which the superincumbent weight is transmitted, or by some other such cause.

The *anatomy* of this distortion is well displayed in Fig. 34. The drawing was made from a limb which was kindly sent to me by Mr. Hester of Oxford, and which is now in the Museum of the College of Surgeons, No. 9 B. The distortion had existed for fifty years. The bones of the foot were softened and fragile. A thin layer of cartilage only remained covering the articular surface of the astragalus. The foot was very much bent upon itself from the transverse tarsal joint. The effect of this condition is always to add to the apparent elevation of the tuberosity of the os calcis; but the os calcis is found, upon dissection, to deviate very slightly in such cases from its normal horizontal position.

The astragalus is generally in severe equinus thrust forward, and even as in Figure 31, it is almost luxated—thrust out, as it were, from the tibio-tarsal articulation. I have known the head of the bone to present so prominently beneath the skin, as to occasion ulceration.

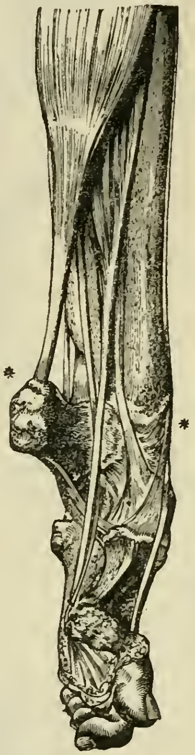

Fig. 34.

The metatarsal bones assume more or less a vertical position, and their extremities, transmitting the superincumbent weight, become slightly separated one from another, and so increase somewhat the breadth of the anterior portion of the foot. Before this degree of distortion is reached, the longitudinal arch of the foot becomes contracted and its extremities are approximated; so that the sole of the foot is rendered more concave, and the foot itself is shortened. This is perhaps the most important change which occurs; the ligaments on the dorsum of the foot, and especially the astragalo-scaphoid ligament, becoming elongated, and in an equal degree the powerful ligaments in the arch of the foot are shortened.

The muscles which are contracted are the gastrocnemius, soleus, and plantaris, in the calf of the leg. These occasion elevation of the heel. And in the sole of the foot the flexor brevis digitorum tends to bring the metatarsal bones into a vertical position, and with contraction of the plantar fascia to decrease the span of the longitudinal arch. From a continuance of the same causes, retroversion of the foot may take place, when paralysis of the muscles on the anterior surface of the leg is complete.

Atrophy of the muscles of the calf of the leg commences before the most severe grade of distortion is reached. The bulk of the muscle appears to be higher than is natural on the leg, and the length of the tendo Achillis seems to be increased. In severe distortion, very slight motion is permitted at the ankle-joint, in consequence of the tensely contracted condition of the extensor muscles and of the position of the astragalus. At length, the purposes of the tibio-tarsal and the tarsal joints being no longer fulfilled, the cartilages become thinned and irregular on their surfaces; the synovial membranes are softened; the ligaments lose their elasticity; and the muscles undergo fatty degeneration.

The *treatment* of this, as indeed of every other distortion of this class, consists of two parts; namely, first, the restoration of the limb to its normal position; and secondly, the restoration of function.

Distortion may frequently be removed by mechanical means alone, and without the use of the knife. We find this to be the case, whether we have to act on bone, ligament, muscle, or skin. This was known to Hippocrates; and it has been more or less practised ever since.

When the distortion is the result of paralysis, mechanical means are frequently sufficient to restore the right position of the limb; and spasmodic contractions may likewise in a very large number of cases be overcome, and the limb may be replaced by similar means. Some cases, also, of congenital distortion may be successfully treated in a similar manner. It may further be said that those paralytic and spasmodic cases which can be thus treated, ought on no account to be subjected to section of tendons. By means of the instruments ordinarily in use, these distortions are to be removed without subcutaneous operations.

There remains, however, a very large class of cases which cannot be treated successfully otherwise than by the section of the tendons of the contracted muscles and by the sections of fasciæ. This is the case, as a rule, with congenital distortions which are treated during childhood. But when these distortions are of long standing, it is extremely difficult effectually to remove the deformity; and without the section of tendons and fasciæ, it is impossible. Much care is required to prevent injury to the soft structures during the long continued extension which is necessary to unfold, for instance, talipes varus in the adult. It is a duty to shorten this painful period as much as possible; and by dividing tendons and fasciæ, to remove the impediments as far as it lies in our power. Besides, there is nothing more painful than continued extension; but section of tendons is painless.

When the distortion is considerable, it is absolutely necessary to divide tendons; for long continued and forced extension will cause injury to the muscular fibre—rupture, inflammation, and paralysis, and the function of the muscle must remain ever after impaired; whereas the power of the limb is restored, when the tendons are divided and allowed to reunite, before extension is made.

The tendo Achillis may be divided from half an inch to one inch above its insertion. Both in the child and in the adult, this operation is easily performed if the tendon be made sufficiently tense. If, however, the limb be so held that the tendon be left lax, its section will not only be difficult, but at times and under certain circumstances it may be well nigh impossible. While, on the other hand, if too much force be used, the divided ends of the tendon will be drawn forcibly asunder, and the integument will be drawn on to the operator's knife, and be divided.

In dividing the tendo Achillis, the knife should be held obliquely, and passed beneath the tendon, the patient being prone and the heel presenting upwards. The cutting edge being then turned upwards towards the tendon, this will be divided in withdrawing the knife, slight upward pressure being made at the same time. When it is severed, the tendon yields with a snap. This depends, however, almost entirely on the manner in which the foot is held; but resistance immediately ceases, and the operator is then aware that the section is complete.

On withdrawing the knife, the wound should be closed with lint and adhesive plaster, and the patient should remain in the recumbent posture during the remainder of the day. When the puncture has healed, extension may commence, and be continued slowly, until the desired position of the limb has been acquired. Except in experienced hands, however, this extension is dangerous. It is apt to be carried on too rapidly and too far. Extension can scarcely be too slow; and it is infinitely better that it should be too little rather than too much. The latter is irremediable. But, with some aptitude for the treatment of these cases, and with care in the management of them, they may without difficulty be brought to a successful termination.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

WESTMINSTER HOSPITAL.

CLEFT PALATE: OPERATION: CURE.

Under the care of Christopher Heath, Esq.

[*Reported by* Mr. Watts, *House-Surgeon.*]

William C., aged 16, was admitted into Henry Hoare Ward on February 8th, 1864, with congenital cleft of the soft palate. The split extended through the whole length of the soft palate; but the parts were well developed, and the fissure was not a wide one.

February 9th. Mr. Heath performed the operation of staphyloraphy after Mr. Fergusson's method, but with wire sutures. The levatores palati muscles were freely divided, and the soft palate was well loosened from its attachment to the bone in front. A thin slice was then removed from each side with a double-edged knife, and the sutures introduced. In introducing the sutures, Mr. Heath used an ordinary curved needle, with a loop of silk on the right side, and a needle with a moveable head carrying a fine wire on the left side; the end of the wire was then bent into the loop of the silk, and was drawn through the flap of the opposite side from behind forwards. Two wire sutures were thus introduced, which kept the parts well together. The boy behaved pretty steadily, but required a good deal of persuasion to allow the operation to be completed. He was ordered milk diet, strong beef-tea, and extra bread.

February 10th. The parts looked healthy, and were in good position.

February 16th. The front part of the cleft was quite united. Mr. Heath removed the front stitch. The patient was ordered to use alum gargle.

February 18th. The posterior stitch was removed. Union was complete throughout; and the remnant of the uvula was in its proper place. He was made an out-patient.

In some remarks upon this case, Mr. Heath said that he preferred Mr. Fergusson's mode of operating to Mr. Pollock's (which was performed on the same day by Mr. Power), as it avoided all injury to the palate itself, and also enabled the surgeon not only to divide the muscles, but to free the palate itself from the bone to a considerable extent, which he considered a very important matter. The use of wire for the sutures was very advantageous, not only as avoiding irritation, but because the two sides could be more accurately fitted together than was possible with silk suture. Mr. Heath said that he preferred a needle with a moveable point for introducing the wire, because he found it difficult to draw the wire out of the eye of the ordinary needle, but was easily able to grasp the eye of the needle and draw it forward with the wire attached.

Original Communications.

CASE OF CATARACT: WITH REMARKS.

By Haynes Walton, F.R.C.S., Surgeon to St. Mary's Hospital, and to the Central London Ophthalmic Hospital.

Cataract in a very Feeble and Enervated Old Man. Preliminary Treatment. Influence of Age and Debility on Success in Operating. Retraction of the Eyeball and remarkable Prominence of the Eyebrow. Operation, and Difficulty in overcoming the Mechanical Obstacles. State of the one Eye, by which Spontaneous Dislocation of the Cataract occurred. Fluid Degeneration of the Cataract in the other. Question of Chloroform. After-Treatment. Result.

As I never met with a case like this, with such a combination of physical peculiarities, rare morbid states, and strongly marked general characters, I determined to make it the subject of practical remarks, not only on account of the abundant materials it supplies, but because I believe that, as the many facts are gathered from a single individual, they will be more impressive than if they were derived from several sources.

This gentleman was seventy years old. On the subject of age, and its influence in the extraction of cataract, I am often questioned. Mere age in itself matters nothing. There is no limit in time, provided a person be strong in proportion to his years; but, most surely as senile feebleness is premature, and as the diseases incidental to the later term of life creep in and destroy vital force, so does the average of failures increase. Hence it is that a man of eighty may afford a better expectance than another of sixty. It would not be easier to point out here than in operations on other parts of the body, the source of adverse influence; and I will but observe, that the want of adhesion of the cornea—a common feature in the most frequent instances of bad result—is, I believe, an effect of something wanting or wrong elsewhere (I mean constitutionally), and not the mere miscarriage of a simple local process, due to a mechanical cause.

My patient was naturally thin and feeble, but now he was unusually depressed from sea-sickness and the want of suitable food. In a few weeks, however, all that was attainable was accomplished. This leads me to speak of preparatory treatment, about which I have no lack of inquiry from patients and professional men. Now, there is much mystery and fallacy afloat on this head. Very little scope, especially among the rich, really exists for medical aid beforehand, except when, as in the example before us, some cause has directly impaired the health. Then we must try and improve a constitution, suffering from induced debility, to the highest standard that the idiosyncrasy of the person will allow. But vital force is not to be found in drugs. If a man is healthy, leave him alone; he may be disimproved by medicines. Nor is it necessary to reduce the food, and to purge, if there be an appearance of good health. Towards the limit of the natural term of life, we should not, without ample necessity, cut off the accustomed nourishment or the usual stimulants; and it will be better not to meddle with a long habit of costiveness, than to risk the chance of irritating the stomach and bowels with physic.

A plethoric state from over-feeding and want of exercise, which used to be written about so much in the last generation, I very rarely see among the aged with cataract. Of course, it requires attention; but a big belly and a fat face must be distinguished from plethora. Any derangement of the digestive organs, which may interfere with the functions of assimilation and nutrition, demands much attention, because, in such a state, destructive inflammation is apt to follow local injury. A whitish tongue, or one that is loaded, will accompany such a state; but, as the aged are apt to have a rather coated tongue, I particularly look to the urine, and regard the deposit of uric acid, or of the urate of ammonia, as sure indications of dyspepsia, or excess of nitrogenised food, or of fever; and that of phosphate of lime, or the triple phosphate, of the opposite states of prostration and nervous depression.

I found, in the example before us, three physical conditions which make the operation of extraction unusually difficult. The eyebrow was very prominent; the eyeball much retracted, and its anterior chamber very narrow. An operator must decide for himself when such limits are passed, in any of these states, as will oblige him to modify, to alter, or to abandon the mode of operating under ordinary circumstances. I found it absolutely impossible to extract by the upper section—that which I considered incomparably the better. However, I managed to accomplish the lower to my complete satisfaction. But then I used an under-sized knife; and my assistant depressed the lower eyelid with a wire retractor, for which I never before saw the necessity, as there was no room for the finger; and steadied the eyeball with a pair of forceps. The difficulties were not without a practical bearing; because, as far as my experience goes, I settle for myself the question of the possibility of overcoming any natural difficulty opposed to the execution of the operation; and I believe, what I have long suspected, that, except when there is a malformation, congenital or acquired, extraction is not impossible; and if so, that the badly devised operation of depression need never be resorted to. I have not employed it for many years. I may say, in parenthesis, that the beautiful operation for solution—the most certain and sure, as applied to cataract, of any ever invented—is inapplicable to the aged, except the cataract has become soft by degeneration and disintegration.

But all the difficulty did not cease when the preliminary steps were made. Directly that I commenced to use the curette, I found that the cataract was loose, having separated with the capsule from its natural attachments at the circumference. The greatest nicety was required to hook it out; and I accomplished my object without any loss of the vitreous humour, or prolapse of the iris. It is enough to say, without going into minute anatomical detail, that this dislocation was due to the breaking down or softening of the parts which in health hold the circumference of the capsule, and keep it with the lens in position. Sometimes the cataract is dislocated by the slightest touch of the curette; but the displacement may be spontaneous, occurring without an operation, and be complete or partial; in the latter state, it swings as on a hinge. This is for the most part in the aged. In young persons, the partial spontaneous detachment may exist without cataract; but I have not seen it unaccompanied with chronic inflammation of the eyeball. A knowledge of this pathological state serves in two ways. It should make an operator very careful in the use of the curette, as it is often present, and perhaps is never absent in some degree in all cases of capsulo-lenticular cataract in the aged. Then it affords an explanation for the so-called natural and sometimes sudden cure of cataract. Many of these cases, attributed in former times to all kinds of causes in the spiritual and material world, have been recorded. The dislocation, whether complete or partial, requires a fluid state of the vitreous humour. Although the true nature of the accident was known before the ophthalmoscope came in, our present better means of examining the eye help us out of some difficulties connected with it, that occur now and then.

The loss of transparency of the lens is then very frequently associated with unhealthy changes in one or more parts of the eye, especially in the aged. An operator, in the pride of his skilfulness, should not forget this, and fall into the error of speaking too confidently of the expected success of his operations, and so promise more than the nature of circumstances will allow.

Now for a few words respecting the left eye. I shall pass over the first parts of the operation, as they were done in the same manner, and under the same difficulties, and with equally happy results. But I must notice a certain change and destruction of the cataract. When using the curette, with, of course, immense care, out gushed a sepia-coloured fluid, the result of one form of fluid degeneration of cataract. This was a troublesome complication; it obscured the chambers of the eye for a time, and rendered any proceeding uncertain. At last I saw that the cataract had not quite dissolved; about half remained, and which I scooped out. This partial conversion of the opaque lens-fibre into a fluid is only a more advanced degree of what may be called the commonest change in a cataract, that of softening and disintegration of the superficies, the fullest accomplishment of which is complete fluid degeneration of the entire cataract; which, however, is very rare indeed. The only matter in connexion with this fluid change in part, or in whole, worth mentioning, is, that it may not be possible always and beforehand, in old persons, to distinguish with certainty between the dark mahogany full-formed cataract and it, by any subjective or objective signs. After all, there is no practical disadvantage arising from this; for, if there be the nucleus of the cataract remaining—the usual occurrence—it will be the easier extracted through an ample opening in the cornea; and, if not, the fluid in which abounds broken-down lens-fibres, cholesterine, and oil-globules, had better be evacuated by a free incision, as it is an irritant to the eye, and often, besides, causes severe general disturbance.

Chloroform was not used. In old, feeble persons, it very often produces a depressing effect, which, I believe, materially interrupts the necessary process of local repair. This is not to be wondered at when there is nausea for a day or more, with headache and febrile excitement, and inability to take food for a longer period. The circumstances under which I should sanction its employment must indeed be rare.

I am in the habit of attributing much of the success of my extraction cases to the after-treatment, of which I can only notice a few points. The operation in itself has a lowering and reducing effect; and the indication is, to supply, to support, and to restore. Besides this, under ordinary conditions, an accustomed supply is needed for accustomed waste and nutrition; and we most certainly make a step in the wrong direction when we cut off the supplies. Wholesome food, given in a state of system capable of assimilating it, will not produce diseased action. Starvation is no safeguard against inflammation, while it frequently retards the needed reparation. An old person fed on slops is almost sure to have his digestive powers impaired. From the first, then, I allow the usual diet, at the usual times, but in careful moderation. I do not absolutely prohibit accustomed stimulants. In this case, a full diet and the ordinary quantity of brandy were taken. I avoid as much as possible long confinement to bed, in order to prevent the enfeebling effect. I insist on the couch and easy chair as soon as possible. Then there is nothing I am more particular about than keeping the eye quiet; for the more it is disturbed, the more will it be irritated. I do not take off the court plaster I apply after the operation for four or five days, except it be uncomfortable, when I renew it; and I rarely ever open the eye under a week. The highest attainable result is to be got only by this.

My case ended well. The right eye healed rapidly, without pain or even uneasiness; and sight was restored. In the left, irritation ensued, and was kept up by a minute prolapse of the iris. When my patient left England, three weeks after I operated, there was yet some intolerance to light and redness of this eye; but he could read large type. I was sure that only time was wanted to make it as good as the other.

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. Tilbury Fox, M.D.Lond., Physician to the Farringdon General Dispensary.

[*Continued from page* 469.]

Nature of the Disease. This part of the subject is replete with difficulty; and great care must be exercised in sifting and interpreting the evidence, for any hasty assumption must inevitably do much mischief. We have to deal with a disease which is eminently contagious. Now, it has been observed, that an eruption of the kind under notice is observed after vaccination. The unbalanced state of system produced by the action of the vaccine virus is favourable, no doubt, to the occurrence of any disease to which there is a predisposition, or which is waiting to show itself. Moreover, the vaccination may be the means of introducing specific poison into the system. Hence we have several interesting questions suggesting themselves for discussion.

I. The contagious property of the disease: What is its nature?

II. What, if any, are the relations between impetigo contagiosa and the eruptions secondary to vaccination?

III. Does vaccination give rise to impetigo contagiosa? If so, by what means—by the introduction of a special poison, or by modifying existing disease?

These are questions well worth consideration.

I. Of the contagious character of the disease there can be no shadow of doubt; facts are very decisive upon the point. It has possibly been noted by others than myself, that most dermatologists admit, in a hesitating way, the likelihood of the existence of a contagious form of impetigo, especially in children; but, so far as we are taught, there is no decided opinion in the affirmative expressed in books. Of course, it is only in hospital and dispensary practice that the proper evidence is likely to be obtained. My attention was first decidedly drawn to the point by the case of a little boy who had contracted (unmistakably) the disease from the bite of a playmate affected with the disease. The mother of the child scratched her neck with the steel of her bonnet; and the wound, coming into contact with a spot on the forehead of the child when lying on its mother's neck, received some of the purulent discharge, and a well marked spot of impetigo contagiosa was developed. It has also been a matter of constant remark with me, how very frequently the disease extended from one to several members of the same family by pure contact—from children to mothers, from playmate to playmate, etc. So distinctly and clearly is this the fact, that the testimony of parents and others is *spontaneously* offered; and, making all due allowance from whims and fancies, there still remains a decided and irresistible amount of evidence in favour of the opinion which these folk hold.

From the uncertainty of the above, an appeal was at once made to the certainty of the experiments of inoculation upon the arms of myself and others. I took some of the viscid contents of the pustuloid, and introduced it to a scratched surface on the anterior aspect of the forearm of a woman. Within twelve hours, the edges of the scratches were red, slightly swollen, and itchy. The next day, a slight blush was seen; the centre of the little patch looked elevated into a little red point; and in forty-eight hours it presented the appearance of a little yellowish head. On the third and fourth days, a well marked areola was present. Desiccation now commenced; the centre, before depressed, puckered together; and a little oozing took place from beneath one edge. The size of the spot was one between those of sixpence and a shilling. The parts around felt hot and stiff. The future progress of the inoculation is that of the disease itself. Either healing occurs, or an oscillation takes place between suppuration and scabbing, or the surface ulcerates superficially. I desire to call attention to the very important fact of having most carefully examined the contents of the pustuloid bleb which has afforded the matter used in the inoculation, and affirm most positively the absence of any element whatsoever of a vegetable parasite. The inoculated disease is positively not due to the transplantation of a fungus, but of a fluid possessed of special properties. One very important conclusion flows from the facts mentioned, and it is this; *that impetigo contagiosa is in no sense parasitic.* This is one great step gained on the negative side of the question.

II. The second question, expressed in general terms, embraces the alliances and similitudes of the disease. Its contagious quality separates it in one respect, by a very broad line, from ordinary pustular and vesicular affections, such as ecthyma and pemphigus. Can it be ranked at all among the acute specific diseases? Scarcely so; but actual observation would certainly seem to show that some, at least, of the examples of "anomalous forms of vaccinia", belong to impetigo contagiosa. My attention was called by Dr. Harley, during a conversation, to some cases published by him in the *Medical Times and Gazette* for August 1863, which he styled "Bastard Vaccinia", with a query. Briefly stated, they are as follows.

A child, aged 2 years and 3 months, vaccinated January 9th, on February 9th was brought to Dr. Harley, covered on its face and neck by a number of vesicles, which, at first glance, appeared exactly like vaccination-vesicles. The report was, that the vaccination took well; but, about three days after it was done, several "spots" appeared behind the left ear, and others on the face during the course of the next few days. Nothing is said as to the quality of the matter. Behind the left ear there was a large sore, caused by the coalescence of the vesicles; and round its lower margin the discharge had dried and formed a thick yellowish scab. On the left arm were three large erythematous-looking spots, with red bases, and covered by dense yellow crusts. These were the original vaccination-vesicles. There were three smaller vesicles, in a less advanced stage, at the tip of the shoulder; and on the neck were several having the exact appearance of vaccine vesicles on the eighth day. In some, the pit in the centre was quite visible; in others, not so well marked. On the head were a few vesicles, and on the surface about twenty, with all the appearances presented by the true vaccine vesicles from its earliest to its latest stage. The disease lasted about a month.

The second case occurred about three weeks after vaccination. The inoculation with some of the discharge reproduced the disease; but the pustule was very much more advanced in its different stages.

The third case was quite independent of any vaccination.

I believe that these and like instances give us the clue to the nature of impetigo contagiosa. Certainly the resemblances of the two classes of cases are most decided. Vaccinia is a very regular disease as to time and intimate changes; its periods of incubation, eruption, pustulation, maturation, and desiccation, are marked by most certain limits of known and expected occurrence; but the cases quoted of so-called "bastard vaccinia" are peculiar in several particulars. In them, the disease is made up of successive crops of eruption; the changes are more rapid, and irregular in point of time, and cannot in all cases be immediately connected with the introduction of the vaccine virus into the system. The great resemblance is the umbilication in the two instances. I saw, not long since, a case of true impetigo contagiosa, in which there were eleven umbilicated small bullæ over the knee, with spots of impetigo contagiosa on other parts of the body; the former bearing an exact resemblance to some instances of vaccinia, yet totally unconnected therewith. In these instances of so-called bastard vaccinia, it seems very strange that vaccination should take "well", as people have it, and then be followed by a profuse eruption of vaccinia just afterwards. It will be noticed that, in one of Dr. Harley's cases, inoculation was comparatively much more advanced in its developmental stages than vaccinia—a state of things which tallies most completely with that of the inoculation of impetigo contagiosa.

We have logically arrived at thus much: that the disease is not parasitic; and that it bears great resemblance to, if it be not identical with, so-called bastard vaccinia, meaning by that term the eruptions consequent upon vaccination.

[*To be continued.*]

British Medical Journal.

SATURDAY, MAY 7TH, 1864.

THE ARMY, NAVY, AND INDIAN MEDICAL SERVICES.

Amongst all the subjects of importance which must be brought before the present session of Parliament, none will be of more consequence to the medical body, as well as to the community, than the present disorganised state of the militant medical services.

It may be worth while to examine a little into the causes of the widely spread discontent which undoubtedly exists in the public mind with regard to the position of the members of these services. Unfortunately, in our country, the army and navy services have been looked upon too much as an appanage of the aristocracy; and jealousies on the part of the higher authorities and of the other departments have tended to prevent the aspirant after distinction in the medical branches from attaining the objects of a laudable ambition. In no department has zeal been rewarded by more gain to the public, and in none has less credit been given to the authors of so much good. The most important improvements in the "domestic" management of armies and fleets have been, if adopted at all, adopted tardily and without acknowledgment. The most valuable suggestions have been disregarded, and the claims of their authors to the honorary distinctions often lavished upon the combatant departments were for very many years contemptuously ignored.

The pressure of public opinion, or, to speak more correctly, of the opinion of a few men possessing at once parliamentary influence and ideas in advance of their time, at length compelled the authorities at the head of the public offices, always obstructive, to yield to the medical department those distinctions which they now share, in very small proportion, with the favourites of the War Office and the Horse Guards. An impetus was given to the enforcement of regulations to prevent disease, by the sad events of the Russian war of 1854-6. An improved system was introduced, by which the surgeons were authorised to inaugurate plans for retaining the health of troops; and the advantages of this system were made manifest in the last China war, when the sickness and mortality were kept down to the average of home stations. Above all, the Medical Warrants of October 1858 for the army, and of May 1859 for the navy, published by Royal command (which, no doubt, placed the various branches of the military and naval medical services in a much higher position as regards rank and other advantages than formerly), spread general satisfaction in those bodies, and induced many of the *élite* of the junior graduates of the schools to enter them.

No doubt was for a moment entertained but that, the new regulations having been promulgated under the name of Majesty, they would be unhesitatingly adhered to by the supreme military authorities. They had the effect of removing the prevailing discontent, and enticing numbers of highly educated men to fulfil the requirements of the services. No sooner, however, were the Warrants issued, than their provisions were infringed by commanding officers, ashore and afloat, in various indirect ways. They were never extended to the Royal service serving in India. In other parts of the world, the due precedence, according to the amended scale of rank, was withheld in many instances. Various petty annoyances were inflicted, and more especially upon the medical officers of the navy, through the jealousy of officers of the combatant and administrative departments. The authorities whose paramount duty it was to support and protect the medical staff—the War Office, Horse Guards, and Admiralty—have systematically refrained from doing so. Thus the name and authority of the Sovereign have not sufficed for the dispensation of justice: promises, we may say solemnly given, have been flagrantly violated. In addition, orders issued in 1861, by the sole authority of the War Office and the Admiralty, deprived medical officers of the rank expressly assigned them by the Warrants of 1858 and 1859. The interpretations given to referred points of relative rank, and others, involving the comfort and respect which the medical officers felt to be their due, as a result of the Royal concessions, were all against them. Difficulties now again were found in obtaining medical recruits. Yielding, not to a sense of justice, but to the pressure of necessity, the Government, by order from the War Office, March 7th, 1863, published an amended Warrant, confirming in great measure, but not entirely, the privileges accorded by the Warrant of 1858, and reinstating the department as to some points of rank of which they had previously been deprived. This new Warrant is now supposed, but, we fear, erroneously, to guide the relations of the army medical department with their superiors and their combatant brethren.

With reference to the navy, its medical service, like that of the army, hoped that its long-standing grievances were at length redressed, when the Queen was advised to grant them a charter in the shape of what we may call the New Navy Medical Warrant of May 1859. The rights which this document accorded, if honestly acted up to by the superior authorities, would, as in the case of the army, have made the service attractive to the juniors of our profession; but it appears to have been, from the first, substantially ignored. In matters involving rank, pay, and pension, the claims of the medical officers have been systematically disregarded. In consequence of the discontent which arose and the difficulty of obtaining candidates for the service, in 1861 an amended Warrant was issued (Order in Council, April 16th, 1861). This is supposed, apparently without justice, to regulate the proceedings of the Admiralty regarding the department; for we hear constantly complaints that this Warrant also, in most essential particulars, is practically a dead letter. By side winds, if not openly, its provisions, where favourable to the medical officer, are set aside, as in the case of the army.

While the royal medical services are in such an unsatisfactory condition, the state of the late East India Company's service is in no better plight. For several years past, the Indian Secretary has been supposed to be on the point of carrying out, in conjunction with the Government of India, a scheme by which the just expectations of the service may be satisfied; but nothing is ever settled. The members of the service have their claims for pay and pensions for themselves, their widows, and families, guaranteed them by Act of Parliament; but, if the Queen's name and authority are insufficient to protect those who have confided in the Royal Warrants for the British services from insult and injury, can the medical officers of the Indian army feel sure that their rights are thoroughly secured to them, even if solemnly guaranteed to them by an Act of Parliament? As regards the young men now entering the Indian medical service, with no stable position, no parliamentary sanction for their entertainment and protection, exposed to the evils of an unhealthy climate and the jealousies of military authorities, no career can bear a more unpromising aspect. This would be the case with any other nation. We, however, have the finest parts of the world as our colonies. In comparison with the chances of civil practice at home or in the colonies, what inducements can protracted military service in India offer to the aspiring candidate? It is plain that, for the future, nothing but guarantees of high rates of pay and pension, with superior advantages of rank and position, will suffice to induce young men of ability to enter the Indian service. But we have seen that the proclamations of a Royal Warrant afford no adequate guarantee that its provisions will be secured.

We much fear that a fatal blow will be found to have been struck to the confidence which the profession naturally placed in the promises of Government. Certainly, as a body, we ought to be content with nothing less than the covenant of 1858. The privileges granted by that document, which has been called the Magna Charta for the medical department, must be secured to them by Act of Parliament, or in such a way that they may never be in danger of being recalled by the caprice of the War-Office, Horse Guards, the Admiralty, or the India-Office. The greatest grievance is the denial of adequate rank—not brevet, but real substantive rank—relative to that of the combatant officers.

In the public services, rank is all-important; for it carries with it consideration both from superior and subordinate branches, and this again, all the substantive advantages following the different gradations.

When a surgeon, whom royal authority has permitted to take rank with the majors of a regiment, according to the dates of their respective commissions, is brought down to rank only as the perpetual junior among them, his position is lowered; and we may be sure that his commanding officer, having more sympathy with his major than with the doctor, will decide any contested point rather against than for him. When a surgeon, who has been granted the rank of a mounted officer, is ordered by his commanding officer to dismount, and the authorities support the view of the case adverse to him, his position is degraded in face of the whole body of combatants and subordinates of the medical department who are serving with him. When an assistant-surgeon of the navy, to whom his diploma should secure the consideration due to a scholar and a gentleman, and to whom the Queen has granted the rank equivalent with that of a lieutenant or a commander, is not even allowed a cabin, because the captain wants the spare one for his steward, will the young officers and the crew hold his office or himself in respect? The whole body becomes lowered in the eyes of the world, and deeply interested in the correction of these anomalies.

The Indian medical service seems to have no influential friends; and offers absolutely no inducements to the aspirant. Unless Parliament can be induced to take up the case of the doctors in earnest, the public will find too late that it has no adequate medical establishment in any department to prevent and cure diseases among its troops, ashore and afloat, in any part of the world.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS.

We believe that the leaders which have from time to time appeared in this Journal, touching the right of the King and Queen's College of Physicians to grant the degree of Doctor in Medicine, have mainly tended towards bringing the question into a court of law for decision. The court has decided in the most unmistakeable terms, as we had already concluded from the facts of the case, that the College aforesaid had not the right which it had assumed to grant degrees. We need not repeat the history of this matter; it has already been detailed at length in previous numbers of this Journal. The facts are simply these. From 1692 to 1860, the King and Queen's College of Physicians were contented with their chartered rights of issuing a license to exercise the faculty of physic; and, by a law passed in 1736, they actually provided that none of their Licentiates should assume the title of Doctor of Medicine unless they were graduates in medicine of a University authorised to grant degrees. In the year of "grace" 1860, however, the College attempted to extend its powers. Armed with the opinion of the present Baron Deasy, the College in 1861 issued a form licensing A. B., and certifying that "he had obtained, and was thereby entitled to, the degree, title, and qualification of Doctor of Medicine, and Licentiate of the said College." The College afterwards, however, became aware that it had no authority to issue the *Degree*; and, accordingly, in 1862 it issued a new form, in which it authorised A. B. to assume, not the degree, but the *title* of Doctor of Medicine, in addition to that of Licentiate in Physic. This assumption Trinity College resisted; and the Master of the Rolls has now negatived the right of the College of Physicians to confer either the title or the degree in question.

"I decide the case," said his Honour, "upon the construction of the charter of the College of Physicians. I am of opinion that the power given to the College of Physicians to grant such licenses did not give them the power of conferring the degree or title of Doctor of Medicine. The alteration by the College of the form of license, in 1862, omitting the word 'degree', shows their consciousness of having usurped a power they did not possess. It is surprising that a body of such high character and great respectability as the College of Physicians should have allowed themselves to be so misled as they have been in this case. If the College of Physicians had read their charter without the aid of legal spectacles, they would have found how plain, clear, and unambiguous the language of it is."

We think we may fairly claim some credit in this matter. We took the subject up on broad professional grounds. Many gentlemen in this country, overpersuaded by the assumed authority of the King and Queen's College, supposed that, in taking its license, they were also taking the degree of Doctor in Medicine. We thought it our duty to warn the profession against doing so until the clear title had been proved; and the conclusion of this trial has most fully justified us in doing so.

No medical corporation has, we believe, ever before received such a well-merited castigation from the hands of justice. But what will the King and Queen's College now say to those many unfortunate gentlemen whom it has deluded into taking its license on the strength of the supposed M.D. attaching to it? Will these gentlemen sue the College for restitution of their money thus wrongfully obtained? The whole case is, in every sense, a deplorable one; and we cannot say that we think the King and Queen's College of Physicians has done much, by the part it has played, towards raising medical men and medical corporations either in public or in professional esteem.

We gladly, in conclusion, notice the fact that his Honour, in giving judgment, called especial attention to the different conduct of the London College of Physicians.

> "The College of Physicians in England," he said, "have the power of granting license to practise physic; but, so far from seeking to usurp a power which they do not possess, one of their bye-laws provides that 'no Fellow, Member, or Licentiate of the College shall assume the title of Doctor of Medicine, or use any other name, title, designation, or distinction implying that he is a graduate in medicine of a University, unless he be a graduate in medicine of a University.'"

THE MEDICAL COUNCIL.

Our Journal of this day contains a copious abstract of the proceedings of the Medical Council during several days, together with a more condensed account of what was done subsequently to Monday. The subjects that have occupied the greatest share of attention have been: Medical Education; the *British Pharmacopœia;* and the Medical Act.

Mr. Syme's motion, "That the Council proceed to frame a course of study for medical education, which may be recommended to the licensing bodies," and the elaborate amendment proposed by Dr. Allen Thomson, formed the groundwork of a discussion which lasted during the greater part of three days. The reports of the speeches made on the occasion will show that there was considerable diversity of opinion among the members of the Council with regard to the nature and extent of preliminary education, the proper course of medical study, and the mode of conducting examinations; but there was a general agreement as to the propriety of moderating the number of courses of lectures, and some other matters. It was the general opinion, however, that it would be inexpedient to attempt to lay down minute details for the guidance of the licensing bodies. The debate resulted in the rejection of both the amendment and the resolution. Ultimately, a Committee was appointed to report during the present session, the result of whose deliberations has not been made known in sufficient time to be published in this week's Journal.

Regarding the *Pharmacopœia*, it has been determined to take measures for the preparation of a new edition; and a small Committee has been appointed for that purpose. We may here notice, that the Treasurer, in presenting the financial statement, included an account of the "expense incurred in the preparation and publication of the *British Pharmacopœia*, from the commencement of the undertaking up to the 19th of April, 1864, except some incidental charges, estimated not to exceed £10; also the number of copies printed, and the present state of the sale of the work, with the proceeds of the sale up to the same date." This account showed the total expense of the work to have somewhat exceeded £6000; and the returns from sales to have been a little above £5000; leaving a balance of £1200 against the *Pharmacopœia;* to meet which, there were copies in stock to the value of nearly £2800.

The great subject of amendment of the Medical Act was discussed on Tuesday and Wednesday. The motion of Dr. Corrigan, for immediate action, was met by an amendment proposed by Dr. Storrar, to the effect that, in the face of the diversity of opinion at present existing, it was inexpedient to engage in fresh legislation. This amendment was lost by a large majority; but Dr. Corrigan's proposal was superseded by another amendment, emanating from Dr. Alexander Wood, providing that the Branch Councils should consider how to procure amendment of Sections 20, 31, and 40 of the Act, in place of attempting to obtain an entirely amended Bill; and that the whole subject should be considered at an early period of next session. It was the general feeling, that the regulation of the practice of druggists should not be introduced into the Medical Act; but it was at the same time recognised that the subject was one on which the Council could, and ought to, take some action.

Such is an outline of the proceedings of the Medical Council during the week. Comment on them we reserve to a future occasion.

Mr. Windham has found his way into the Bankruptcy Court, as all the world long ago anticipated he would do. The *Lancet* seizes upon the fact as a proof that he was of lunatic mind at the time when the inquiry into his mental state was held. Are all bankrupts and spendthrifts, then, *ipso facto* lunatics? Of course, it would be a very desirable thing to prevent persons from making beggars of themselves and of their families through indulgence in vicious extravagancies; but no sane person would surely wish to place every individual in a lunatic asylum who is guilty of extravagance and vice. The law is made for the protection of society at large; and society wisely determines that it is better that Mr. Windham should be allowed to go to ruin, than that all vicious and extravagant people should be liable to be shut up in a madhouse. The *Daily Telegraph* makes some appropriate remarks on the psychological doctrines of the *Lancet*.

> "The *Lancet* drops some tears, compounded of equal parts of salt, sentiment, and what is meant to be caustic, over the fate of Mr. William Frederick Windham. Its angry bile is poured out because 'the press' was hard upon Dr. Forbes Winslow 'for venturing to assert that William F. Windham was incompetent to manage his affairs.' This is, on the whole, an instance of as perverted a misrepresentation, or of as weak a comprehension, as we have seen a public print exhibit. So far as we recollect the spirit of the discussion, Dr. Forbes Winslow was never contradicted upon the opinion that Mr. Windham was incompetent to manage his own affairs. Everybody held that, sooner or later, the property

would be dissipated in 'shameless profligacy and reckless waste.' Not only is it no surprise to us to get to the end of this wretched young man; but, since his desperate viciousness had but one issue, it is a relief to us and to public morality to have 'Finis' written upon his sad and bad story. Dr. Forbes Winslow pronounced him 'incompetent to manage his affairs,' and so did we; but that gentleman would have had him shut up for the sake of his relations, against which we stoutly protested. What! is a fool not to have the right of ruining himself by his folly?—is a prodigal to be saved from the consequences of his vice and lechery by public incarceration? Examine such a doctrine closely, and it will be seen that no one would dare to raise it but relations anxious about their reversionary rights, or mad-doctors, who lump *amentia* and *dementia* in one category. We maintained that, worthless as the character of Windham was, and sure as was his ultimate ruin, he was not lunatic, nor idiotic, nor insane; but only thoroughly and unmistakably vicious. It is true that, in a nobler sense than is dreamed of at Hanwell or Colney Hatch, to be bad is to be mad; to seek delights from debauchery is an insane abandonment of right for wrong. But where is the asylum that will hold Dr. Winslow's patients, if we lock up those that are mad in this sense? If Windham had not been the owner of an ancestral estate, would Dr. Winslow have called him 'mad' or merely a blackguard? We refused to grant mad-doctors the right to lock up fools as well as sane and insane persons; we declared—though we did not hope to please General Windham and the *Lancet* thereby—that if this miserable young man was bent upon coming to 'the husks and the gutter', it was the business of those who brought him up, and of his friends, if he had any, to dissuade and save him—not of the law. Ten thousand times more precious than all the estates in Norfolk is the principle of individual liberty; and to invade this the English law was invoked—happily in vain."

ONE of the evils which we formerly mentioned as likely to arise from the admission of reporters to the Medical Council is well exemplified in the speech delivered by Dr. Andrew Wood in support of the admission of reporters. Dr. Andrew Wood's speech was manifestly written for the occasion and prepared for publication, as shown by the fact of its actual publication in the *Lancet*. Dr. A. Wood is an excellent speaker, and he enjoys speaking; and he tells us in this very speech that some of the most business-like men in the Council are the longest-winded men. Now, if medical councillors, in addressing each other, were speaking as lecturers to students, it would be all very right that they should give lengthy details of useful platitudes and common places; but gentlemen have been selected to the Council on account of their knowledge of the subject they are met to discuss, and, therefore, require no such student-lecturing. In this speech of Dr. Andrew Wood's, we find an excellent exposition of the uses of a free press and of open discussion, and as such we have no exception to take to it; but we will venture to say, that those who heard it were heartily glad when he had arrived at his conclusion. There was not a man in the Council who did not well know all that Dr. Wood said upon the subject before he said it; and more than this, we will be bound to say, that there was not a man of them whose vote was influenced by it, or who had not made up his mind which way he should vote on the question before he entered the Council-Room. What we should really have liked to have heard, are the reasons which those gentlemen gave, who have changed their opinions on the subject of admission of reporters, and who supported the motion, which they once most strenuously opposed.

M. TARDIEU, the Dean of the Faculty of Medicine of Paris, has called a meeting of the students to take into consideration the propriety of forming a "Fraternal Association". The object of it is to provide against unforeseen eventualities which may interfere with the student's course of study, and to draw closer the kind links of student-fellowship. Large subscriptions have already been made to it by MM. Roger, Diday, Ricord, etc.

The Director-General of Public Assistance, hearing that an *externe* of Antoine was confined in his room by a dissecting-wound, immediately gave orders for his removal to a private room in the Municipal Sanitary House.

We lately referred to a case of aneurism of the sciatic artery, which had been operated on by M. Nélaton by means of an injection of perchloride of iron. The pulsation of the tumour ceased after the use of one single injection into the tumour; and the patient, one month after the operation, is rapidly approaching to a complete cure.

The French Senate, during two of its sittings, discussed two petitions—one, signed by several medical men, praying for the abolition of the grade of *officier de santé*; and another, signed by several *officiers de santé*, praying for the abolition of the law which limits them to practising in one single department. The Senate dismissed the doctors' petition, and referred the *officiers de santé's* petition to the Minister of Public Instruction and of Agriculture.

The treatment of hooping-cough by inspiration of the gaseous products given off during the purification of coal-gas, has produced, says M. Diday, results as satisfactory and as immediate at Lyons as in other towns where it has been tried. "My colleague Dr. Rater," he says, "the first amongst us who has proved its use, is preparing a summary of this new and precious therapeutical method. Many children affected with hooping-cough, who were made to walk up and down for two hours and a half near the purifying vessels, were rapidly relieved; many of them afterwards had no paroxysms of cough." The gases given off in the purifying process of gas are, carburetted hydrogen, carbonic oxide, sulphuretted hydrogen, and ammonia. To which of these gases, or to what combination of them, the good is to be attributed, remains to be proved.

The Medical Council.

REPORT OF PROCEEDINGS, April 1864.

Thursday, April 28th.

G. Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Medical Education. On the motion of Dr. Storrar, the Council resolved itself into a Committee on Education, and resumed the consideration of the amendment moved at the last meeting by Dr. Alexander Wood, and seconded by Dr. Andrew Wood, viz.:

"That a minimum standard of preliminary examination shall be fixed by the Council; that testimonials of proficiency granted by the National Educational Bodies may be admitted, provided the Council deem the education required by them to be sufficient; and that a Subcommittee be appointed, to prepare a minimum standard to be submitted to the Council for its consideration."

Dr. Alexander Wood said that, when the Council first formed a Committee on Education, there was great variety among the Examining Boards as to their requirements in general education, and consequently there was a difficulty in dealing definitely with the subject. Now, however, the Council was in a position to say what it considered essential as the standard of preliminary education, and to point out at least what was the lowest qualification that could be accepted. He believed that it was the unanimous opinion of the Council that it would be best for the Medical Examining Boards to be relieved of the task of conducting the examinations in general knowledge, and that these should be left to the Educational Bodies. There was, however, much variety in the requirements of the national educational bodies enumerated in the recommendation; and he saw a difficulty in recognising any which might seek to be added to the already existing list, unless a standard of what was required were formed. Dr. Corrigan had recommended that a knowledge of Greek should be insisted on; but he (Dr. Alexander Wood) did not see how this could be effected, considering the sources from which the ranks of the profession were in great measure recruited, and the small encouragement given to men of education in the poorer districts. As to the idea that the amount of education of practitioners would be reduced by fixing a minimum standard, he did not see that there was any danger of this taking place. What he desired was, that the Committee should point out the lowest amount of education with which they would be satisfied. If any evil were done in the way that had been suggested, it was through the lowness of the standards already required by some of the boards.

Dr. Corrigan dissented from the opinions expressed by Dr. Alexander Wood. He could not consider that there should be a lower standard of education for practitioners in rural districts. In every case, a practitioner's education should be such as to render him competent, in whatever situation he might be placed. If the inhabitants of the rural districts would not pay for the services of well educated medical men, surely it was not the duty of the Council to lower the standard of education. Referring to the necessity of a knowledge of Greek, he would ask whether a student ignorant of this language could understand the terms used in a lecture on anatomy. As to the reason assigned for dispensing with Greek, that many of those desirous of entering the profession did not know it, he would only say that they ought to have some acquaintance with it. Let some knowledge of Greek be insisted on, however small the amount.

Mr. Hargrave supported the proposal for the introduction of Greek. He objected also to any difference being made between the preliminary examination of the surgeon and that of the physician. In 1859, a Committee of the Royal College of Surgeons in Ireland had recommended that candidates for the diploma should have a knowledge of the following subjects: English, Arithmetic, Euclid (Books 1 and 2), Natural Philosophy, Greek (1st book of *Iliad, Gospel of St. John, Lucian's Dialogues*), and Latin (two books of Virgil's *Æneid*, and the third book of Livy). He objected to a minimum being fixed. Men were naturally lazy, and would, if a minimum were established, content themselves with merely coming up to it. The medical practitioner ought to have a high general education. That a well educated man would not be appreciated, he did not think. Certain civil engineers, who many years ago took university degrees, were at the time ridiculed as being merely theoretical and not practical men. Now, however, they were taking the lead in their profession.

Dr. Paget thought that the amendment would be scarcely necessary, if the medical licensing bodies would cease to hold examinations in general knowledge. Abundant means were provided in England and Ireland; and surely the Universities in Scotland might institute examinations short of those required for degrees in arts. A minimum standard was desirable; but it was already implied in the list of general educational bodies which it was proposed to recognise.

Dr. Embleton supported the proposal for the formation of a Subcommittee. He thought that in this way a result would be arrived at that would be satisfactory to the Council, to the Examining Bodies, and to the Public.

Mr. Arnott opposed the amendment. With regard to leaving the general examination to the educational bodies, he observed that the College of Surgeons conducted their preliminary examinations by means of the College of Preceptors; but he was not prepared to say that the College which he represented would be disposed to leave the whole matter to the College of Preceptors.

Dr. Andrew Wood said that, if the medical licensing bodies could dispense with conducting the general examinations, and transfer them entirely to the educational bodies, there would be no need of fixing a minimum. He did not wish to lower the standard of education, but that a guide should be issued as to what was required of students. If a minimum were indicated, also, it could be applied as a means of measuring the qualifications of the general examining bodies.

Dr. Acland would vote against the amendment. He feared that the Subcommittee proposed would report during the present session; and he did not think that, considering the difference of opinion existing in regard to the matter under discussion, a conclusion should be arrived at so rapidly. The subject was a very difficult one; and, among other difficulties, it was very uncertain what subjects should be classed among the non-professional branches of education. He would not object to the appointment of a Committee, provided it were not required to report until next year.

Mr. Cooper said that the Apothecaries' Company were desirous that the examination in general education should be a *bonâ fide* examination; and that a standard should be fixed by the Council.

Dr. Alderson thought there was something wrong in the preliminary examinations. In 1863, the applicants to be examined in general education at the London College of Physicians were only one half of those who presented themselves in 1862; while the number of applicants for the license had increased fifty per cent. Perhaps some other bodies were less stringent in their requirements, as regarded general education, than the College of Physicians.

Dr. STORRAR suggested that, when the College of Physicians first offered its license, there might have been an extraordinary number of well prepared men desirous of presenting themselves. In regard to the curriculum of general education, he would be glad to see Greek introduced if it were possible. But, looking to the present state of education and to the imperfect manner in which the recommendations of the Council had been carried out, he saw a difficulty in doing this. The Council was merely deciding what was best at the present time, and it would be in their power to increase their standard: it was therefore better to put off the demand for Greek until another year. He referred to the Report of the Civil Service Commissioners, as bearing on the subject under discussion. The Report showed that the failures among candidates were all in merely elementary matters: and hence the Commissioners concluded that, having regard to the great object of examination—evidence of thoroughness of knowledge—it would be better to be content with a limited range of subjects, so that the knowledge of them displayed by candidates were perfect. The Council had already produced some improvement in middle-class education; but, if it fixed too high a standard, the result would be to encourage superficiality in knowledge.

Dr. PARKES asked how the efficiency of the general examining boards could be judged of without forming a minimum standard.

Mr. RUMSEY believed that, if a Subcommittee were appointed, the subject would still have to be discussed when the Report was brought up.

The votes were then taken, when these appeared, for the amendment, 9; against it, 12. The amendment was consequently lost. The original motion, proposed by Dr. Parkes and seconded by Mr. Hargrave (see JOURNAL, April 30, p. 483, col. II) was then carried.

Dr. STORRAR moved, and Mr. ARNOTT seconded:

"That the fourth recommendation of the Council be adopted, viz.:

"'That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognised by the Medical Council.'"

Dr. STOKES said that it had been suggested, that Mr. Syme and those who thought with him were disposed to ignore the recommendations of the Council. This was not the case; but, if proceedings were carried on as at present, it would not be possible to lay before the public the opinions of many members of the Council on several important subjects, such as general and professional education, the moral training of the student, the certificate system, reciprocity among the licensing boards, etc. The time of the meetings could be much better employed in considering these questions than in discussing details in a Committee of the whole house. He moved as an amendment:

"That, with the view of saving time, a Subcommittee be appointed, for the purpose of preparing a Report on the subject of medical education, which may form a definite basis for the discussion of the question in the General Council."

Mr. SYME seconded the amendment. Nothing was further from his intention than to depreciate the recommendations of the Council.

Dr. STORRAR regarded Dr. Stokes's amendment as merely a revival of that proposed on the previous day by Mr. Syme. He was surprised to hear such a proposal from Dr. Stokes. On previous occasions, Dr. Storrar had proposed to refer the subject of medical education to a select Committee; but had, on the recommendation of Dr. Stokes himself, consented to its being discussed by a Committee of the whole house.

After some remarks from several members,

The CHAIRMAN said that, from the experience which he had had as a teacher and in the business of the College of Physicians, he did not think that the course recommended by Dr. Stokes would be likely to facilitate business; but that, on the contrary, time would be lost by adopting it. It was in the power of any member of the Committee to make a substantive motion at any time, and to give full and valuable information on any one topic. Again, to refer the question to a Subcommittee would be acting exactly contrary to the principle which had been affirmed by the Council—of laying before the public the opinions of the members on education. And, further, when the Subcommittee brought up its report, each member would probably wish to discuss the subject anew. He must, with all deference to Dr. Stokes, vote against the amendment.

The amendment being put to the vote, there were for it, 7; against it, 12. It was consequently lost.

The original motion was then carried.

Dr. STORRAR moved, and Dr. SHARPEY seconded:

"That the fifth recommendation of the Council be adapted, viz.:

"'That no certificate of proficiency in general education, which does not affirm the proficiency of the candidate in Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.'"

Dr. CORRIGAN proposed as an amendment, and Dr. APJOHN seconded:

"That no certificate of proficiency in general education, which does not affirm an acquaintance with Greek and Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies."

Dr. SHARPEY would very gladly support the requirement of a knowledge of Greek; but he did not see how such a recommendation could be carried into effect in the present state of general education. If the demand for Greek were introduced it should be as a prospective measure—an acquaintance with that language being demanded after, perhaps, January 1866. He believed that even a very moderate knowledge of Greek—such as the ability to read Xenophon or the Greek Testament—would be very valuable to the medical student.

Mr. HARGRAVE thought that a knowledge of Greek should be made imperative after 1866.

After some remarks from Dr. ALEXANDER WOOD, Dr. ACLAND, Dr. CORRIGAN, Dr. STORRAR, and Dr. CHRISTISON, the amendment was put to the vote and lost; 7 voting for it and 12 against it. For the original motion there appeared, for, 8; against, 8. The numbers being equal, the Chairman gave his casting vote in its favour; and it was carried.

Dr. STORRAR proposed, and Dr. SHARPEY seconded:

"That the sixth recommendation be adopted, viz.: 'That students who cannot produce any of the testimonials referred to in the third resolution, be required to pass an examination in arts, established by any of the bodies named in Schedule (A) of the Medical Act, and approved by the General Council, provided that such examination be in every case conducted by a special board of examiners in arts.'"

Dr. CORRIGAN did not see why the medical licensing bodies should be treated with greater strictness than the educational bodies mentioned in the third recommendation. The last clause of the present motion implied that the Fellows of the Colleges of Physicians were all unfit to conduct examinations in general knowledge. He moved as an amendment:

"That the words after 'General Council,' in the fifth line of the sixth recommendation be omitted; and that the recommendation be adopted as thus amended."

Mr. Hargrave seconded the amendment. The College of Surgeons in Ireland was obliged by the recommendation, notwithstanding the competency of many of those connected with it, to go beyond the college for examiners in arts.

Dr. Storrar said that the recognition of general examinations by the licensing bodies had been agreed to, by the former Committee on Medical Education, as merely a temporary measure, to be adopted until the examinations could be entirely handed over to the general educational bodies. Those connected with the medical bodies might be very good classical scholars, but bad examiners; this was one reason why it was desired to hand over the duty to men whose special province it was. Again, if the members of the medical licensing bodies were recognised as examiners in general knowledge, there was danger that they would be unduly influenced by consideration for the condition of the candidates.

After some remarks from several members,

Dr. Andrew Wood said that the Edinburgh College of Surgeons had conducted the examinations by means of a conjoined board of experts and of examiners belonging to the College; and he believed that the same was done in the Edinburgh College of Physicians, and in the Faculty of Physicians and Surgeons of Glasgow.

Dr. Paget thought the board of examiners in arts should be distinct from that of examiners in medicine, but would not exclude members of the latter.

Dr. Christison said that men competent to examine in arts ought not to be precluded from doing so, on the ground that they belonged to a medical body. There was one point which had not been noticed. He had been informed that some of the licensing bodies had separate boards for general examinations, but that the medical board decided the result of the examinations. He thought this ought not to be. In the University of Edinburgh, the general examination was formerly conducted by the medical faculty; and he, for one, was very glad to be free from the task.

The votes being taken, there appeared, for Dr. Corrigan's amendment, 11; against, 9. The amendment was consequently carried.

Dr. Storrar proposed, and Dr. Sharpey seconded:

"That the seventh recommendation be adopted, viz.: 'That without professing to lay down any complete scheme of general education for persons intending to become members of the medical profession, the Committee recommend that the scheme of examination in arts of the licensing bodies be, as nearly as practicable, similar to that of any of the National Educational Bodies above specified.'"

Dr. Corrigan said that the effect of this recommendation would be to hold out a premium for the lowest possible amount of education.

After some remarks from Dr. Alexander Wood and Dr. Acland, the motion was put to the vote, and negatived.

Dr. Storrar moved, Dr. Embleton seconded, and it was resolved:

"That the eighth recommendation be adopted as follows: 'That all medical students be required to be registered.'"

Dr. Storrar moved, Dr. A. Smith seconded, and it was resolved:

"That the ninth recommendation be adopted, viz: 'That the lists of students registered be closed within fifteen days after the commencement of each session or term.'"

Dr. Storrar moved, and Dr. Smith seconded:

"That the tenth recommendation be adopted, viz: 'That no student beginning professional study after September 1861, be registered, who has not passed an arts examination, in conformity with resolutions 3 or 6.'"

Dr. Alexander Wood moved, and Dr. Acland seconded, the following amendment:

"That a Committee be appointed to consider the best scheme of registering medical students."

The amendment was carried, and the following Committee appointed: Dr. Alexander Wood, *Chairman*; Mr. Arnott; Dr. Embleton; Dr. Fleming; Dr. Apjohn; and Dr. Stokes.

The Council then resumed.

Application from the Catholic University of Ireland. The Registrar read the following letter from the Secretary of the Catholic University in Ireland.

"Catholic University of Ireland, 86, Stephen's Green, Dublin, April 18th, 1864.

"Sir,—I have the honour to enclose, for the information of the General Medical Council, a copy of a correspondence between our Institution and the Registrar of the Branch Council, Ireland.

"By this it will be seen that we have been recommended by the Branch Council, to make application to the General Medical Council, in order to obtain recognition of our entrance examination.

"I have also done myself the honour to forward two copies of our Calendar for the present year, by which it will be seen, that our University gives as complete an education as institutions which are recognised by your Council (pp. 48 to 52.)

"May I beg that you will do us the favour to submit to the Council, our application to have our entrance examination recognised by them, and may I hope that the Council will favourably entertain our request. "I am, sir,

"Your obedient servant,

"(Signed) Thomas Scratton, *Sec. Cath. Univ.*

"Dr. Hawkins, Registrar, 32, Soho Square, London."

Accompanying the letter were copies of correspondence between the Secretary of the Catholic University and Dr. Steele, Registrar of the Branch Council for Ireland.

Dr. Christison said that the first point to be ascertained was, whether the body calling itself the Catholic University possessed a charter or other deed of incorporation.

Dr. Storrar said that a precedent for the action of the Council had been in some measure already established. When the College of Preceptors applied for a recognition of their examinations, he had inquired whether that body possessed a charter, which it was found to do. Subsequently, when a similar application was made in behalf of the associated schoolmasters of Scotland, this application could not be entertained on account of their want of this qualification. It would be impossible to recognise the Catholic University unless it had a charter.

Mr. Hargrave said that the education required by the Catholic University was very high; and would propose that the entrance examination of that body be recognised.

The correspondence was ordered to be entered on the minutes; and, the hour of adjournment having arrived, the further consideration of the subject was postponed.

Friday, April 29th.

G. Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Catholic University of Ireland. The application from this body was again brought under consideration; and, on the motion of Dr. Christison, seconded by Dr. Storrar, it was resolved:

"That the following answer be returned by the Registrar, to the communication now before the Council:

"Sir,—I have laid before the General Medical Council your letter of the 18th inst., requesting that the entrance examination of the 'Catholic University of Ireland' should be recognised among the examinations in preliminary education received from the various chartered or incorporated educational bodies; and in reply, I am directed to request you will have the kindness to transmit to the General Medical Council a copy of the Charter or Act of Incorporation of the 'Catholic University.'"

The British Pharmacopœia. Dr. Christison presented the following report of the Committee appointed on April 27th, relative to the *Pharmacopœia*:

"The Committee report: 1. That it is desirable to make further arrangements during the present session of Council, for preparing the next edition of the *British Pharmacopœia.* 2. That a Committee of the Council be appointed to superintend the preparing for the press, and the editing of the work, and to submit the same to the Council for approval, in proof. 3. That the gentlemen already nominated in London, Edinburgh, and Dublin, for the purpose of reporting from time to time on the improvements in pharmacy, be requested to continue their services, and that their report be communicated to the *Pharmacopœia* Committee of the Council. 4. That an editor or editors shall be appointed by the *Pharmacopœia* Committee, who shall prepare the work, in all its details, under their control."

Dr. Storrar moved, Dr. Christison seconded; and it was agreed:

"That the report of the Committee, relative to the *Pharmacopœia,* be received and entered on the minutes."

Dr. Andrew Wood moved, Mr. Hargrave seconded; and it was resolved:

"That the Council resolve itself into a Committee on education, and that the President be requested to take the chair."

The Council accordingly formed itself into such Committee.

Registration of Students. Dr. Alexander Wood presented the following report from the Subcommittee on the best scheme of registering medical students:

"Your Subcommittee is of opinion that the registration of medical students, if properly conducted, is a matter of primary importance, as giving security to the Council and to the profession: 1. That every student has passed an examination in arts before commencing his professional studies; 2. That the exact date at which a student has commenced his professional studies has been ascertained and registered, so as to show how far the recommendations of the Council in these respects have been complied with.

"The chief difficulties which past experience has shown to exist, appear to your Committee to be; 1. The want of a sufficient distinction between students commencing their studies and those who may be commencing their second, third, or fourth sessions; 2. The fact that many students enter at several different schools at the same time.

"Having regard to these difficulties, your Subcommittee begs to recommend the following regulations, as at once simple and practical. 1. That the registration be placed under the charge of the Branch Registrars. 2. That each student be only once registered, and that when he first enrols himself as a medical student. 3. That the registrar of each school of medicine, or other authorised person, keep a list of all students entering for the first time at that school, agreeably to the subjoined form. 4. That the register at each school be closed within fifteen days after the commencement of each session or term. 5. That these lists, as soon as possible thereafter, be transmitted, along with the certificates of each student having passed an Arts Examination to the Branch Registrar of that division of the kingdom where the school is situated; and that he from them frame an accurate register of medical students of that division of the kingdom where he has charge. 6. That the register of medical students so prepared by the registrars, after examination by the several Branch Councils, be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, print the same in alphabetical order, and supply a copy of this authorised list to each of the bodies in Schedule A to the Medical Act. 7. That the several licensing bodies be requested, after October 1868, to abstain from examining any candidate for license or degree whose name does not appear on the authorised list of medical students. 8. That the Branch Councils be desired to take means to make these regulations known to the medical students at the various medical schools.

"Alexander Wood, *Chairman.*"

Subjoined to the Report was a Form of Register, arranged under the heads of Name; Age last Birthday; Preliminary Examination and Date; Date of Registration; and Place of Study.

Mr. Syme thought that the term "professional studies" required explanation. It included at present chemistry and botany, which, in his opinion, should be taken before the commencement of professional study. The object of registration, he thought, was to shew that students went through a proper course of instruction.

Dr. Andrew Wood said that there were two objects in registering students: 1, to ensure their having had a preliminary education; and 2, the reason pointed out by Mr. Syme, which was a very important one. He could not consent to relinquish the registration of students from year to year. The report, he suggested, should be entered on the minutes; and, before its adoption, the Committee might decide what branches of education were to be considered preliminary and what professional, and then determine on the registration clauses.

Dr. Alexander Wood believed that the duty of the Council was to ensure the preliminary examination, and to fix the commencement of professional studies. It lay with the examining and licensing bodies to take care that the students duly attended to their studies during the required period. For the Council to do more than this, would be a tyrannical act. He moved:

"That the Report of the Subcommittee on Registration of Medical Students be received and entered on the minutes."

Dr. Embleton seconded the motion.

Dr. Acland said that, whether the discussion arose on the report before the Committee, or at some other period, they would not be able to proceed until they had determined what subjects were professional and what non-professional.

The motion was then carried.

Dr. Andrew Wood moved, and Dr. Embleton seconded, and it was resolved:

"That the consideration of the Report on the Registration of Medical Students be deferred till after the discussion of the question of professional education."

Course of Medical Study. Dr. Storrar moved, and Dr. Paget seconded:

"That the seventeenth recommendation of the Council be adopted; viz., 'That the age of 21 be the earliest age at which any professional license shall be obtained.'"

Mr. Syme moved, and Dr. Andrew Wood seconded, the following amendment:

"That the Committee proceed to consider the subjects and course of study requisite for a medical professional education."

The amendment was carried; 11 voting for, and 7 against it.

Mr. Syme said that he would now give expression to his views derived from an experience of about forty years, as to what should be the proper course of medical education. There was no doubt that the subjects of anatomy and chemistry ought first to engage the student's attention. But, if he commenced their study only at the beginning of his professional course, sufficient care could not be devoted to them; therefore, he (Mr. Syme) would recommend that chemistry—and also botany—should form part of the preliminary education. At all events, a certain amount of knowledge of chemistry should be required before the commencement of professional studies. In his first year, after registration, the student should study practical chemistry, and gain an acquaintance in the dissecting-room with the bones and muscles. In his second year, he should take practice of surgery, anatomy and physiology, and clinical instruction, and should especially study practical anatomy. In his third year, the student should attend to practice of physic, midwifery, pharmacy, and therapeutics, and should devote much of his time to hospital attendance. In the fourth year, there would remain for him, medical jurisprudence, hospital practice, surgical anatomy, study in the dissecting-room, and, if possible, dispensary practice. He then proceeded to notice the evils arising from an excess of lectures. He believed that the present evils arose from the reduplication of the courses of lectures, and from the system of examination. At present, examinations were generally divided into two parts; and the result was, that, if a student failed to pass the examination which took place in the middle of his course of study, or at the end of his second year, he proceeded with the work of his third year while his mind was still occupied with subjects, such as chemistry or botany, on which he ought to have passed an examination a year before. If the student could be made to proceed on a regular plan, and be freed from a reduplication of courses, all would be well. There were two possible plans in which this might be effected. One was, to reserve the whole examination to the termination of the period of study. The other, which was better, was to examine the student year by year in the subjects which he had been studying. In that case, even if he were thrown back with regard to one subject, the burden on his mind would not be so great as if he had to bear in it the subjects of two years' study. He moved:

"That the Council proceed to frame a course of study for medical education, which may be recommended to the licensing bodies."

Dr. Andrew Wood seconded the motion; and observed that the Committee was now about to grapple with a reality. It was a satisfaction to him that the motion had been brought forward by one so distinguished for practical sense as Mr. Syme—not, however, that he (Dr. Wood) could agree with him in all points. The subject to be considered was, what should be the qualifications of a student, and by what test should the possession of such qualifications be ascertained? Various important questions arose in connection with this. The first of these was, what is preliminary, and what is professional education? He believed that great mischief had arisen from mixing these, and that both had been in consequence studied at a disadvantage. The Committee had declined to fix a minimum of general education. In this he believed they were wrong; because the student ought to know what subjects were regarded as preliminary. He believed that nothing had more interfered with the progress of students in Edinburgh than the mingling of chemistry and natural history with their professional studies; and the students themselves were quite aware of this. He was sure that, if chemistry and botany were removed to the category of preliminary subjects, not only would the students gain a more perfect knowledge of professional matters, but the chemistry and botany themselves would be better learned, and in such a way as to render the students better prepared for entering on their professional studies. In learning botany, for instance, the student would be undergoing a discipline of diagnosis, which would aid him in his study of medicine; and the study of vegetable physiology would assist him in acquiring a knowledge of animal physiology. He thought even that students would gain rather than lose by deferring the commencement of their professional studies. He then went on to sketch a course of professional instruction. In his first year, the student should take practical anatomy and practical chemistry during the winter, and physiology and pharmacy in the summer. It would be very important to take physiology before beginning to study the strictly practical departments; but Mr. Syme had not placed it before surgery. In the second year, the student should attend to practical anatomy, to surgery, and to clinical surgery in the summer. In the third year, practice of physic should be studied during both winter and summer sessions (of four months each); and in the summer, morbid anatomy should be added. Clinical surgery should also be studied during the winter term; and at the same time the student might attend to psychological medicine and some other important subjects. In the summer, he should study clinical medicine, midwifery, and therapeutics, in addition to medicine and morbid anatomy, as already noticed. In the fourth year, the winter should be devoted to clinical medicine, medical chemistry, and dispensary practice; and the summer to medical jurisprudence and clinical medicine. As to the number of lectures required from students, he believed this was less in the south than in the north. Students had been, within his remembrance, required to attend courses in which lectures were given on five or six days in the week; and, in some courses, the lectures were given twice a day; so that sometimes the whole day from 9 A.M. to 5 or 6 P.M. was spent in attendance on lectures. He admitted the value of lectures above mere practical instruction, and would fully recognise their importance in denoting to students the salient points to which their attention should be directed. On the other hand, he would not depreciate practical observation; but at present, there was an excess of lectures and a deficiency of opportunity for practical study. Much good might be done by a proper arrangement of subjects, so as to guide the student by an inductive process from principles to practice. He believed that the Council had done good by their recommendation of a preliminary examination. In regard to the professional examination, he could not conceive anything better than making class-examinations imperative.

In Edinburgh, these examinations had been in late years more and more coming into favour; and were most effectual, if anything was so, in rescuing students from grinders. The class-examinations were advantageous both to the lecturers and to the students. They enabled the students to ascertain how they were progressing; and the teachers to ascertain whether they made themselves intelligible. Further, they led the students to give steady attention to the subjects, and not leave them to be got up in the last year. Those examinations were permissory; but he did not see why they should not be made obligatory. Whether they should supersede examinations by a board was another question, of which he would reserve the consideration. With regard to the question of dividing the examinations, he thought that it would be best to have the whole examination at the end of the period of study. The class-examinations would prevent the student from neglecting his studies; but to the yearly examinations, as suggested by Mr. Syme, there was the objection that the student, having passed an examination in anatomy or any other subject, might cease to retain it in his mind. By deferring the examination to the end of study, the even tenor of the student's way would not be interrupted. He (Dr. Andrew Wood) would not have the final examination made too minute.

Dr. **Smith** said there would be a difficulty in transferring botany and chemistry to the preliminary department. The teaching of these subjects would be handed over to the educational bodies; and he doubted whether some, such as the College of Preceptors, would undertake the duty.

Mr. **Rumsey** would urge the great importance of making a distinction between matters of general science and the more immediately professional subjects. Medicine was, strictly speaking, founded on the pure sciences; but these were not *per se* belonging to medicine, and were, indeed, studied without reference to that profession. If purely scientific subjects were to be regarded as parts of medical education, then the time of study should be extended beyond four years. He would entreat the Council to look at the theoretical aspects of the question, as well as at the routine method of teaching.

Dr. **Apjohn** said that it would be impracticable for the Council to separate scientific subjects from professional education. The matter must be left to the licensing bodies. The University of Dublin, for instance, could not make the separation, being bound down by an Act of Parliament. He thought that the course of study suggested by Mr. Syme did not differ much from the curricula at present adopted.

Mr. **Arnott** had read with much care the writings of Mr. Syme and Dr. Andrew Wood, and of Mr. Callender, on medical education. He agreed with Dr. Apjohn, that the plan sketched by Mr. Syme was very like that which at present existed. He objected to the Council being embarrassed with the consideration of details, and would take no part in determining what subjects should be studied at any given time, nor how many lectures should form a course. He had many years ago attended, in Edinburgh, a course of lectures which was not completed in six months; and from this he had gained great instruction, because in it principles were laid down. On the other hand, a lasting impression had been made on his mind by a course of lectures on Surgery by Mr. Abernethy, which lasted only three months. Hence he thought it impossible to lay down a fixed rule as to the duration of courses of lectures. He would not object to defining the period of commencement of study, the subjects to which the student should attend, and the number of courses of lectures; but he would not enter into any further details.

Mr. **Hargrave** did not think that the Council could enforce any scheme of study on the medical corporate bodies. The College of Surgeons of Ireland, for instance, had charters granting powers which prevented such action. As to the statement that the students were overloaded with lectures, he had never heard any complaints of the kind; and he believed that in Dublin the students had sufficient time for lectures and for hospital practice, and also for home study. He objected to any limitation by the Council of the number of lectures. With regard to class-examinations, he did not see how it was possible for a lecturer to give his class a proper examination every week. As to the division of the general examination into sessional examinations, the College of Surgeons of Ireland had tried the plan, and had not found it satisfactory. They had, therefore, returned to the old method of holding the examination at the end of the period of study; and had also made the examination open to the profession. Two of the Council of the College were also present at each examination—a proceeding which appeared to give much satisfaction to the students. He would not have any change made at present, but would recommend that the whole subject of medical education be thoroughly ventilated, and any decision on it deferred to another session of the Council.

Dr. **Stokes** thought it was very important to determine whether the Council should interfere with the licensing bodies in regard to special points—even in the way of recommendation. He was of opinion that the Council ought not to dictate the nature of medical studies, or the order of their sequence. Different licensing bodies might have very good reasons for pursuing different plans; and any attempt to establish uniformity would be a failure. Again, to establish an order of sequence of medical studies would be unjust, even if it could be done. For instance, a young man might have an opportunity of commencing medical study by attendance on a hospital, or he might be an apprentice; and it would not be fair to say that none of this study should be counted, because he had not studied botany before he looked at a patient. Again, there was difficulty in attempting to fix the duration of courses of lectures; for the value of lectures lay in the mode in which the instruction was given, and teachers varied as to the time required by them for imparting knowledge. He had no doubt, however, that the student might be relieved as to the number of courses which he was required to attend. As to the order in which subjects should be studied, he was disposed to leave matters as at present, remembering that the examinations still existed as a test of the student's knowledge. He had, however, no objection to indicating an order of study which, in the opinion of the Council, it would be best to follow. As to class-examinations, they might be very useful, or the contrary. They were of very little use when the instruction had been simply oral, and not demonstrative. Their object should be to test and develope the power of observation in the student, and to train his faculty of reasoning on medical subjects. He would not advise that the class-examinations should be made obligatory. In the final examination, too high a test should not be applied. He thought that in general too much was expected of students; whereas all that was required was, to ascertain whether the candidate might be with safety allowed to practise his profession. He was in favour of holding yearly examinations, as in this way the student would be relieved. The duty of the Council, he considered, was to suggest general principles, and to point out what matters it thought most important to be attended to by the licensing boards.

Dr. **Alexander Wood** approved of the spirit of Mr. Syme's proposal. It led, however, to the supposition that the aim sought was to decide on details; whereas the object was to discuss general principles. It was important that the opinions of the members of Council should go forth, and be made known to the licensing bodies, by whom the regulations for study were framed. The Committee, however, seemed to have lost sight of the real object of education—not the putting a certain amount of knowledge into a student, but the drawing out of certain mental faculties and their products. It was an error to advocate yearly or more frequent examinations as a substitute for the final examination; because all the subjects of medical study are intimately connected, and the knowledge of no one can be entirely dispensed with at any time. A former President of the Council, Sir B. Brodie, had very correctly said that what was most required was, to amend the preliminary education of the students. It appeared to him (Dr. Alexander Wood) that the Committee were forgetting that advice; and that, if chemistry and botany were removed to the preliminary studies, these subjects would be thrust on the minds of youth at a time when they were not capable of comprehending them. If the student were forced to commence scientific studies at an earlier age than at present, his mental culture must be interfered with. He quite agreed with the opinion that medical students were at present too much encumbered with courses of lectures. With regard to examinations, it had been stated that even the best students had recourse to cramming. The cause of this he believed to be in the demand for details, rather than for principles, made at the examinations. Now it was not possible for the Council to make good examiners; but a check might be put on examination in details, by suggesting the parts of subjects with which the memory should be charged; and the examiners should then be left to bring out the knowledge of the students as they best could. Mr. Syme had recommended the entire abandonment of the present examination system. On the other hand, the University of Edinburgh itself declared that "it was unwilling to alter the system without further experience, as it had worked exceedingly well." When such contrary opinions existed, the Council would act unwisely in deciding during the present session on any of the points that had been mentioned. The Committee might consider how far it should be recommended to make examinations public. Such a plan, he thought, would be beneficial both to the public and to the profession. It would be a security of fair treatment to the student, and would remove all suspicion of injustice towards those who might be rejected. With regard to visitation of examinations by the Council, he thought it was not practicable, unless some general plan could be formed.

Dr. **Corrigan** differed from Dr. Alexander Wood's opinion that students ought not to be examined in petty matters of detail. The purpose of examination, he maintained, was not to ascertain how far the student possessed a knowledge of principles, but to find how far he is acquainted with details—such as the diagnosis of dislocated hip from fracture of the neck of the thigh-bone. Dr. Andrew Wood would remove botany, chemistry, and natural history to the preliminary education; but there was no evidence of instruction in these subjects being required by the seventeen educational bodies, from which students must present certificates before entering on their professional studies. All that was necessary, he thought, would be to make the final examinations public. In the King and Queen's College of Physicians, every Fellow and Licentiate of the College was entitled to be present; and a similar system, he believed, was followed in the College of Surgeons of Ireland. As a proof of the value of publicity of examinations, he referred to the high reputation of the fellowship of Trinity College, the examination for which was open to the public.

Dr. **Christison** trusted that the Committee would not lose sight of the fact, that the subject under discussion was the education of general practitioners; and from these it was not possible to demand a very extended education. He differed from those who believed that the Council could successfully deal with minute details, such as the order of study, etc. There were still, however, some points regarding which the opinion of the Council might be laid before the licensing bodies and the public. There was, for example, a general agreement among the members that it would be expedient to recommend the medical schools so to organise their courses of instruction, as to allow as much time as possible, during the student's last two years, for the practical study of medicine and surgery. He hoped, also, that the Council would not yield to any outcry that lectures are altogether useless. The delivery of lectures was still the best system of instruction; and the student attending them was impelled by rivalry, and was enabled to compare his own progress with that of those around him. Lectures were not, as some supposed, of modern date, but were the earliest method in which instruction was known to be delivered: they were given in the school of Salerno. The Council were also generally agreed that the medical student should commence by learning chemistry and botany. Many, however, left chemistry to a later period, and consequently got into confusion. Beyond requiring these subjects to be studied first, he would not interfere with the course of study; because the subjects were so interwoven, that it was not possible to lay down any rule as to the course to be pursued. With regard to materia medica, he would remark that the course was very curiously organised: it included both pharmacy and therapeutics, as it had done from the days of Dioscorides. These subjects, diverse as they were, were in London injudiciously thrown together in a course required during the first year. It might be desirable, then, to consider whether this and some other branches of study could not be differently organised. Botany and natural history, he thought, should be taken before the commencement of professional study: but he could not say the same of chemistry. He thought that there had been an underrating of the connexion between chemistry and medicine—a connexion which was daily increasing. How chemistry should be organised and taught, was a different question, and a difficult one. Elementary chemistry should, if possible, be separated from practical: and chemistry and anatomy should form the chief objects of the student's attention during his first session. With regard to practical study, he would have the hospital attendance of the students combined with clinical instruction. He agreed that various courses of lectures were too long; and that, if the Council issued recommendations, they should endeavour to obtain a revision of the length of the courses; but he would leave it to the schools to consider how this was to be done. The certificate system was one regarding which great abuses existed; and the schools should be recommended to revise the system thoroughly, and to ascertain whether it might not even be given up altogether. When he was a student, no certificates were required, and the classes were well attended. But the London College of Physicians complained that there was reason to believe that some of those who entered their names at the University of Edinburgh did not attend the lectures. The certificate system was therefore introduced: he had enforced it rigorously during more than thirty years, and he did not think that it had at all ensured the regular attendance of students. And, even if attendance in body were compelled, it was impossible to compel it in spirit. With regard to examinations, the question was, how they should be managed. He thought that the University of Edinburgh could bear testimony to the benefit of dividing the examination into two parts. By this plan, the labour of the students had been lightened. But, on the other hand, the further subdivision of examinations, so that they were held at the close of the second, third, and fourth years, led to an increase in grinding. He would, therefore, not multiply the number of examinations, unless they could be held at the close of each year, on the subjects studied during the year. He approved of the plan adopted by some of the professors in the Edinburgh University, of having written class examinations, to the answers in which special values were affixed. The plan not only elicited good answers, but enabled the examiners to ascertain more accurately what knowledge the students possessed: and he would recommend it to the consideration of other schools. These class-examinations, if generally adopted, might in great measure take the place of the final examination; but not altogether so, for there should still be a practical examination at the close of the period of study. As to the objection that the student was likely to lose sight of the subjects of which his knowledge had been tested in the partial examinations, he observed, that it was quite easy to ascertain in any of the subsequent examinations whether he had done so. He thought the Council should show its opinion of those examinations which candidates for admission into the public services were required to undergo, after having satisfied the licensing boards. The public services, he believed, had in this way lost some of the best University graduates.

Mr. Syme said that the objection had been made, that there was a deficiency of practical knowledge among students. How could it be otherwise, when their time was required to be occupied with such subjects as chemistry and botany! As to the fear that, if these were studied at an earlier period, classical studies would be interfered with, he could not agree that this would be the case. He had no wish to lay down details, but was desirous of establishing a discussion of the principles on which medical education should be conducted.

Dr. Thomson thought the Council was to some extent committed to certain opinions. Last year, the following resolutions had been agreed to. "That, looking at the various curricula of professional education enforced by the licensing bodies enumerated in Schedule (A) to the Medical Act, the Council are of opinion that the number of courses of lectures required to be attended, might be reduced with advantage, so as to give the student a larger amount of time for self-education." "That the overloading of the curriculum of education—whether as to the number of courses, or of lectures in particular courses,—must be followed by results injurious to the student." "That the Medical Council resolve to take into consideration, at the next meeting, the propriety of recommending a reduction in the number of courses of lectures which the regulations of the various licensing boards at present render obligatory." "That, with the view of facilitating the consideration of this subject, the General Council request to be favoured with the opinion of the bodies in Schedule (A), on the possibility and propriety of this, before next meeting." The contents of these resolutions formed the legitimate subject of discussion at the present time: although subordinate questions—such as the age at which license to practise should be granted, the duration of courses of lectures, etc., would no doubt come under notice. In the discussions which had taken place outside the Council, the superabundance of lectures had occupied a very prominent position. The Council would require to act with caution before they made a broad assertion of the superfluity of lectures. Courses might be repeated too often, and lectures might be too numerous: but there was no doubt that in some subjects lectures were necessary, and very beneficial both to the student and to the practitioner. Principles must be taught; and hence lectures must constitute a large proportion of the means of instruction. He would also refer to the influence of a good lecturer on the minds of the students; an influence which, he believed, had been happily illustrated in his own case. As to examinations conducted during the course of study, he regarded them as being useful both to the student and to the teacher. He could scarcely imagine a system of lecturing to be successful without class-examinations. He had for many years followed the plan of holding not only weekly oral examinations, but also occasional written examinations, classifying the students according to their answers: and he had found the plan to work well.

The further discussion of the subject was postponed.

Saturday, April 30th.

G. Burrows, M.D., President, in the Chair.

The minutes of the last meeting having been read and confirmed, the Council resolved itself into a Committee on Medical Education.

Course of Medical Study. Dr. Thomson resumed his observations, recapitulating the remarks which he had made on the previous day. The last point to be considered was, how far it was possible to lay down rules for the minutiæ of education. He had studied this subject carefully, and had probably in the course of time changed his opinion; but only in accordance with the general change of sentiment. He remembered the time when improvement in medical education was supposed to consist in doubling or trebling the number of courses of lectures to be attended by the student. Now, however, it was thought that the object was to ascertain on what subjects lectures might be most appropriately attended, and how knowledge could be best communicated. He believed that the Council was not yet prepared to legislate with unanimity on this matter. There were many subjects, lectures on which he would gladly see included in the curriculum, were it not that their introduction would still further overburden the students. The Council should content themselves with laying down certain principles on which they could agree, and which they could recommend to the licensing bodies as a guide to the course of medical education to be pursued. He had thought it best to embody his views in a resolution embodying a series of recommendations; and, as professional education and examination could not be separated, he would bring them under one head. There was great evil in attempting to specify certain branches to be studied by lectures, or to frame a measure which might not give satisfaction either in the Council or outside, and which might have the effect of suppressing emulation among teachers, and of preventing men distinguished in various departments from coming forward as lecturers. He had noticed with great satisfaction the general disposition on the part of the licensing bodies to second the efforts of the Council; and he believed that, by allowing freedom of action, this disposition of the schools and licensing bodies to aid the Council would be increased. He moved as an amendment to Mr. Syme's motion:

"That, instead of proceeding to frame a course of study for medical education, etc., the Council adopt the following resolution:

"That, viewing with general approval the conditions required by the different bodies enumerated in Schedule (A) of the Medical Act, of candidates for a qualification, the Council do not think it expedient, for the present, to proceed to frame a complete or formal scheme of professional education and examination. But, in order to indicate the general nature of their views upon this subject, they resolve to communicate the following recommendations for the guidance of the various licensing boards:—1. That twenty-one years be the earliest age at which a professional license can be obtained. 2. That no licence be obtained at an earlier period than four years after the registration of the candidate as a medical student. 3. That the course of study required for a licence shall comprehend not less than four winter sessions, or three winter and two summer sessions, at a recognised medical school; and that evidence shall be produced that the remaining period of the four years has been passed in the acquisition of professional knowledge. 4. That the professional examination be divided into at least two parts; that the first of these, embracing the preparatory branches of study, be not undergone before the conclusion of the second sessional year of nine months; and that the final examination be not undergone till the completion of the whole prescribed course of study, nor at an earlier period than three years and nine months after the commencement of professional study. 5. That the professional examinations be conducted partly in writing and partly *vivâ voce;* and in all parts which admit of it, also practically and by demonstrations. 6. That the Council recommend to the several licensing bodies, that the courses of instruction required by them severally should be framed in such a manner as to secure a due share of attention, both to the preparatory and to the final, or more strictly practical, branches, and by class examinations, and all other means which may be deemed proper, to promote as far as possible the self-culture and useful practical education of those who seek to obtain a licence. The Council would accordingly suggest to these bodies, that it is desirable to avoid enforcing attendance upon a large number of courses of instruction during the same term of study, and to arrange the subjects of examination in such a manner as will guide the student in the most approved order of study. 7. That the regulation of the extent and duration of courses of lectures and instruction be left to the authorities of the several medical schools; and that in the case of branches of scientific study, not purely professional, which are included in the curriculum, the scope and extent of attainment required of the candidates be indicated by means of a published conspectus of the subjects of examination to be issued by the several examining boards. 8. That, with a view to secure fairness and efficiency in examinations, the Council resolve to institute a system of supervision or inspection, to be conducted in the meantime for each division of the country, under the direction of its Branch Council; the results of which supervision are to be reported annually to the General Council."

Dr. Sharpey seconded the amendment.

Dr. Parkes, referring to some remarks made by Dr. Christison at the close of his speech on the previous day, was desirous of explaining why an examination was required for entrance into the Indian medical services. In every examination of the kind in which he had taken part during the last ten years, many candidates who presented themselves had been so imperfectly prepared, that they could not be admitted into the service. He wished it to be distinctly understood, that his remarks were not intended to be applied to the numerous gentlemen who had passed the examinations creditably, and who were performing their duties in various parts of the world; but to some instances which, though exceptional, yet demanded notice. Was it possible to admit men who did not know the radius from the ulna, or the os calcis from the astragalus? or who described the œsophagus as lying in front of the arch of the aorta? or who said that the aorta sometimes arose from the right ventricle? Again, in surgery, he did not think Mr. Syme would be satisfied with a candidate who, when asked how he would treat a case of wounded artery, replied that he would amputate the limb above the seat of injury; or one who, when required to describe the treatment of acute inflammation of the knee-joint, answered that he would make a free incision. In medicine, also, it would not be possible to allow a man to pass who, with a well-marked case of aneurism of the thoracic aorta before him, and with the name of the disease written on a card over the patient's head, could not describe the symptoms of the disease; nor one who, having been educated both in England and in Scotland, had never heard that "scabies" meant itch. He would here bear testimony to the care which some schools, especially that of Edinburgh, paid to the subject of dietetics. But one candidate, possessing licenses from English boards, when asked to classify the articles of diet, had answered to the following effect: "Foods are divided into nitrogenous, comprehending vegetables; and non-nitrogenous, comprehending all meats, including the carnivora. The non-nitrogenous articles of food are further divided into, 1. Albuminous—example, hens' eggs; 2. Fibrinous—ex. flesh of the ox and pig; 3. Caseous—ex. cheese; and 4. Gaseous—ex. soda-water." Dr. Stokes had very justly said that the object of examination was to find out what a candidate knew or did not know. It was easy to find the latter, but often very difficult to ascertain the former. In one instance, after long trial, his colleague Mr. Paget had been obliged to sum up his opinion in these words, "Dull all over." The medical corporations were admitting men who could not practise with safety; and, as long as this was the case, so long must the army medical department examine for itself. One powerful reason for this was, that in civil practice there was a constant check on incomplete qualification—a practitioner must prove himself worthy of confidence, or break down from incompetency, and every member of the public could choose his own medical attendant; while in the army there was no choice—the soldier must go to a particular medical officer. Dr. Christison might admit the necessity of the second examination, and say that it should be practical. With this he (Dr. Parkes) would agree to a great extent; but it was a matter of details, and if Dr. Christison would draw up a scheme, he was sure that careful attention would be given to it by the Director-General of the Army Medical Department and by the Secretary of State. How, he would ask, was the army medical service to be recruited? Was a return to be made to the old system of patronage? He thought not. Could a number of nominations be given to the Colleges and Universities, these bodies being asked to send some of their best men? Even if this were possible, there must still be an entrance examination as a security that properly qualified men were really sent. There then remained only the system of open competition, by which the best qualified candidates were selected; and he hoped that nothing would be done in the

Council which should diminish the confidence of the Government in this system. As to the details of the army medical examination, it consisted in natural history, anatomy and physiology, medicine, and surgery. The system was commenced in the time of the East India Company; and natural history had been introduced, because there were many appointments in India, capable of being held by medical men, in which a knowledge of this subject was required; and also because, although there had been several great naturalists in India, the medical profession had not contributed that share of knowledge which might be expected. Another reason was, that it was considered that the study of natural history was a good training for medicine. Of late years, however, there had been no actual examination in natural history; the questions asked under this head being questions in materia medica, botany, etc. The subject had never been made so far compulsory as to cause any candidate to be rejected for insufficient knowledge of it, if he were well qualified in medicine and surgery. The amount of knowledge of anatomy and physiology required was that which was necessary to the physician and surgeon; at the same time, some more elaborate questions were put, for the purpose of bringing out the more highly qualified men. In medicine and surgery, the examination was made as practical as possible; and very high marks were assigned to the practical portion of the examination. In regard to the general question of examination, he could not consider the present system satisfactory, when it allowed men to obtain licenses who could not make a chemical examination of water, or who did not know the skeleton, or who could not put up a fractured limb or pass a catheter. How was the Council to remedy this state of things? In the first place, it must see that the examinations were sufficient to ascertain whether a man possessed such knowledge as would enable him to do good; next, it should indicate, in general terms, what points required consideration and reformation. He was, however, convinced that no real good would be effected until the Council organised a scheme for the supervision of examinations.

Dr. SHARPEY could not help adding to the evidence which Dr. Parkes had brought forward, as to the want of practical skill in some of the candidates for the army medical service. Some years ago, Mr. Paget and Mr. Busk had invited him to be present at the examination in operative surgery. Many of the candidates performed the operations rightly; but one, being required to cut down and tie the subclavian artery, raised instead the omo-hyoid muscle; another, to tie the iliac artery, cut through everything—skin, muscle, and peritoneum, and, in stitching up the wound, left portions of omentum protruding through it. It appeared from the course which the debate had taken, that the opinion was that the way in which the Medical Council could act most efficiently, was by endeavouring to arrive at certain general resolutions, and to found recommendations thereon. It was plain also that such recommendations should have reference to the general principles of education, and that the settlement of details should be left to those immediately charged with the education of the student. It was a known fact that different modes of conducting education prevailed, and had long prevailed; and each method had its advantages and its defects. It had been proposed to establish uniformity; but he would rather look to results, and was not so enamoured of uniformity as to seek it at the expense of freedom of action. The Council, indeed, must take care lest, in endeavouring to establish uniformity, they should bring the whole system to a dead level of mediocrity. There was, he believed, no difference of opinion as to the age at which a student should be allowed to pass his examinations, or as to the propriety of requiring four years to be spent in professional study. Then, as to the subjects of study, should the Council propose a scheme? He did not well see how this could be done; and any attempt in this direction would very probably be frustrated by difference of opinion. Again, it had been urged, and very speciously, that the Council should recommend an order of study. This, when tried practically, he believed would be found unadvisable. The Society of Apothecaries—and he could not speak of this body but with respect for the exertions it had made to improve medical education—had introduced a set order of study; but it had been found impracticable to carry it out. He had himself been obliged to recommend commencing students, who were obliged to attend his lectures on physiology during their first year in order to obtain certificates, not to devote their attention seriously to this science in their first session, but rather to study anatomy and chemistry. Again, in laying down an order of study, the Council would have the same difficulty from difference of opinion, as would arise in regard to the subjects. He believed that the order would be sufficiently regulated by a proper division of the examinations. As to examinations, great advantage had been found to attend the plan long adopted in the University of Edinburgh, of dividing the examination into two parts. It disembarrassed the student from the necessity of retaining in his mind a multitude of details. In the University of London, there had been for several years a "Preliminary Scientific Examination", including Natural Philosophy, Chemistry, Botany, and Zoology; and youths could be examined in this before commencing their professional studies, provided they had attained the age of 17. He would recommend this plan to the notice of the other licensing bodies; not that they should introduce such subjects as zoology as necessary, but it would be well, he thought, if they could give some encouragement to students to pass in chemistry before commencing their professional studies. In Edinburgh, there had been a partial substitution of class-examinations for the final examination. He thought there might be much advantage in applying this plan to preparatory subjects. In the first place, it ensured constant attention on the part of the student to the subject; whereas, if examination on it were deferred to a later period, he might be obliged to make up for want of attention. Again, examinations conducted in this way could be made more full and searching than final examinations; and they would give the student an opportunity of being warned of his defects in time for improvement. The great advantage, however, lay in relieving the student's mind from details. It had been said, that under this plan a student would be liable to lose what he had learned; but he (Dr. Sharpey) did not believe that, because the student might forget for a time, the impression once made on his mind could be erased. There might be a temporary obscuration; but the knowledge would return to the mind. The great object should be, to make a student learn a subject as well as he could, for once; and, if this were done, he would not forget it. He believed that, if two candidates were tested at the end of a year, one of whom had been subjected to class examinations, while the other had undergone merely the final examination, the former would be found to have retained most. The substitution of class-examinations for final examinations might be applicable in the Scotch Universities; but it was difficult in England, and he did not see how the difficulty was to be overcome. The only suggestion which he could make was, that the candidate should be required by the licensing boards to come up each year for examination in the subjects which he had studied during the session; and, in doing this, care must be taken that he passed in certain subjects before presenting himself for examination in others. He did not think that any plan of conducting such examinations in the London medical schools could be organised; but he believed that the lecturers of the schools would be very glad to confer with the licensing boards on the subject. Examinations on subjects not purely professional, such as chemistry, should be conducted according to a programme which defined the extent of knowledge required. This was the plan followed by the University of London. As to practical examination, it should be introduced whenever it was possible to do so. As an illustration of its necessity, he mentioned that a young man who once presented himself for examination at the University of London, gave good written answers on anatomy and physiology, but, at the *vivâ voce* examination on the subject and specimens, he could answer nothing. His explanation was, that, from the duties in which he was engaged, he had had no time to attend to dissection. Mr. Syme had objected to clinical examinations; but he (Dr. Sharpey) held that students ought to be examined at the bedside, because this tested their practical knowledge, and encouraged the pursuit of clinical study. He thought that some means should be devised for a supervision of examinations. There was one way in which this might be done without difficulty; namely, by providing that, whenever an examination was conducted by means of written papers, the answers should be inspected by the members of the Branch Councils, or by persons appointed by them. Members of the Branch Council might also be present at the practical examination. As to the alleged excess of lectures, Dr. Christison had explained that the courses had neither increased in length nor in number. Mr. Syme, however, had said that practical studies had increased in importance, and that too little time was allowed for them. But, if the time required for attendance on lectures were diminished, would the time saved be properly employed? Some thought there would be a difficulty in employing the extra time; and it was known that the alleged overoccupation was used as a plea by idle students for neglecting their duties. The diligent students found sufficient time for everything. The proper plan would be, to dispense with the necessity of attending a second course of lectures on any one subject; and to make the first course as complete as possible. In short, he thought that it would be best to leave matters as much as possible to the schools and teachers, so as to leave room for salutary competition. In regard to class-examinations, he had found (as had been observed by Dr. Christison) that the attendance on them was at first good, but afterwards gradually diminished. And, so long as these examinations were conducted orally, it would not be possible to examine more than ten or twelve students in an hour. But these examinations were useful not only to those examined, but to the hearers. He had always impressed this fact on his pupils; and he had observed that many of them made notes of any important remarks made by him during his examination. The class-examinations might be improved by the introduction of written examinations; and their value was so great that they should be made compulsory. This would enable lecturers to grant certificates to students on the ground of attendance at the examinations. It had been proposed to divide the year of study into two portions, each of four months. He did not wish to object to this plan, if it should be deemed advantageous in other parts of the kingdom; but in London it would not be advisable, inasmuch as it would take away two of the best months for dissection—October and March. He feared, indeed, that it would do more harm than good.

Dr. Storrar thought it very desirable that attention should be directed to certain points of importance. The first of these was the separation of the natural sciences from the course of medical study. He doubted whether any recommendations could be issued on this subject: but in some bodies, such as the University of London, the separation had been made, and he thought the Council might in some way hold out an inducement for other boards to follow the same course. As to the course of study, it would be impracticable and unwise to attempt to establish uniformity. There was this advantage in diversity, that different intellects could be appealed to by different processes. With regard to the number of lectures required, there was great diversity in practice. The University of London required no attendance on lectures for the preliminary scientific examination; for the first examination for the degree of M.B., the candidate must have attended three courses, to be selected by him from a specified list of twelve, and must also produce certificates of construction in dissection, practical chemistry, and practical pharmacy; and for the second examination for M.B., he must have attended two courses, besides having attended hospital practice and conducted twenty labours. The division of the sessions must be a matter of arrangement to be left to the boards; but he would remind the Committee that a session of medical study should not be looked on as merely consisting in attendance on lectures. He would not interfere with arrangements made in Edinburgh and Dublin as to the arrangement of sessions: but he thought the English plan, of having a six months' winter and a three months' summer course, a very useful one. Certificates of attendance on class-examinations should be required. These could not, however, except in the Scotch Universities, take the place of final examinations. If the attempt were made in London, it might bring the teachers and the examining boards into collision.

Mr. Arnott considered that, as far as the discussion had gone, the leading idea was that the present system was the best for teaching medicine. Up to a recent period, the professorial system had been exclusively followed in Edinburgh; but within the last ten or fifteen years, the question had been raised there whether the English tutorial system had not also some advantages; and attempts had been made to combine the two. With regard to the examinations, he was bound to consider what was the best method for sending out practitioners. If examination in doctrines and principles alone led to the admission into the profession of men not fit for the exercise of their calling, the Council would not be doing its duty in being content therewith. He had listened carefully to the speech of Dr. Parkes, whom he was glad to see in the Council. He had obtained from the army board a list of the rejected candidates; and these were furnished from all the licensing bodies, except Oxford and Cambridge; not from any one in particular. He (Mr. Arnott) had witnessed one of the examinations in operative surgery for the army medical service; and had seen candidates who did not know a leg- from an arm-splint, etc. In his opinion, Dr. Parkes was quite justified in supporting the necessity of a second examination for the army medical service. Having been engaged in teaching during thirty years, he was perfectly satisfied that the essential defect of the present candidates was not ignorance of doctrine, but a want of practical knowledge of their profession. How was this to be remedied? Systematic lectures must, and ought to, occupy much of the students' time; and he knew no better mode of giving instruction. But no obstacle should be thrown in the way of the acquisition of practical knowledge. Within a few days, he had met with an apparently well-informed pupil, who had never seen a case of hernia operated on in an hospital. And how was it possible that a practitioner should know how to act if called to a case of this kind, unless he had witnessed such cases? The opportunities afforded in the London hospitals were, however, not sufficient. In the last census, it was shown that, at the time of taking it, there were (excluding naval and military and workhouse hospitals) in Scotland, 1,518 patients in hospitals; and in England and Wales 10,414, of whom 4,000 were in the London hospitals. He had made out a list of ninety-seven provincial hospitals which ought to be made available for instruction. He would not interfere with lectures; but would urge the Council not to interfere with the acquisition of knowledge from any source. In his own experience, he had known a series of first-class students to be sent up from one general practitioner. As to clinical examination, to which several attached much value, he did not underrate its importance; but, at the present day, there were no means of carrying it so far as was necessary.

Mr. Cooper doubted whether students could take in all the information required, in the four years required by the recommendations of the Council. The Society of Apothecaries required apprenticeship. The value of this depended much on the practitioner with whom the pupil was placed. If placed under a man of intelligence and education, he would get the best foundation for a general practitioner. He considered that the apprenticeship system had been too lightly thought of, and that it was the best preparation for those intended for general practice.

Dr. Alderson could not support any proposal for making examinations public. He had been informed by the late Dr. Robert Williams, that the College of Surgeons in Ireland had adopted the plan of public examinations. After two or three times, the public ceased to attend; and the grinders alone came, and became possessed of the questions.

Dr. Corrigan would vote both against the resolution and against the amendment. He would vote against the resolution, because he did not think it the business of the Council to frame a curriculum of study. The object was, to find out what a candidate knew, and not where he learned it. If one College said that students must be educated in London, and another that they may be partly educated elsewhere, let them not be interfered with, but let each body establish its own curriculum. He did not think that the Committee could do better than establish its position on the same platform as the University of London. Against the amendment he would vote for three reasons. First, it entered into details which should be left to the licensing bodies. Secondly, it set out with a preamble from which he dissented; for he did not approve of the conditions required by all the licensing bodies,—and if any reason for this were required, it was in the evidence furnished by Dr. Parkes. Had any of the recommendations, on which so much time had been bestowed, been followed by the licensing bodies? [He here read extracts from the answers from the representatives of the examining bodies, with the view of showing that the first recommendation had not been complied with.] The next point to be considered, was that of practical examination. The remarks made by Dr. Sharpey, Mr. Arnott, and Dr. Parkes—the evidence of the latter being of special value—would make the licensing boards put their houses in order. It had been said that practical examination could not be carried out; but it was carried out by the army board, by the University of London, and, he believed, by some other boards. He was sorry to find Mr. Syme asserting its impracticability, and the inconvenience which it gave to patients. He (Dr. Corrigan) had been much engaged in clinical teaching, and had never heard any complaints from patients. A third objection which he had to the amendment, was that it recommended a system of visitation of examinations. He regarded this as quite impracticable. Was he, being at the present time President of the King and Queen's College of Physicians, or Dr. Stokes, to visit the college to ascertain whether the examinations were properly conducted? Was he to visit the University of Dublin, to see that Dr. Apjohn was examining properly in chemistry? The persons delegated to visit and report on the examinations must know the subjects as well as the examiners themselves.

After some observations from Dr. A. Smith, Mr. Hargrave, and Dr. Alexander Wood,

Dr. Acland proposed, Dr. Embleton seconded, and it was resolved, that the discussion should be adjourned.

The Council then resumed.

Report of Pharmacopœia Committee. Dr. Quain moved, Mr. Rumsey seconded, and it was resolved:

"That the Report of the Committee on the *Pharmacopœia* be adopted." (See proceedings of April 29th, p. 504.)

Monday, May 2nd.

George Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

The British Pharmacopœia. Dr. Quain proposed that the Committee on the *Pharmacopœia,* alluded to in the Report which had been adopted, consist, with the president, of four members; two in London, one in Scotland, and one in Ireland. Their duties would be to draw up a plan of the modifications and changes required in the *Pharmacopœia,* and to submit the same to the present session of the Council; to appoint one or two editors, who should be paid a reasonable sum for their labour, and whose duty it should be to ask for and receive suggestions and transmit them to the chairman of the Committee; and to undertake, under the supervision of the Committee, such other duties as might be required. He proposed:

"That the *Pharmacopœia* Committee consist of four members: Dr. Christison (chairman); Dr. Sharpey; Dr. Apjohn; and Dr. Quain."

Mr. Syme seconded the motion.

Dr. Sharpey said that he had long ceased to take much practical interest in pharmaceutical matters; but if the Council thought he would be of service, he was willing to give his time and labour to the work.

Dr. Christison had been desirous of continuing to watch over the progress of the *Pharmacopœia;* and already he had agreed to take under his charge the improvements in pharmacy. But since the subject had last been brought forward, he had been led to consider whether he could devote the necessary time to the work, and whether he could still act as a member of the Committee; for he was unwilling to undertake any duties which he could not discharge. He understood, however, that the Committee was only to consider the defects in the present *Pharmacopœia,* and the means of remedying them. He would with much pleasure undertake his share of this task; but if no change were to be made for a long period, and then a series of great changes were required, it would be more than he could attend to.

Dr. CORRIGAN would make a few suggestions to the *Pharmacopœia* Committee. First, a posological table was required. There might be difficulties in framing this, and objections to it; but when it was remembered that the book was intended for the use of pharmaceutists, it was important that they should have some guide as to the doses of the medicines, in order to be able to detect mistakes in prescriptions. Another deficiency, which he had much felt, although he recognised the work as an admirable one, was the absence of a proper arrangement in the index. A prescriber wished to know what were the various forms of prescribing any medicine, such as camphor, iodine, or iron. On turning to the index, however, he would find in its proper alphabetical place only the article itself, and would have to search through the index, and probably turn to two or three parts of the book, before he could find the preparations. He wished, then, that the index could be extended—and made, in fact, a *catalogue raisonnée*.

Dr. ANDREW WOOD said that it would certainly have been of great importance to insert a posological table. This had not been done in previous *Pharmacopœias*; but the present work was a revolutionary measure, and the Council was bound, having regard to the safety of the public, to give as much information as possible to the prescriber. He agreed also with the remarks made by Dr. Corrigan as to the index. Another defect which had been pointed out to him by many was, that there was not sufficient indication of the changes that had been made. He believed that if these matters were attended to, much of the opposition to the *Pharmacopœia*, at present existing, would be removed.

Dr. CHRISTISON said that the necessity of attending to the points referred to by Dr. Corrigan and Dr. Andrew Wood was fully recognised by the members of the *Pharmacopœia* Committee.

Dr. ALEXANDER WOOD was glad to hear the assurance given by Dr. Christison. At the same time, criticisms which were not deserved, had been passed on the *Pharmacopœia;* and this had evidently arisen from many persons having expected, not a pharmacopœia, but a dispensatory, such as that of Dr. Christison. He thought the *Pharmacopœia* an excellent work; and had been informed by the most eminent chemists in Edinburgh that, with one or two exceptions, the processes for the preparation of the medicines were admirable.

After some remarks from Dr. QUAIN and Dr. APJOHN, the motion was put to the vote, and carried.

The Council then formed itself into a Committee on Medical Education; the President in the chair.

Course of Medical Study. Dr. PAGET, in commencing the resumed debate, first vindicated the University of Cambridge from the charge, made by Dr. Corrigan, of not complying with the recommendations of the Council. The University, in fact, had framed some of their regulations—such as that requiring registration of students—so as to be in conformity with the desires of the General Council. Referring to the matter under discussion, he said that the debate had given an opportunity of eliciting opinions, and of bringing forward important facts, such as those mentioned by Dr. Parkes regarding the deficiency of some of the candidates for the army medical service. Blunders of the kind alluded to by Dr. Parkes were liable to be met with in all examinations; but the *gravamen* of the case was, that those who had been rejected by the Army Medical Board were probably now practising their profession in the kingdom. This was certainly not a very pleasant reflection; and it was unpleasant to the Council, as a portion of the responsibility of allowing men so unqualified to become practitioners must no doubt rest with it. As to excess of lectures, he had had no such experience of this as had been referred to by some of the other speakers. He agreed on this subject with the opinion of the University of Cambridge —that two courses at a time were sufficient. He had not so high an opinion as some of the value of systematic lectures; and he doubted whether they did more than introduce a subject to the attention of the student, and give him an interest in it. There should certainly be strong proof of the excellency of the lecture system, to make the Council require the whole four years to be spent in this kind of instruction. No one, however, now thought it so good as the tutorial system, in regard to several branches of medical education. At the same time, he strongly deprecated interference with the mode of teaching followed in the medical schools. Many of the teachers in these were very able men; and it would be best to leave them to their own free action. The Council would be better employed in fixing a minimum standard, than in determining what should be the maximum of education. That standard must, of course, be in a great measure determined by the examinations. No doubt the present system of examination was defective; and this was not only the case with regard to medicine, for there had been complaints in Cambridge for the last twenty years regarding the examinations in other subjects. The present plan, however, had many advantages; it required, among other things, a working up on the part of the students, which was beneficial. The great business of examiners was to conduct the examinations so as to defeat the tricks of grinders; and he believed no one could pass a practical examination who was not well acquainted with the subjects. He thought that some of the opinions expressed in Mr. Syme's pamphlet, in regard to examinations, were unduly strong. Mr. Syme had objected to clinical examinations; but he surely knew that every hospital contained many patients who could be safely examined, without resorting to those to whom such proceeding would cause great suffering. The plan of clinical examinations had been satisfactorily followed at Cambridge during the last twenty-two years. He could not agree with Mr. Arnott's statement, that there was a difficulty in carrying out these examinations. He had a high opinion of the value of class-examinations as a means of instruction; but the proposal to use them as a test of proficiency was a very different matter. He believed that, used for this purpose, they would be found fallacious and inefficient, and would so far lose their present character, as to become a boon to idle and shallow students, who could cram up for them in twenty-four or forty-eight hours. The plan of holding examinations at the end of each session was, in his opinion, not perfect; but it was preferable to that of holding three or four examinations in the course of a session, by which the student's knowledge would each time be tested on a mere fraction of a subject. He agreed with the general tenor of Dr. Thomson's amendment; but would point out a discrepancy between the second recommendation and the conclusion of the fourth. He also objected to the commencement of the fourth recommendation. It would be unwise to interfere with any arrangement, by which students could be examined in chemistry and botany before the time there specified for the first examination.

Dr. ACLAND did not think that, if Mr. Syme's resolution were adopted, there was any hope of being able to bring it to a practical issue. Without entering into details which had been already discussed, he would say that he should be obliged to vote both against the amendment and against the resolution. Looking to the matter practically, he had come to the conclusion that there was one way out of the difficulty in which the Council was placed, viz., to refer the several subjects under discussion to a select committee. The Council would remember that in 1847 the President, when examined before a committee of the House of Commons as to which branches of medical study were necessary and which auxiliary, had stated that the period of medical study was not sufficient to enable students to attend to collateral subjects. This had a bearing on the question of a minimum of education. With regard to a maximum, he found it very difficult to determine; and he did not think the Council could arrive at a conclusion on the subject, either with regard to preliminary or to professional education. Even if the subjects of preliminary education could be fixed, the Council would have to reconsider the time of medical study, and to determine what is meant by the term "medical school". He had last session asked for a definition of a medical school; and this was necessary, for in Edinburgh the University Medical School included all appliances, while in London those who formed the medical schools were obliged to take up subjects not immediately connected with the hospital to which the schools were attached, and to carry out the completion of the school by means of English energy. As to courses of lectures on such subjects as ophthalmology, he considered that, instead of ridicule, those who instituted them were worthy of commendation. Again, if the Council fixed a maximum of study, it would have to decide what subjects examining boards were bound to require; but surely those engaged in examination knew the best means of testing the knowledge of candidates. He did not see that the Council could do better than refer the entire subject to a committee, with instruction to report to the next session of Council. The duties imposed on the Council by act of Parliament were difficult and delicate, and could not be defined by a board of twenty-four persons sitting in public. As to publicity of examination, those at Oxford were open to the public, and were attended. But, if a system of supervision were organised, as proposed in Dr. Thomson's eighth recommendation, how was it to be carried out. *Quis custodiet custodes?* The Council owed Mr. Syme great thanks for having led them to grapple with the question as a whole; but he (Dr. Acland) looked with alarm on any attempt to vote on details.

Dr. Embleton, in reference to some remarks made by Dr. Corrigan, said that the University of Durham had complied with all the recommendations of the Council except the twenty-fourth. During an experience in teaching of twenty-five years' duration, he had seen many changes in the medical curriculum, and in the length of time required to be spent in study. The period had been lengthened, and the number of lectures had for some time been increased; but in recent years the latter had been diminished. This had chiefly been effected through the Apothecaries' Company, which deserved praise for the course it had taken in regard to medical education. He disapproved, however, of the system of apprenticeship; at the same time, he considered that it would be beneficial to recognise pupilage with a surgeon as a part of the curriculum. He could not agree that students were required to attend too many lectures—at least in England. In the Newcastle Medical School, the average time spent daily by each student in attending lectures was less than two hours; and Mr. Callender had shown that in London the attendance was not carried to an excessive extent. A student could not be worth much, who could not attend two lectures a day. The cry that the students were overburdened with lectures had come from Scotland; although, he believed, the requirements of the Scotch Universities were less than those of the London Apothecaries' Company. Lectures were necessary, because a great part of our knowledge was received by the ear—perhaps more slowly, but not less surely, than by the eye. As to preliminary education, it was a question how much the student should be required to possess. No doubt arithmetic, ancient and modern languages, and natural philosophy—and perhaps chemistry and botany—should form the foundation for medical studies. General education, whatever might be its extent, should be directed not only to the giving instruction, but to the bringing out the mental powers; and the moral training of youth should be especially attended to. The Council should put forth a minimum of professional education, with regard to age, the number of courses of lectures to be attended, the subjects of instruction, the time to be spent in attending to them, to show the licensing boards what was required; and if the boards did not follow this standard, they should be reported to the Privy Council. Class-examinations were very important; but they could not supersede examinations by boards. They should be made compulsory; and if this could be done, registration of attendance on lectures might be dispensed with. He did not agree with Mr. Syme in condemning clinical examinations; but of course these should not be conducted on patients who were in such a condition that subjecting them to such a proceeding would be unsafe or hurtful. He had found no difficulty in obtaining proper patients for clinical examinations. As to visitation of examinations, he believed it to be absolutely necessary; if it were not so, provision would not have been made for it in the Medical Act. The manner, however, in which it should be carried out was a difficult subject, which he would not pretend to settle. He agreed much with Mr. Syme's motion; but thought the object could be more effectively carried out by means of a small committee.

Dr. Fleming said that the present discussion would do much good out of doors, and would show that the Council was earnestly directing its attention to education. Medical students, as a body, followed their studies too much as a matter of routine. The object to be attained was, to draw out the student's mental faculties; and he was satisfied that this could not be better done than by a well-arranged system of class-examinations, which would encourage students to examine into the opinions and facts expressed by their lecturers. With regard to the question of substituting these for final examinations, he did not think the difficulties connected with the licensing boards so great that they could not be overcome. The division of the examination into two parts was one of the greatest improvements that had been made in recent years. The remarks which had been made by Dr. Parkes must, he thought, convince all of the necessity of a special examination by the army medical board. It might be, perhaps, that a large proportion among those who were imperfectly qualified had applied for admission into the army; but the important fact was, that they all had licenses to practise from one or two boards. How could the present system, then, be regarded as satisfactory, if candidates, having passed the examinations of some boards, were at last found unqualified? The present system of granting licenses must at some time engage the attention of the Council; and, he thought, the necessity of passing examinations at two different boards had an injurious effect, as it divided responsibility. He would prefer that practitioners should enter the profession through one comprehensive examination. Ninety-nine persons out of every hundred in the *Medical Register* were general practitioners. And why should not matters be so arranged, that a man, having passed one examination, should be able to practise his profession in all its departments? He did not wish to bring all grades of the profession to one level; but the time had passed when a man could rise to eminence merely by belonging to this or that corporation. Position was now gained through individual merit. A system of supervision of examinations was, in his opinion, absolutely necessary, although he was not in favour of public examinations. He thought that business would be furthered by the appointment of a Committee to consider and report on the motions proposed.

Mr. HARGRAVE said that the system of public examinations had been followed in the College of Surgeons of Ireland, and that the result had been most satisfactory.

Dr. LEET felt that the Council owed much to Mr. Syme for giving the opportunity of discussing the question of medical education on a broad basis. He thought that, the Council having for five years recommended preliminary examination, the time was now come when they should make it compulsory. The four years of professional study should be so arranged as to devote two to elementary and two to practical subjects. As to the lectures, he did not see how they could be dispensed with; but the number might be reduced. Class-examinations he regarded as being useful; but they could not supersede the final examination, which should be made as practical as possible. Clinical examination was not always practicable; and therefore clinical teachers should be encouraged to give certificates to candidates attending their instruction, which certificates might be taken into account by the examining boards.

Dr. CHRISTISON, in explanation, observed that he had not intended to say that there should be no examinations of candidates for the public services. What he objected to was, the extension of the examination into minute details.

The CHAIRMAN said that, after the extended and discursive discussion which had taken place, it would not be becoming in him to omit saying a few words. He had listened attentively to the information communicated by the members of the Committee; and had arrived at the conclusion that the Council was not at present in a condition to draw up a scheme of education and examination. Such a scheme might be drawn up by a Branch Council for any one of the three divisions of the kingdom; but it could not be applicable to all. The Council must endeavour to establish certain fundamental principles, and leave details for the present to the educating and licensing bodies. The four main points on which the Council should express an opinion were: preliminary education; the duration of the curriculum of medical study; the age at which licenses should be granted; and the mode of examination. As to preliminary examination, the Council could not at present lay down a scheme, but must be content with accepting the certificates of certain educational bodies. If it were possible to agree on a scheme of general education, he would prefer that proposed by Dr. Corrigan; but he did not see how anything of the kind could be carried out. It had been proposed by some, that the subjects of chemistry and botany should be transferred to general education; but, however practicable this might be in other parts of the kingdom, it was incompatible with the present system of education of the majority of English schoolboys. If it were done, it would exclude from the profession most of those brought up at the larger schools, such as Eton, Harrow, Rugby, etc., however well they might be qualified, by mental training, for the study of medicine. Then, as to the period to be spent in study; if the pecuniary means of students in general were sufficiently ample, it would be desirable to lengthen the period; but, on the other hand, there was in some quarters an evident inclination even to curtail the period of four years, as shown, for instance, in the proposal to divide the year into two sessions, each of four months. All were agreed, however, that study, to be profitable, must be spread over some time. There was a close analogy between the cultivation of the mind and the tillage of the soil; and it would be absurd to suppose that students could master all the subjects of medical science, unless they were required to attend to them for a considerable time. What was meant by the commencement of professional education? The Council had recommended that such education should commence at a medical school. But what was a medical school? He felt very much with Dr. Acland, that it was difficult to say plainly what the term meant. He would certainly, *à priori*, prefer an institution where the student could begin by hearing lectures on elementary subjects; but, when he looked back on his own experience, and remembered the details of their personal experience given by some of the members of the Council, and when he called to mind the fact that some of the best among his own pupils had commenced their studies in provincial hospitals, such as those of Exeter, Plymouth, Gloucester, Bedford, etc.—he could not say that there was only one plan that should be pursued. As to lectures, he did not think them worthy of being either generally extolled or generally disparaged. He did not see how such subjects as physiology and chemistry could be taught, except by lectures; but, with regard to practical subjects, this mode of instruction was less necessary, and might be dispensed with. Whatever might be the state of affairs in Scotland as to overburdening students with lectures, the time required in London was two hours daily; and if a student could not devote so much time as this to attendance on lectures, he was not, Dr. Burrows thought, fit for the medical profession. The point to be considered was, on what subjects lectures should be delivered, and what amount of time should be given to them. Medical students were, like other men, very variously constituted; some could derive advantage from lectures; others were capable of learning for themselves. But, in most cases, mental training was required; and this was afforded by lectures. Altogether, much was capable of being said on both sides of the question. He believed class and sessional examinations to be of great value in urging students forward in the acquisition of knowledge, and in pointing out where improvement was necessary. His experience in this matter had been like that of other members of the Council. Out of a class of 120, forty or fifty would at first attend his class-examinations; but these would gradually fall off, until the number diminished to ten or twelve—and these were the most diligent students, the men who least of all required the discipline of the examinations. The final examination should be made practical; but he would not say whether it should be divided into two or three parts. Referring to the observations on the army examinations made by Dr. Parkes, he said that it would be impossible, when the difference between the condition of the surgeon in the army or navy and the civil practitioner was remembered, to do otherwise than submit candidates for the public services to a practical examination. At the same time, he must vindicate medical students in general from the supposition that the instances brought forward by Dr. Parkes were to be regarded as average specimens of those who passed the examinations of the licensing boards. [Dr. PARKES said he had merely stated a fact; he quite agreed with the remarks made by the chairman.] The fact was that, for some reason, the public service was at a discount in the profession; and that men of fair acquirements would not readily enter it without some extraordinary inducement. There must be some cause for this behind the scenes—something "rotten in the state of Denmark," if he might use the expression; and Dr. Parkes and his colleagues would do well to recommend the army authorities to make the service more attractive to the medical profession. As to publicity of examinations, it was very important that these should be made efficient; and if publicity could be safely carried out, it should be; but the oral part was the only one that could be so treated. The Council, however, must consider the question of supervision of examinations.

Mr. SYME said, with reference to the definition of a medical school, that it should possess a hospital and facilities for the study of practical anatomy. He was more and more convinced that the present system of examinations was imperfect. To practical examinations on living patients he was opposed, because the plan was not consistent with the principles on which patients were admitted into hospitals, and moreover, because it was impracticable. Suppose that a student were examined on a case of fractured bone, was he to be required to move about the ends of the bone and detect the crepitus? He did not see how any such examination could be made, except something very superficial—a mere sham. Even supposing that two or three candidates might examine a patient, a hundred could not. With regard to class-examinations, Dr. Paget had said that students could cram for them. His (Mr. Syme's) plan was this. The patients were brought into his classroom, and examined before the students; and each student taking part in the class-examinations was required to take notes of the cases. On a certain day, the students had a list of the cases given them, of which they were expected to write the histories. Dr. Corrigan had accused the Scotch universities of disobedience to the recommendations of the Council. Now, these bodies had acted under the directions of the University Commissioners, which they could not oppose; but, when they differed from the Council in words, they did so in such a manner as not to appear mutinous. The statements of Dr. Parkes with regard to the army medical service had much interested him. There was once a chair of military surgery in the University of Edinburgh. Now, he had always held, that those who were intended for the public services should study for a time at some public hospital; and, on the death of Sir George Ballingall, the chair of military surgery had been, on his (Mr. Syme's) representations, abolished. When the hospital at Netley was established, he had believed that his wishes were being fulfilled; but then, unhappily, the system of entrance examinations was introduced. It might be, that some of the candidates for the army were unqualified; but, if the licensing bodies had failed in their duties, what had the Council done? Had it expressed to the various boards what was necessary? Year after year it had published a list of practitioners; and in that list were the names of those who had given no evidence of being fully qualified for the practice of their profession. He was quite sure that if the House of Commons were to call on the Council to say what they had done to rescue the public from unqualified practitioners, the answer would be difficult. Returning to the subject of army medical service, he said that the licensing boards should do their duty, and that the candidate should have a certificate of fitness from a clinical teacher. He should then study at Netley Hospital for six months; and, if not then found properly qualified on examination, should be dismissed. He had listened with much pleasure to the opinions expressed regarding lectures. But there was no good thing which might not be rendered evil; and, while good lectures were the best means of instruction, an excess of lectures was bad, inasmuch as it prevented practical study. The demonstrator of anatomy in the university of Edinburgh had informed him, that the second and third years' students had only one hour a day for practical anatomy. Lectures in excess also prevented students from exercising their own minds. He had never—however much it might surprise his hearers—attended a lecture on surgery. He objected to certificates, but was in favour of the registration system. He rather regretted that the apprenticeship system was ignored by some of the boards. It might, he thought, supersede the first year of study at a medical school, provided the pupil had some acquaintance with anatomy. He suggested that Dr. Thomson should withdraw his amendment, and he (Mr. Syme) his motion, and that the whole subject be referred to a committee.

Dr. THOMSON said that he had not expected that the amendment, drawn up by Dr. Sharpey and himself, was to be adopted in the precise form in which it stood. He would willingly agree to Mr. Syme's proposal, provided it were understood that, while there were some matters which must be deferred, there were also some which might be reported on at once.

After some further remarks, the votes were taken, when there appeared, for Dr. Thomson's amendment, 2; against it, 14. It was consequently lost. Mr. Syme's motion, on being put to the vote, was unanimously negatived.

Dr. STORRAR moved, and Dr. CHRISTISON seconded: "That the seventeenth recommendation of the Council be adopted."

Mr. SYME moved as an amendment, and Dr. ANDREW WOOD seconded, that the whole subject of medical education and examination should be referred to a committee.

After a short discussion on the order of business, the hour of adjournment having arrived, the further consideration of the subject was postponed.

TUESDAY, MAY 3RD.

G. BURROWS, M.D., President, in the Chair.

The minutes of the last meeting having been read and confirmed, Mr. HARGRAVE moved, and Mr. COOPER seconded:

"That the Council resolve itself into a Committee on Education, and that the President be requested to take the Chair."

Dr. CHRISTISON proposed as an amendment:

"That the Council do not resolve itself into a General Committee of Education; but that a Select Committee be now appointed for the purpose of considering the recommendations of the Council on professional education, and the various motions and notices of motions as to education, which have been submitted to the Council, with the view of preparing such a report on medical education as may be presented, and, if approved, passed during the present session."

He thought that so much important matter had been elicited in the discussion that had taken place, as would enable the Committee to frame a report which would be generally acceptable to the Council, and which might go forth to the examining bodies. He did not think that the Committee could enter into all the subjects, and least of all into the details of education; but there were points on which the Council was unanimous, or nearly so; and on these a report might be made at once.

Dr. STORRAR seconded the amendment.

Dr. CORRIGAN thought the adoption of the amendment would only lead to the renewal of what he considered a fruitless discussion. In 1859, the course of referring the subject of medical education to a special committee had been adopted; but being found useless, had been given up. He believed that the course at present proposed would lead to no more satisfactory result than it did five years ago.

Mr. SYME said that the circumstances were very different. The members of the Council had never fully expressed their opinions on medical education until the present session; but during the last three days the subject had been fully discussed; and there were materials on which the Committee could form a satisfactory report embracing general principles.

Dr. STORRAR said that the Committee of 1859 had been a great success instead of a failure. Its report had been adopted, and was the basis of all that had taken place in regard to medical education up to the present time.

Dr. ANDREW WOOD objected to the remark of Dr. Corrigan, that the discussion had been fruitless. Was the Council to consider details first and then principles? To do this, would be like what was called in Scotland "Jedburgh justice,"—hang a man first, and try him afterwards. He regarded the debate as one of the most useful that had taken place in the Council; and he believed that it would show the public that the Council was a reality and not an abstraction. A series of motions had been founded on the debate, which, if sent to a working committee, could be put into a practical form. Was the Council to do nothing but spend eight or ten days in the condition indicated by the poet—

"Man never is, but always to be, blest"?

If a report could be drawn up and agreed to, it would show the licensing bodies that the Council was determined to do what it could to make education and examination efficient.

Mr. HARGRAVE opposed the amendment; and after some remarks by Mr. RUMSEY and Mr. ARNOTT, it was carried by a majority of 18 to 2.

Dr. CHRISTISON then proposed, Mr. SYME seconded, and it was, after some discussion, agreed that the Committee consist of the following members: Dr. Christison (Chairman); Mr. Arnott; Dr. Paget; Dr. Storrar; Dr. Alexander Wood; Dr. Thomson; Dr. Apjohn; Dr. Parkes; and Dr. Stokes.

The Medical Act. The REGISTRAR read the reports of the Medical Acts Amendment Committee, referred to the Branch Councils, and the Resolutions of the Branch Councils respecting them. On the motion of Dr. CORRIGAN, seconded by Dr. SMITH, these documents were ordered to be entered on the minutes.

Dr. CORRIGAN then moved:

"That the proposed Medical Bill, as amended by the Medical Acts Amendment Committee of last year, be forwarded to our solicitor, with directions to have it drafted, as soon as possible, and returned to the Executive Committee;

"That the Executive Committee take means to have the Bill so drafted laid on the table of the House of Commons, at the commencement of next session of Parliament;

"That a copy of the Bill so drafted be forwarded without delay by the Executive Committee to the Branch Councils, to the several bodies enumerated in Schedule (A) of the Medical Act, to the Pharmaceutical Society, and the press; so that all parties concerned may have ample opportunity, in the interval between publication of the Draft Bill and next meeting of Parliament, of considering the Bill, and of suggesting such Amendments as they may desire;

"That the General Medical Council meet at as early a period as may be necessary next year, to consider the various Amendments that may be suggested in the interval, in order to insert in the Bill such Amendments as may meet their approbation."

Dr. STORRAR moved as an amendment, and Mr. ARNOTT seconded:

"That looking to the great diversity of opinion which exists in Great Britain, in regard to the objects which it is desirable to obtain by an Amendment of the Medical Acts, it is not at present expedient that the Council should engage in fresh legislation."

On the motion of Dr. ALEXANDER WOOD, seconded by Mr. HARGRAVE, it was agreed:

"That the debate on the Amendment of the Medical Acts be adjourned until Wednesday, the 4th of May."

The debate on the subject was accordingly adjourned. [We must reserve the report of the speeches until next week.]

Report of Finance Committee. Dr. SHARPEY, as treasurer, presented the report of the Finance Committee, which was ordered to be received and entered on the minutes. The Report showed that the income of the Council, from all sources, during the year 1863, had been £5,467 : 1 : 7; and the expenditure £4,549 : 7 : 7; leaving a balance of £917 : 14 in favour of the Council. The Report also contained a statement of the expense of the *British Pharmacopœia* from the commencement, which amounted to £6,229 : 6 : 5. To meet this, £4,937 : 11 had been received for copies sold, and £85 : 3 remained due for copies supplied to Her Majesty's Government, making altogether £5,022 : 14. There was thus an excess of expenditure amounting to £1,206 : 12 : 5; to meet which, the Council had in stock copies of the work, of which the value was estimated at £2,790.

The Chemists and Druggists and the Medical Act. An application from "The United Society of Chemists and Druggists" to be heard against proposed amendments of the Medical Act, with resolutions passed by that society, were read, and ordered to be entered on the minutes.

The Council Minutes. Dr. SMITH proposed, Mr. HARGRAVE seconded, and it was resolved:

"That a copy of the two volumes of the *Minutes of the Medical Council*, be presented to each of the Universities and Corporations in Schedule (A) of the Medical Act."

Mr. ARNOTT moved, Dr. STOKES seconded, and it was agreed to:

"That a copy of the Letters from the bodies mentioned in Schedule (A) to the Medical Act, explanatory of their Regulations, be presented to each of the Universities and Corporations in Schedule (A)."

Dr. FLEMING withdrew, by leave of the Council, a notice of motion which he had given in reference to numbering the pages of the Minutes.

The Council then adjourned.

WEDNESDAY, MAY 4TH.

G. BURROWS, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

The Medical Act. A memorial from practitioners at Banbury, respecting Section 40 of the Medical Act, was read and ordered to be entered on the minutes; as was also a letter from the King and Queen's College of Physicians in Ireland, respecting the visitation of apothecaries' shops.

The debate on amendment of the Medical Act, adjourned from the previous day, was then resumed. Several members spoke on the subject, after which the amendment that had been proposed by Dr. Storrar was put to the vote and lost; 4 voting for, and 13 against it.

Dr. ALEXANDER WOOD then proposed, and Dr. SHARPEY seconded, as another amendment to Dr. Corrigan's motion:

"That the Council, while appreciating the labour and care bestowed by the Medical Acts Amendment Committee on the heads of a Medical Bill proposed in their Report, regret that it is impossible, at this late period of the Session, to enter on the full consideration of so wide and important a subject;

"That the Council request the Branch Councils, in the interval between this session and the succeeding one, to consider how Clauses XX, XXXI, and XL of the Medical Act could be best amended;

"That the Council resolve to appoint an early day, at their meeting next session, for the consideration of the whole subject."

Further discussion took place; and the amendment was carried by a majority of 10 to 9. Dr. Corrigan required that the names of the majority and minority should be entered on the minutes. These were: *For the Amendment:* Dr. Alderson; Dr. Paget; Dr. Embleton; Dr. Storrar; Dr. Alexander Wood; Mr. Syme; Dr. Leet; Dr. Sharpey; Mr. Rumsey; and Dr. Christison: *Against it:* Mr. Arnott; Dr. Andrew Wood; Dr. Fleming; Dr. A. Smith; Mr. Hargrave; Dr. Apjohn; Dr. Corrigan; Dr. Parkes; and Dr. Stokes.

The amendment was then put as a substantive motion, when

Dr. ANDREW WOOD proposed, and Mr. HARGRAVE seconded, the following amendment:

"That it be remitted to the Executive Committee to have drafted by a Parliamentary Solicitor a Bill, having regard chiefly to Clauses XX, XXXI, and XL of the Medical Act; that the Bill so drafted be transmitted confidentially to the Branch Councils for their opinion; that thereafter the Bill be re-drafted, so as to be in a condition to be submitted to the General Medical Council at its next meeting."

After more debate, the votes were taken, when there appeared, for Dr. Andrew Wood's amendment, 6; against it, 14. It was consequently lost. Dr. Alexander Wood's motion was then carried by a majority of 13 to 8.

An Application from Mr. Thomas Edis, to be replaced on the *Register,* his name having been omitted through change of residence, was ordered to be complied with.

The Case of Robert Jacob Jordan was brought under the notice of the Council; and after some discussion as to the proper mode of proceeding in the circumstances of the case, it was resolved, on the motion of Dr. ALEXANDER WOOD, seconded by Dr. ANDREW WOOD:

"That the name and qualification, as Licentiate of the Royal College of Physicians of Edinburgh, of Mr. Robert Jacob Jordan, be removed from the *Register.*"

A letter having been read from the secretary of a reading society at Croydon, respecting an indecent publication, it was moved by Dr. CORRIGAN, seconded by Dr. A SMITH, and agreed to:

"That, as advised by their solicitor, there does not appear to the Medical Council to be any evidence to connect the publication with any registered practitioner, and that the publication referred to does not, therefore, come within the province of the Council."

On Thursday, the Report of the Committee on Medical Education was presented, and ordered to be printed, with a view to its being considered on Friday. The Council occupied itself in disposing of various motions and other business standing on the programme which had been arranged by the Business Committee; and, at six o'clock, again adjourned.

Association Intelligence.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting will be held at the Rose Hotel, Canterbury, on Thursday, May 19th, at 3 P.M.

Dinner will be ordered for 5 o'clock.

THOMAS BOYCOTT, M.D., *Hon. Sec.*

Canterbury, May 2nd, 1864.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE fourth meeting for the seventh session was held at Dartford, on April 29th; J. ARMSTRONG, M.D., President of the Branch, in the Chair. There were present eighteen members and visitors.

Communications. The following papers were read:—

1. Notes of the *Post Mortem* Examination of a Case of Internal Strangulated Hernia. By John M. Burton, Esq.
2. Laceration of the Perinæum. By W. Hoar, Esq.
3. Case of Chlorosis with Hæmorrhage. By R. Innes Nisbett, Esq,
4. Mr. Cooper Forster exhibited Aitken's Thermometers (constructed by Casella), and discoursed upon their use in the detection of disease, stating the results arrived at by the German experimenters.

Condolence. The Secretary read a letter from Mrs. Martin, widow of the late Secretary to the Branch, acknowledging the letter of condolence addressed to her by the Secretary, on the part of the members, of the West Kent district. Mrs. Martin expressed herself as being grateful for the sympathy felt for her, and truly sensible of the esteem entertained for her late husband by the members of the district and Branch.

Dinner. After the usual vote of thanks, the members and visitors adjourned to dinner.

BENGAL BRANCH: ANNUAL MEETING.

THE annual meeting of this Branch was held in Calcutta on February 2nd. The retiring President, NORMAN CHEVERS, M.D., took the Chair, and delivered an Address on State Sanitation; after which, he resigned the Chair to his successor, EDWARD GOODEVE, M.B., who also made an address.

The following addresses were also delivered:—

On the Present State of the Medical Profession in Bengal. By S. G. Chuckerbutty, M.D.

On Recent Therapeutical Changes. By W. Beatson, M.D.

Officers and Council. The following are the officers and Council of the Branch for the present year:—*President,* Edward Goodeve, M.B.; *Permanent Vice-President,* Norman Chevers, M.D.; *Vice-Presidents,* S. G. Chuckerbutty, M.D.; T. E. Charles, M.D.; *Treasurer,* Baboo Kanny Loll Dey; *Secretary,* Mohendro Loll Sirca, M.D.; *Other Members of Council,* J. Fayrer, M.D.; S. B. Partridge, Esq.; Mouloie Tamiz Khan; and Baboo Money Loll Dutt.

Correspondence.

THE APOTHECARIES' COMPANY AND THE RECOMMENDATIONS OF THE MEDICAL COUNCIL.

Letter from A. M. Randall, Esq.

Sir,—Although the Court of Examiners of the Society of Apothecaries are extremely unwilling to enter into controversy, they request me to forward for your inspection the following resolution passed by the Medical Council, at their general meeting in London, May 30th, 1863.

"Moved by Mr. Teale, seconded by Dr. Stokes; and agreed to:

"That the Medical Council, whilst appreciating the great value of the practical opportunities afforded to the student, who is a pupil of a regular member of the profession holding the appointment of surgeon to an hospital, general dispensary, or union workhouse; find whilst considering that a year spent in such pupilage might be regarded as one of the four years of professional study recommended by the Council, is of opinion, that such year of pupilage, apart from the practical and systematic study of the elementary and ancillary sciences of medicine, should not be conducted during the first year, but at some period during the subsequent years of professional study."

In consequence of which resolution, the Court of Examiners on August 20th, 1863, issued the following notice.

"Notice is hereby given that in accordance with the recent recommendations passed by the General Medical Council, the candidates for the license of this Society will be required to attend lectures and hospital practice during three winter and three summer sessions only." I am, etc.,

Alfred M. Randall,
Secretary to the Court of Examiners.

Apothecaries' Hall, April 28th, 1864.

[We are not surprised that the Society of Apothecaries should not wish to enter into any controversy with us on this subject. There is surely no necessity for any controversy. We made a statement, and adduced facts in its support; and shall only be too happy if the Society of Apothecaries will give us an opportunity of saying that our conclusion was wrong. We stated, that the regulations of the Society of Apothecaries were not in accordance with the recommendations of the Medical Council; the Medical Council requiring four years of professional study and the Society of Apothecaries requiring three years. The Society first of all answered our statement with a simple denial, to the effect that its regulations were strictly in accordance with the recommendations of the Council. To this we replied, that the plain reading of its own regulations (as given in the *Medical Directory* of 1864) showed that this was not the case. In his second letter, the Secretary of the Society does not, let it be observed, repeat his former assertion, that its "regulations are strictly in accordance with the recommendations of the Council"; but gives us, as we suppose, the document upon which the Society framed its regulations of 1863. Now, this document is no recommendation at all; it is simply an opinion of the Council. But granting that the opinion has the force of a recommendation, still the Society is not in conformity even with this opinion; for the Society (as far as we can find) has issued no regulations to the effect, that the year of pupilage, which is to reckon as a year of professional study, should not be conducted until after the first year of professional study; nor has it issued regulations requiring that such year of pupilage must be spent with a member of the profession "holding the appointment of surgeon to an hospital, etc." On the face of these facts, and as shown by the very document now forwarded to us by the Secretary of the Society, we therefore must again repeat, that the Society of Apothecaries' regulations are not in accordance with the recommendations of the Medical Council. And we must add, that we trust the Secretary of the Society will do us the justice either of confessing that he was in error when he gave so flat a denial to the statement originally made by us; or will point out in what particular the statement was incorrect. Editor.]

DIAGNOSIS OF OVARIAN FROM UTERINE TUMOURS.

Letter from T. Spencer Wells, Esq.

Sir,—In Dr. Routh's Lecture, published in your last number, page 464, there is a passage containing two statements which I think it necessary to correct, as they might convey impressions to your readers unfavourable both to M. Nélaton and to me, if I were to allow them to pass without notice.

The following is the passage to which I refer.

"The frequenters of the Samaritan Hospital last year may remember a remarkable case in one of Dr. Savage's beds, which made some noise about that time. This patient had gone the rounds of several of the London hospitals. The eminent accoucheur to one, after two careful examinations, said it was indubitably pregnancy. Another, similarly circumstanced in another metropolitan hospital, said it was ovarian disease; a third, that it was extrauterine pregnancy; a fourth, that it was a fibroid. An eminent French surgeon, then in England, stated in the most positive terms that it was a fibroid, although unconnected with the uterus. The majority amongst us, however, were of opinion that it was ovarian disease. An exploratory incision verified this diagnosis. Ovariotomy was performed by Mr. Wells, and the case did well."

Although the patient alluded to in this passage was under my care, I never heard that she had been to more than one hospital except the Samaritan; and the only "eminent accoucheur" who, to my knowledge, suspected pregnancy, certainly did not think it "indubitable"; on the contrary, he said distinctly that, if she were pregnant, it was some form of extra-uterine pregnancy. This, however, is a much less serious matter than the injustice done to M. Nélaton. So far from stating "in the most positive terms that it was a fibroid", M. Nélaton distinctly said to me and to Dr. Savage that he was uncertain as to the nature of the tumour, but that he was convinced (*je suis convainçu*, were his words) of its independence of this uterus. Then, as to the exploratory incision, I must say that no such incision was made. I was convinced of the possibility of removing the tumour, and did so without any exploratory incision.

The whole case, however, is one of such great interest, and there are so many points in which I differ from Dr. Routh's report of my patient, that I venture to ask you to publish the following remarks, which I made while the case was still fresh in my memory, and which were published in the *Medical Times and Gazette* of July 26th, 1862.[*]

I saw the patient a few weeks ago, and found that she had remained in excellent health.

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[*] We regret that, through press of matter, we are forced to omit the remarks alluded to.—Editor.

I felt at the time, and still feel, so deeply indebted to M. Nélaton for the lesson which he gave upon the difference between associated and transmitted movements, in cases where it is doubtful how far an abdominal tumour is or is not independent of the uterus, that I could not allow him to be charged with a mistake in a case where he had really done a great deal to prevent mistake, and not beg for an opportunity of doing him justice. I am, etc.,

T. SPENCER WELLS.

3, Upper Grosvenor Street, May 2nd, 1864.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on April 26th.

Appleby, Frederick Henry, East Retford, Notts (University)
Baker, George Benson, Southport, Lancashire (St. Mary's)
Bond, Thomas, North Petherton, Somerset (King's)
Browne, Edgar Athelstone, Notting Hill (Charing Cross)
Bruce, Alexander, Albert Terrace, Regent's Park (University)
Coghlan, William Boyle, M.A. Queen's Univ., Ireland, Manchester (St. Thomas's)
Dove, John R. B., Falfield, Berkeley, Gloucestershire (London)
Foster, John Frederick, Guernsey (St. George's)
Freeman, Henry Wm., Bideford, Devon (Middlesex)
Gibson, Robert Chapman, Fyfield, Ongar, Essex (Guy's)
Harris, Henry G. B., Coombe Down, Somerset (St. George's)
Hayward, John William, Seasalter, Kent (Guy's)
Lower, N. Holman, Lewes, Sussex (Guy's)
McCready, Edward McCankey, M.B. Trin. Coll., Dub., Birmingham (Dublin)
Meiklejohn, Robert Morris, Bombay (Edinburgh)
Rayner, Alexander Clement, Bedford (Charing Cross)
Shorland, Edward Peter, L.S.A., Westbury, Wiltshire (Guy's)
Siddall, Joseph B., L.S.A., Morton, Derbyshire (St. Thomas's)
Smith, Thomas Haywood, Alcester, Warwickshire (Guy's)
Turner, John Sidney, Seaford, Sussex (Guy's)
Viant, Henry, Totton, near Southampton (Guy's)
Wallis, Albert James, Cambridge (St. Bartholomew's)

Admitted on April 27th—

Adcock, Charles, Birmingham (Birmingham School)
Bullus, William, West Bromwich (Birmingham School)
Corban, Laurence, Cork (Middlesex)
Couling, Henry, Kingston Bagpuize (Guy's)
Davidson, Charles, Orkney
Ensor, Alfred, Dorchester (King's College)
Green, Thomas Henry, Saffron Walden (University College)
Haines, Richard Wheeler, L.S.A., Bromsgrove (King's College)
Hughes, John Henry, M.D. Queen's Univ., Ireland, Armagh
Langworthy, George V., Modbury, Devon (St. Bartholomew's)
Long, Charles Frederick, L.S.A., Ipswich (Guy's)
Lush, Wm. G. Vawdrey, L.S.A., Wilton (St. Bartholomew's)
McCandlish, William, Glasgow (St. Bartholomew's)
Madeley, George Henry, Kensington (King's College)
Maundrell, Edward, Calne, Wiltshire (University College)
Nason, Thomas Robert, Nuneaton (Guy's)
Powdrell, John, L.S.A., Farndon (St. Bartholomew's)
Reade, Albert Comberbach, Congleton (St. Bartholomew's)
Salter, John Henry, Arundel (King's College)
Simpson, Spencer Henry, Stowmarket (St. Bartholomew's)
Snape, Joseph, Liverpool (King's College)
Snell, Ebenezer, Plymouth (Middlesex)
Snook, James W., Wellington, Shropshire (St. Bartholomew's)
Spooner, William, Southampton (University College)
Yates, William, Richmond (Westminster)
Wearing, Allen, Lancaster (St. Bartholomew's)

Admitted on April 28th—

Adams, Arthur Bayley, Lymington, Hants (London)
Akerman, William, St. Just (University College)
Bailey, Frederic Charles, L.S.A., Woolwich (St. Bartholomew's)
Birt, Joseph, Leamington
Dawson, John, Great Yarmouth (London)
Eccles, William Soltau, Plymouth (St. Bartholomew's)
Hardin, Walter, Woolwich (St. Thomas's)
Hawkins, Edmund Woods, Commercial Road (London)
Hudson, Ernest Arthur, Queen Anne Street (St. Mary's)
Knapp, William Frederick, Headington (St. Bartholomew's)
Knott, Thomas Henry, Bath (Guy's)
Mackenzie, George Welland, Tiverton, Devon (London)
Maturin, Henry, Lymington, Hants (St. Bartholomew's)
Norton, Edward, Birmingham (Middlesex)
Raven, Thomas Francis, Cambridge (St. Bartholomew's)
Rayner, Henry, Hythe, Kent (St. Thomas's)
Richards, Frederick William, Winchester (St. Bartholomew's)
Shaw, George H., Attercliffe, near Sheffield (St. Bartholomew's)
Smith, James Taylor, Newcastle
Steele, Henry O., Harlsey, Yorkshire (Guy's)
Tidy, Charles Meymott, Cambridge Heath (London)
Weld, Charles Humphrey, Tenterden, Kent (Middlesex)

Admitted on April 29th—

Bradley, Charles, Nottingham (University College)
Burnham, Ralph, Preston, Yorkshire (Westminster)
Chabot, Frederick, Camberwell Road (St. Thomas's)
Coward, William Robert, South Shields
Cropp, Frederick John, Clapham (St. Bartholomew's)
Davies, Herbert, Llanybyther, Carmarthenshire (Univ. Coll.)
Duckering, Samuel, L.S.A., Grantham
Dyer, Edward, Canonbury (Charing Cross)
Eck, Vincent Frederick, Cleveland Square (St. Bartholomew's)
Heygate, Wm. Nicholas, Hanslape, Bucks (St. Thomas's)
Hope, Henry, Richmond (St. Bartholomew's)
Iles, Daniel, L.S.A., Fairford, Gloucestershire (St. Thomas's)
Sankey, George Frederick, Maidstone (St. Thomas's)
Shrapnel, Joseph N. S., L.S.A., Isle of Wight (University Coll.)
Snaith, Francis, Boston, Lincolnshire (St. Thomas's)
Thomas, Robert Wrentmore, Bristol (St. George's)
Wagstaffe, William Warwick, Lambeth (St. Thomas's)
Whitworth, James, Port Talbot, Glamorganshire (Univ. Coll.)
Williams, David Martin, Calcutta (Charing Cross)
Winn, Algernon William, Scarborough (King's College)
Winter, Robert, Hampstead (St. Mary's)

APOTHECARIES' HALL. On April 28th, the following Licentiates were admitted :—

Blick, Thomas Edward, Islip, near Oxford
Sutcliffe, William Henry, Manchester

At the same Court, the following passed the first examination :—

Thomas, David Howell

APPOINTMENTS.

*COLEMAN, E. H., Esq., appointed Consulting-Surgeon to the South Staffordshire General Hospital.

ROYAL NAVY.

GILMOUR, R., Esq., Assistant-Surgeon, to the *Euryalus*.
LAUDER, Edward, Esq., Assistant-Surgeon, to the *Fisgard*.
MOLLOY, Gerald, Esq., Assistant-Surgeon, to the *Indus*.
PURSELL, Thos., Esq., Acting Assistant-Surgeon, to the *Adventure*.
SMYTH, W. D., M.D., Surgeon, to the *Archer*.

MILITIA.

PERKIN, R. C., Esq., to be Assistant-Surgeon 1st Warwickshire Militia.
WATSON, W., Esq., to be Assistant-Surgeon 1st Regiment Duke of Lancaster's Own Militia.

VOLUNTEERS, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

BRIGGS, H., M.D., to be Assistant-Surgeon 3rd Adminstrative Battalion Lancashire R.V.
GRADWELL, W., Esq., to be Assistant-Surgeon 3rd Administrative Battalion Lancashire R.V.
LIVETT, H. W., Esq., to be Hon. Assist.-Surg. 10th Somerset R.V.
NEWSTEAD, G., Esq., to be Surgeon 3rd West Riding R.V.
OSWALD, J. W. J., Esq., to be Hon. Assist.-Surgeon 7th Essex R.V.
SHILLITO, J., Esq., to be Assistant-Surgeon 3rd West Riding R.V.
SIMPSON, J. H., M.D., to be Surgeon 4th Administrative Battalion West Riding R.V.
STOREY, J., Esq., to be Assistant-Surgeon 1st Northumberland A.V.
STORRS, R., Esq., to be Assistant-Surgeon 4th Administrative Battalion West Riding R.V.
WYLLIE, G., Esq., to be Honorary Assistant-Surgeon 22nd Renfrewshire R.V.

DEATH.

*COOPER, Henry R., Esq., at Ixworth, aged 49, on May 2.

SIR JOSEPH OLLIFFE contradicts a rumour which is being circulated, that it is his intention to retire from the practice of his profession in Paris.

LAVAL UNIVERSITY, QUEBEC. The Council of this University have conferred the honorary degree of LL.D. upon Dr. Gibb of Portman Street.

NATIONAL ASSOCIATION FOR THE PROMOTION OF SOCIAL SCIENCE. A special meeting was held at 3, Waterloo Place, on Tuesday, May 3rd, when a Report on Inquests held during the year 1862-3 in the Central District of Middlesex, was read by Dr. Lankester.

Royal College of Surgeons. Two hundred and seventeen candidates lately underwent their primary examination at the College of Surgeons in one fortnight! The fact augurs well for the coffers of the College.

Public Estimate of Medical Matters. It is worthy of note, as showing the estimation in which the public hold the affairs of the medical profession, that not a word of notice has hitherto appeared in the *Times* touching the meeting of the Medical Council, and the remarkable debates there carried on.

American Adulteration. A parcel of opium, some of which consisted of cakes evidently unbroken, was lately delivered to a laboratory in Philadelphia; one of the cakes, previous to being prepared for drying, was broken, and found to contain sixteen leaden bullets, weighing seven and a half ounces, evidently incorporated for increasing the weight.

The Medical Benevolent College. We must remind our readers that the Twelfth Festival Dinner of the Medical Benevolent College will be held on the 14th inst., at Willis's Rooms. We call especial attention to the fact, because on this occasion, and for the first time, one of our own profession, Sir Charles Locock, occupies the chair. We trust the profession will not fail to show by their presence that they know how to support one of their own class, as well as the biggest nobleman of the land.

Surgeon-General Hammond. The prosecution in the court-martial upon Surgeon-General Hammond has recently closed without establishing one of the charges set forth in the indictment against him. A quarter of a million of the public money has been expended in a vain attempt to blast the reputation of an officer whose administration of one of the most important Government Bureaux has challenged the admiration of the medical profession of this and foreign countries. (*American Medical Times.*)

Medical Advertising. Hanging out the signboard seems to be looked upon as the shortest road to medical success in the present day; not the legitimate display of the name-board before the shop or amongst "the trade," but the flaunting of name with alphabetical tail and sonorous titles before the public eyes on every occasion when a peg can be found on which to hang the placard. To "keep the name before the public" in any phase or by any means is the great modern medical maxim, and it is evidently considered by many medical men far easier to stuff their names and qualifications down the public throat than to make themselves celebrated by hard work and honest labour. (*Dub. Med. Press.*)

Tooth-drawing a Pleasure. The *New York Dental Review* writes as follows: "We are under the necessity of believing that the world still progresses, in a dental point of view, by the introduction of nitrous oxide, as dentists are not afraid to take their own anæsthetic. We must confess that chloroform or ether we were unwilling to take ourselves, and never did to insensibility, and never gave it with entire freedom from apprehension. But nitrous oxide we have often taken for our own satisfaction, without the slightest deleterious effects, and the pleasurable sensations we feel are beyond description. *In fact it renders the much needed extraction of teeth a pastime of pleasure and happiness.*"

The late Dr. Mayne of Dublin. Dr. Robert Mayne died of fever on April 7th. He was just stepping forward into the first rank as a consulting-physician. Although no man ever examined a fever case with more care and forgetfulness of himself, yet he feared fever, and often said he knew if he took it he would die of it. He seemed to feel that the overwrought medical man, who takes fever at fifty years of age, has but a very bad prospect of recovery. His first paper, entitled "Observations on Pericarditis," appeared in the seventh volume of the *Dublin Medical Journal*. It was published before the author had passed his examination at the College of Surgeons. This able paper has since been translated into French and German. Dr. Mayne was engaged in the teaching of anatomy for more than fifteen years. He laboured well in this department, and the numerous beautiful preparations and dissections existing in the museum of the Carmichael School prove this, as well as the articles upon "The Optic Nerve," and "The Perinæum," in Todd's *Cyclopædia*. But it was when he became Physician to the South Dublin Union Workhouse that his ability and industry, and the practical grasp of his mind was fully displayed. He began now to form an unrivalled collection of pathological drawings. His contributions to the Pathological Society were now very frequent. Of these we can but mention a few: "Adhesive Phlebitis," "Purulent Cysts of the Heart," "Malignant Tumours of Abdomen and Pelvis," "Induration of Brain," "Bronchial Phthisis," "Cerebro-Spinal Arachnitis, "Aneurism of the Base of the Brain," etc. Two very important papers were published, the first in vol. vii of the *Dublin Quarterly Journal*, upon "The late Epidemic of Dysentery in Dublin"; the second in vol. x of the same, entitled "Observations on Chronic Dysentery." A perusal of the list of his works shows that Dr. Mayne was a laborious student to the last. In addition to constant industry in acquiring by observation fresh knowledge for himself, he had a most admirable manner in imparting it to others. It is but a very few years since he began clinical teaching, when he was appointed Physician to the Adelaide Hospital. Dr. Mayne's loss will be felt by the profession. He was a straightforward honest man, one who was above taking any advantage of a professional brother in any way—above resorting to any trick to ingratiate himself with patients. If it is a fault to be modest when others would be proud, this was his. A man of this stamp upholds the character of our profession, and *is* a loss. Again, those who met him in consultation know the care he took of the reputation of his junior; there was no needless change of treatment, no innuendo, no shrug of the shoulder. He did unto others as he would they should do unto him. As a consequence of all that he was, he had the unanimous confidence and warm regard of every member of the profession who knew him. By his profession he would very soon, had he been spared to us, been placed in the foremost rank. Dr. Mayne was an apprentice of Dr. Beatty's. He was an A.B. and M.B. of Trinity College, and Licentiate and Fellow of the College of Surgeons at first. However, upon becoming a Fellow of the King and Queen's College of Physicians a few years ago, he resigned his Fellowship at the College of Surgeons. He was educated at the Richmond, Whitworth, and Hardwicke Hospital. At the time of Dr. Graves' death, when Dr. Lees was appointed to the Meath Hospital, he succeeded the latter at the South Union Workhouse, where he laboured until three years ago, when he was elected Physician to the Adelaide Hospital; besides this, he held at the time of his death the offices of Examiner and Censor in the College of Physicians, and Physician to the Post Office. His remains were followed to the grave by a vast number of his professional brethren. About two hundred students from the Adelaide Hospital and Carmichael School followed the hearse, and, when the cemetery was reached, took the coffin upon their shoulders and bore it to the chapel and thence to the grave. (*Dub. Med. Press.*)

THE DENTAL HOSPITAL OF LONDON. The second anniversary festival of this institution was celebrated on the 27th ult. Last year 12,250 persons attended the hospital, and this relief included nearly 8,000 extractions, and over 2,000 gold, foil, and other fillings. The school continues in a satisfactory state. The number of students has largely increased.

ODONTOLOGICAL SOCIETY. At the last monthly meeting held on April 4th, Edwin Saunders, Esq., in the chair, a number of casual communications were made on various models then presented to the Society's museum. The secretary read a paper by Mr. H. Kyan of Preston, on the Extraction of Teeth and Roots as a Preparation for the Introduction of Artificial Substitutes. The author considered that the presence of roots in the mouth impaired the breath, and prevented uniformity in the resisting surface of the gum, thereby causing unsteadiness of the artificial substitutes. They could not, as a rule, be subjected to pressure without occasioning disease. His experience led him to adopt the practice of extracting all teeth and roots which were liable, even remotely, to occasion future trouble. The discussion that followed elicited the opinion of the Society to be in favour of conservative surgery; and that as a rule it was far more desirable to preserve than to extract all teeth and roots. The thanks of the Society were accorded to Mr. Kyan, and a paper on "Some forms of Irregularity and their Treatment" by Mr. Cartwright, was announced for the next meeting.

"SPELL" MEDICINE. At the Penryn Petty Sessions, Jane Lacy, a "cunning woman" was charged with having pretended to use subtle device and craft in order to remove a "spell" from Mrs. Joanna Bate, who died on March 21st. Mrs. Bate had been suffering from bad legs, and was advised to call in Mrs. Lacy, who said she "had a spell upon her, but, with the help of God, in five weeks she would be the woman she was seven years ago." The prisoner further said that a person had "wished" that Mrs. Bate's arms might fall useless at her side, and that she might be struck blind; but that instead of the "wish" being fulfilled, the spell had fallen on her legs. She described the person who had "ill-wished" Mrs. Bate, and said the spell had fallen on her when the planets were crossing the moon. She administered medicine and gave lotion for rubbing the legs, and altogether charged £1:12:6 for her services, which amount was paid. Before operating she required a lock of Mrs. Bate's hair. The magistrates committed her to two months' imprisonment, with hard labour.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.15 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.— London Surgical Home, 2 P.M. — Royal Orthopædic, 2 P.M. — Royal London Ophthalmic, 11 A.M.

FRIDAY....... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations. 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Dr. G. B. Brodie, "Statistics of Queen Charlotte's Lying-in Hospital"; Mr. Berkeley Hill "On the occurrence of an additional Muscle to the Subclavius."—Zoological.—Ethnological.

WEDNESDAY. Microscopical.—Geological.

THURSDAY. Royal Society.

FRIDAY. Royal Institution.—Astronomical.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

ERRATUM.—At page 471, for "William Dale, Esq.", read "William Date, Esq."

WE have been forced to postpone much correspondence in consequence of the length of the Medical Council reports.

COMMUNICATIONS have been received from:—THE REGISTRAR OF THE MEDICAL COUNCIL; MR. T. M. STONE; DR. FREDERICK J. BROWN; MR. LOWNDES; MR. BRODHURST; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; DR. J. WEST WALKER; DR. GIBB; DR. BOYCOTT; A SURGEON; MR. HAYNES WALTON; DR. PHILIPSON; MR. A. M. RANDALL; MR. REGINALD HARRISON; MR. C. F. MAUNDER; MR. J. Z. LAURENCE; MR. CHRISTOPHER HEATH; MR. W. DATE; MR. T. JACKSON; DR. LIONEL BEALE; DR. DREW; DR. FALCONER; MR. H. TERRY; MR. THOMAS JONES; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; MR. WILLIAM MARTIN; DR. J. HUGHLINGS JACKSON; DR. HOLMAN; DR. T. STEPHENS; MR. T. SPENCER WELLS; MR. GASKOIN; MR. F. M. EDGE; REV. W. J. MORRISH; EQUITAS; DR. J. LORIMER; MR. S. N. HARRISON; MR. J. VOSE SOLOMON; and DR. RICHARDSON.

BOOKS RECEIVED.

1. Second Annual Report of the Cumberland and Westmoreland Lunatic Asylum. Carlisle: 1864.
2. The Eighth Annual Report of the United Lunatic Asylum, Nottingham.
3. Diseases of the Throat and Windpipe. By G. D. Gibb, M.D., M.A. Second edition. London: 1864.
4. The Economical Use of Fuel and the Prevention of Smoke. By F. Edwards, jun. London: 1864.
5. Report of the Richmond District Lunatic Asylum, Dublin, for 1863. Dublin: 1864.
6. The Practice of Employing Certain Substitutes for the Genuine Ingredients in some Articles of Daily Food. By a Lady. London and Brighton: 1864.
7. Sussex Lunatic Asylum: Fifth Annual Report, for 1863.

ADVERTISEMENTS.

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Introductory Lecture

ON

THE HISTORY OF MIDWIFERY.

DELIVERED AT
UNIVERSITY COLLEGE, MAY 1ST, 1864.

BY

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GENTLEMEN,—The regulations of the examining bodies, which have restricted lectures on Midwifery to a short summer course, have obliged me to use the strictest economy in the disposal of that period. Hence I have avoided as much as possible giving "Introductory Lectures." However, the progress which midwifery has certainly made as an art, and the attention which it is now receiving, led me to the conclusion that it might be well to give you an outline of its history, in order to point out to you the course which it has steadily but gradually pursued, and the results which it has obtained; and especially to warn you of the shoals and rocks which lie in the way of those who would embark upon its waters, and hope to pilot themselves safely to a harbour of success.

In the history of midwifery, it is not necessary for me to occupy your time with details of its early origin. I need not commence with Esau and Jacob, and detail to you the several remarkable births in the Sacred Writings. I shall not dwell upon the midwifery of the Greek, Roman, and Saracenic periods; it will be sufficient if I prove to you that, when the delivery of women was left almost exclusively to their own sex, the great fathers of medicine, Hippocrates and Celsus, did not neglect midwifery. After them, Moschion, Ætius, and Paulus of Egina, followed up the subject, and published several very valuable observations.

Some idea may be formed of the state of midwifery in the days of Hippocrates, from the simple fact that he laid down the rule that, when the child lies either across the womb or presents the feet, the woman cannot be delivered; and compares the case to an olive in a bottle, which can easily be drawn through lengthways, but, if the olive be thrown across the neck of the bottle, it cannot be extracted without either crushing the olive or breaking the bottle.

Celsus had a faint idea of the operation of turning when he stated that, in cross births, the hand should be directed to the head *or the feet*;[*] but, unfortunately, the efforts were always directed to replace the head, but not to seize the feet.

Ætius, who wrote about the fourth century, compiles the works of his predecessors: pointing out that malposition of the child was not the only difficulty in delivery, but also that the maternal parts may also interfere. He mentions narrowness of the pelvis, anchylosis of the os pubis, and the presence of polypi, as causes of obstruction; and further adds, that the soft parts themselves are sometimes a cause. To remove these difficulties, a plan was proposed, which is worth your notice. Adopting a suggestion of Philumenus, he observes: "The surgeon may see the cause of difficulty by distending the pudendum with an instrument":[†] that is, with a speculum. Such had been the practice of those days, to distend the vulva, vagina, and, if possible, the os uteri, to see the difficulty in the way of the child's delivery. The effects of such practice soon shewed themselves, in producing inflammation and increased difficulty in the delivery; it was, therefore, given up. The use of the speculum, however, has been revived for another and most useful purpose; and, strange to say, the opponents of that instrument have not hesitated to bring forward the practice of the days of Ætius, and the very instrument itself then used, as a powerful objection to its use in the present day; as if the passage of an instrument into the vagina for the purpose of examining the non-gravid os uteri were the same thing as the introduction of a dilator to force open the perinæum, the vagina, and even the os uteri itself, for the delivery of the child. Ætius also describes a crotchet (*uncinus attractorius*) very like what Mauriceau had figured twelve centuries afterwards. He alludes also to a double crotchet, applied and used very like the modern forceps.

Such was the knowledge of midwifery among the Greeks and Romans. Among the Saracens, we find a further advance. Serapion, Rhazes, Avicenna, Albucasis, all wrote on midwifery. Rhazes invented the fillet; and Albucasis describes a forceps similar in its object to the present forceps—that is, to save the child.

The advance which midwifery was making was, however, arrested; it could make no advance in the darkness of the middle ages. The knowledge formerly acquired was completely lost; and when the art of printing first shed its faint light on the surrounding darkness, we obtain some slight knowledge of its position. We find, in the year 1565, Dr. Raynaldi publishing a translation of Rhodion's work, which was held in great esteem throughout Europe; nevertheless, it omits all the knowledge published by the Arabian physicians, and contains all the mistakes of Hippocrates, and the most objectionable features of his practice. The title of Raynaldi's book is sufficiently expressive of the pompous style adopted by some of his successors—pompous in proportion to the ignorance it betrays. It is called *The Birthe of Mankind; or, the Woman's Book*. It was printed in black letter; and contained numerous precepts and recipes for midwives, as well as domestic hints to the patient herself, even to the use of cosmetics. This work, intended to benefit midwives, received from them the strongest opposition; it was looked upon as an inroad upon their profession, and an interference with their practice.

The breach made was actively followed up. The physician and the surgeon began to give obstetrics more of their attention; and, in 1573, Ambrose Parè had even the temerity to open wards in the Hôtel Dieu for the purpose of instructing midwives. His rash experiment would have failed, had he not some means of proving his superior knowledge. At that time, the opinion of Hippocrates prevailed, that a woman having a cross-birth could not be delivered; and the only attempt ever made to save the woman was to try and replace the head. Ambrose Parè proved that, by seizing the feet, the child could be safely extracted.

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[*] "Medici vero propositum est, ut cum manu dirigat vel in caput *aut etiam in pedes*, si forte aliter compositus est." (Celsus.)

[†] "Chirurgicus autem difficultatis causam, *per instrumentum* pudendum diducens, conspicatur." (Ætius.)

This fact at once caused a revolution in practice; and his pupil Guillemeau brought it more strongly forward in 1598, in a work which he called *The Happy Delivery of Women.* Turning the child was the remedy, not only in cross-births, but even in difficulties when the head presented. The Hôtel Dieu became the great centre for instruction, not only in surgery, but in midwifery; and here we find Mauriceau standing conspicuously forward, not only as a leading practitioner, but an eminent teacher of midwifery. His work *Sur les Maladies des Femmes Grosses et de ceux qui sont Accouchées*, was published in 1668; and is valuable, not because of the doctrines it contains, because many of these have been discarded, but because of the faithful account of his own experience. He gives a detail of about 800 cases, which may be read in the present day with as much interest as when they were published. Smellie, at a later period, did the same thing, and his work is thus rendered equally valuable.

I mention these facts the more particularly because it proves the extreme importance of clinical midwifery, and leads me to urge upon you its study; to learn to note the cases you attend accurately and briefly. If you do this with patience, you will by and by have an accumulation from which you may select, and if you please may publish, what perhaps may prove a valuable collection of obstetric practice.

In the time of Mauriceau, there was no way of extracting the child, or of saving the woman, but by Ambrose Parè's operation of turning, or by using the crotchet, not in the way now adopted, but by fixing it outside the head, either in the orbit, the mouth, or the chin. Mauriceau contrived a *tire-tête*, an instrument to be placed inside, not outside, the cranium; and, therefore, for this purpose, the head must be opened. This was done with a broad curved bistoury. Thus, the operation of craniotomy was introduced; which, in Mauriceau's hands, proved most successful, because, at the sacrifice of the child, the mother's life was generally preserved.

Nearly about the same time (1650), a physician appeared in England, as remarkable for the success of his practice, and the reputation in which he was held, as Mauriceau was in Paris. This was Dr. Chamberlen, who invented *a secret mode* of delivering women without destroying the child. His secret was the *forceps;* and whether he obtained the secret from Albucasis, or it was his own invention, its leading feature was its secrecy. The secret was closely preserved, being made known only to his sons, who also practised midwifery; and it became in this manner a family inheritance.

The reputation of the Chamberlens spread, not only in England, but in France. They made the most unscrupulous use of their secret, delivering all cases indiscriminately. Mauriceau's *tire-tête* and Chamberlen's forceps stood opposed to each other; the advantage being in favour of Chamberlen, because the child was not destroyed.

Mauriceau was then in the zenith of his practice; and Dr. H. Chamberlen (the son) went to Paris for the purpose of selling his secret. He boldly asserted that it was in his power to deliver any woman without destroying the child. It so happened that Mauriceau had a case of labour, where the contraction of the pelvis was so great from mollities ossium, that he could not extract the child with the *tire-tête.* Labour was protracted to the eighth day; and Chamberlen expressed his surprise that so eminent a man as Mauriceau could not deliver the woman, promising to do so in half an hour. He was given the opportunity; but after several half-hours had passed, she remained undelivered. Chamberlen gave it up in despair. The woman died the following day; and, on inspection, the uterus was found ruptured. This Mauriceau attributed to the forceps; and claimed a triumph for his *tire-tête* over such a vile instrument. Thus commenced the controversy between craniotomy and the forceps, which has lasted ever since.

We are now in the seventeenth century of our history; and our attention is at once arrested by the illustrious Harvey. He did not think obstetric medicine beneath his attention; but applied his great mind to the development of its principles. In 1651, he published his *Exercitationes de Generatione Animalium, de Partu, de Membranis et Humoribus Uteri.* In these, he not only brought forward his new doctrine of generation, *omnia ex ovo*, which displaced the absurd speculations of previous physiologists; but he also explained his views on the mechanism of parturition. He advocates Ambrose Parè's rule of turning by the feet in transverse positions. He mentions cases of superfœtation in women whom he attended; and gives numerous illustrations of the durations of pregnancy both in man and the inferior animals. These essays, although no doubt composed long before, were not published until he had reached the advanced age of 73. To publish a work at such an age, when he could hardly hope to reap the profit of his industry, needs some explanation. The manner of the publication strongly proves the character of the man. Harvey lived in the troubled period of Charles I and the Commonwealth; and from the persecution he experienced in consequence of his heretical doctrine of the circulation of the blood, he had long retired from practice and from public life. He was not, however, idle; he employed the greater portion of his time in his researches on ovology, a subject which he had followed so entirely for his own amusement, that his observations would have been lost to the profession, had it not been for a visit paid to him by his friend Dr. Ent. Among the many subjects of philosophical interest which formed the topics of their conversation, that of generation was alluded to, when Harvey casually referred to his own observations. Dr. Ent requested to see them; and having done so, earnestly begged to have them published. After some friendly altercation, Harvey gave him permission, "either to publish them now or to suppress them till some future time."

"I went from him" (says Dr. Ent) "like another Jason in possession of the Golden Fleece; and when I went home and perused them, I was amazed that so vast a treasure should have been so long hidden."

Thus appeared a work, second only to his treatise on the Circulation of the Blood, in the important change which it produced in the opinions of the profession. Roonhuysen, in Holland, a contemporary with Chamberlen, invented the vectis, which was also kept secret, until two public spirited practitioners, Jacob de Vischu and Hugo van der Poll, purchased the secret, and at once made it known to the world.

Thus, while this era was remarkable for the introduction of two very valuable instruments, which have introduced a most important change in the practice of midwifery, it was also distinguished by the introduction of a principle which has had a most mischievous effect upon it. Midwifery was, in the the strictest sense of the term, an art; the mode of delivery a secret to be learned; and a meddlesome interference to abbreviate a natural process was considered an evidence of superior skill. Even in the present day, the same doctrine has its advocates; and a meddlesome midwifery is considered by no means a bad one. With regard to Chamberlen and Roonhuysen, the great patrons of this practice, I can only consider them in the light of fortunate empirics, whose inventive genius contrived instruments by which they could cut short any labour, and who, by the powerful aid of mystery, made it available to their own aggrandisement.

Reflecting on the lives of Harvey and of Chamberlen, I cannot help contrasting the scientific eminence of the one with the trading spirit of the other; the persecution and poverty of Harvey with the affluence and reputation of Chamberlen. This unjust distinction seems not to have ceased even with their lives. When I first came to London I visited, like all strangers, the venerable pile which contains the ashes of your monarchs, your senators, your philosophers, your poets; and, while thus tracing through these a monumental history of your country, my attention was arrested by an imposing cenotaph to Chamberlen. Chamberlen in Westminster Abbey! I could not help asking, where is Harvey? Echo answered, where? Chamberlen is, I believe, the only doctor (not a poet) there.

The seventeenth century is remarkable: first, for the great Harvey; secondly, for the introduction of very important operations in the practice of midwifery—craniotomy by Mauriceau, and the forceps by Chamberlen. Hence, during this century, midwifery had been undergoing a gradual change in its character. Previously, it had been very much neglected; left altogether to midwives, unless the efforts of Nature failed in completing the delivery; then, the "man-midwife" was called in. To ask for his assistance, under such circumstances, implied the necessity for an operation always fatal to the child, and often extremely hazardous to the mother. The man-midwife might succeed in saving the mother; but his frequent want of success was anything but advantageous to him, and in no way contributed to raise him in public estimation.

The great success, however, of Mauriceau's craniotomy, in saving the mother's life in cases of great danger; and that of Ambrose Parè's operation of turning (introduced in the sixteenth century); and of Chamberlen's forceps in saving the child; caused a higher value to be placed upon his assistance. The gloomy apprehensions which clouded his character began to disappear; and more attention was consequently given to the improvement of midwifery.

The eighteenth century contains a much more numerous list of eminent obstetricians. Before then, no one but Harvey paid any attention to the mechanism of parturition; it was assumed that the head of the child passed in the conjugate axis of the pelvis, and nothing more was thought about it until Sir Fielding Ould made it the subject of his attention. Sir Fielding Ould was master of the Dublin Lying-in Hospital in 1760, the immediate successor of Bartholomew Mosse, its founder. He visited Paris, and was present at a labour delayed in consequence of the funis being round the neck of the child. He had the opportunity of observing the head descend and recede several times, the direction being with face towards the shoulder. Those present considered it to be a preternatural position, and no doubt would have interfered; but, fortunately, a few pains completed the delivery. This fact was not lost on Sir Fielding Ould; and he made the manner in which the head is expelled the subject of constant experiment. He proved that the head did not pass through the pelvis in the conjugate axis but obliquely; and thus made the first step towards the only true path of obstetric knowledge—a careful and strict observation of facts. He first endeavoured to determine by accurate researches, not from preconceived notions, the natural course of parturition.

At this period, the invention of Chamberlen attracted much attention. The high value attached to a means of delivery in difficult cases by which both mother and child could be saved, made "the secret mode of delivering women" a most desirable problem to solve. Those who could not find it out, made it their business to condemn it in every possible way. Dr. Maubray was in this predicament; and in his *Female Physician* found great fault with "the dangerous instruments then in use." The female physician was the midwife, and she quite agreed with Dr. Maubray. Others took a different view; and inventive genius was placed on the rack to discover the secret. Some succeeded in finding out the principle of the construction. A series of cases were detailed by Giffard, and published by Dr. Hody, in which a forceps is figured, but made differently from Chamberlen's. Afterwards, Chapman published a work especially for the purpose of making known the secret. The forceps of Chapman was similar to Giffard's; but that of Chamberlen was still a secret. The attention of the profession was now strongly directed to these instruments, and every effort made to improve them. The "man-midwife", as he was called, became an operator of no mean importance; being looked upon, not as he was formerly, the destroyer of human life; but as its preserver. Hence, obstetric instruments and their improvement occupied his entire attention; and though all agreed in offering improvements, the different writers of the period present a remarkable contrast in their manner of suggesting them. We may compare Burton with Smellie. We find Burton offering to his readers a most complicated machinery in most bombastic language. After describing the different instruments then in use, he proceeds to observe:

> "These dangerous and tedious ways of delivering women induced me to spend a few serious thoughts in order to contrive some more safe and expeditious method of relieving the fair sex, and I hope my labour has not been in vain; and as I always professed myself an advocate to serve my country to the utmost of my power, I do in this (as I have hitherto done upon all occasions) prefer the public good to my own personal interest, and, therefore, now take this method of laying open to the world the improvement I have made, that every person may be as capable of assisting the fair sex as myself." (P. 231.)

A patriotic spirit alone leads Dr. Burton to prefer the public good to his own private interest; and his patriotism is expended in contriving an instrument which few but he himself could employ. These instruments are now in the possession of the Obstetrical Society—here is a copy of them. Compare the language and the instrument—the inflation of the one, the complexity of the other; and they will give you some general idea of the man who was the original of Dr. Sterne's celebrated character in *Tristram Shandy*, Dr. Slop, who broke the bridge of Master Shandy's nose with "his vile instruments". Very different was Smellie. To him we are indebted for leading improvements both in the forceps and other instruments, which are the basis of their present construction. He contrived the lock at present adopted in the English forceps. He also brought forward a scissors for perforating the cranium, in place of Mauriceau's knife; this, as improved afterwards by Denman, became the perforator. The crotchet was placed inside the cranium, in place of the *tire-tête;* and the present operation of craniotomy was thus established. But Smellie did more than this. He made no boast of his inventions, but carefully studied Nature. Every case he attended was matter for observation and thought. He was puzzled by the explanations given of the passage of the head through the pelvis. He found that Sir Fielding Ould was right in his view; but, in order to satisfy himself, he measured the pelvis in almost every direction. He found that the widest space in the brim was the transverse, and in the cavity and outlet the antero-posterior. He therefore laid it down, that the head entered the brim transversely, passed through into the cavity, changing into the antero-posterior, in which it was expelled. Thus, by a careful observation of facts, he revolutionised the theories of Mauriceau. He laid down rules for the forceps, never before understood; and placed operative midwifery on a foundation upon which the present superstructure is raised. Notwithstanding the reputation of Smellie, and his admitted skill in the application of instruments, such was the prejudice in the public mind against these operations, that he was obliged to perform his operations secretly. Chamberlen did so to conceal his invention; but Smellie was obliged to continue the practice, in order to avoid the attacks made upon him. His enemies were chiefly the midwives; and one of their strongest objections was the indecency of these operations—"the patient being exposed," etc. Smellie neither exposed his patient nor his instrument; nevertheless, they were not appeased. Dr. Burton attacked him, of course; but a more treacherous opponent assailed him under the assumed name of Mrs. Nihil. Smellie outlived these attacks, and laid the foundation of the present improvements in operative midwifery.

I have already stated that Smellie, like Mauriceau, published a large number of cases to illustrate his practice. These I should strongly recommend to your perusal. Study them, and learn how to note your own experience.

If we look back upon this course of obstetric history, we find that at first midwifery was scarcely considered to be worthy of the attention of medical men. The exertions of a few helped to remove this prejudice; but still it was considered as an art in which the ready application of instruments seemed to be the essential requisite. It was in no way viewed as an object of scientific research, except by the immortal Harvey. It now presents itself in a different light. Smellie brought the art of midwifery to a high degree of perfection; but to William Hunter we are indebted for a scientific knowledge of parturition. He followed in Harvey's footsteps, and carefully traced all the changes which take place in the uterus during gestation. He pointed out the provisions of Nature for the dilatation of the womb, the expulsion of the child, and the separation of the placenta. He demonstrated the muscular fibres of the uterus, and the arrangement of its arteries and veins. The result of his observations proved to him that midwifery was something more than an art. He found the artists of the profession too often only intruders on Nature's offices; and that sometimes her operations were not only interfered with, but frequently altogether deranged, by their ignorant meddling. He therefore enforced in his lectures the importance of viewing parturition as a natural process; that our attention should be directed to favour, not to hasten, the efforts of Nature. He objected in the strongest terms against the advocates of a quick and secret mode of delivery. His protests proved the extent to which the practice had been carried, and the mischief it had done. His views, supported by the clearest demonstrative evidence, soon began to effect an important change in the practice of midwifery. He effected a most essential improvement in checking uncalled for interference, and in placing the study of midwifery on its true basis by showing it to be the study of Nature.

To William Hunter we are indebted for following up what Harvey had begun, and for recalling the attention of the physiologist to a subject which has since been brought to a high state of improvement. He made embryology his study. He examined the successive changes in the ovum from the earliest germ to the matured infant, and seized with avidity every opportunity to illustrate his subject. The result was that splendid record of his industry, the *Illustrations of the Anatomy of the Gravid Uterus.* Whether we consider the success with which, under no common difficulties, he has demonstrated the development of the gravid uterus, of the fœtus, the general accuracy of his conclusions, the fidelity of his facts, the truth of his illustrations, we are equally astonished at the research and the surprising industry of the author. Hunter's plates differed from all that preceded them, in being faithful representations of Nature. They perfectly conveyed his beautiful dissections of the gravid uterus.

Towards the close of the eighteenth century, midwifery was gradually rising into position, and obstetric authors became more numerous. Perfect, Atkins, Bland, Osborne, Denman, John Clark, Rigby of Norwich, Joseph Clarke of Dublin, Hamilton of Edinburgh, all contributed their quota to the general stock of obstetric knowledge. The instruments employed were greatly improved; the rules for using them more clearly laid down. But, what was of equal importance, a check was given to their too frequent use, especially the forceps. The process of Nature in parturition was better understood; and the accoucheur was called in not merely to operate, but to determine whether an operation might be dispensed with. His advice became valuable as the obstetric physician. The public began to repose in him more of their confidence, and his assistance was sought for more frequently in ordinary labours. He gradually took the place of the midwife, who was, in fact, superseded, except in the lower classes.

Among these authors, I shall direct your attention to Denman, not only as following Hunter more directly in the order of our history, but as being the author of a work which was justly considered to be the standard authority of its day. Denman avoided the extremes of Smellie and of Hunter. He was less bold than the former in the use of the forceps, less hesitating than the latter when interference was called for. Holding as it were the balance between these great men, the principles he laid down were considered to be the safest guides for practice. To those of you who would wish to make midwifery especially your study, I should strongly recommend his work. I do so because it is the result of an extensive personal experience, improved by a sound and unbiassed judgment. If the study of an author can communicate any sympathetic influence, if the tone of the author's mind can be so conveyed, I have an additional reason for recommending him to your attention. If you can acquire from Denman the same caution in avoiding the precipitate intermeddling which was then, as I fear it is now, too frequently met with; if you are taught to exercise the same calm discrimination in the difficulties of practice; if, along with your increasing experience, your judgment is equally improved by his observations, and you can exercise the same clearness in arriving at a correct conclusion,—you will be fully repaid by studying Denman, and imbibing the sound reasoning with which his doctrines are laid down.

The influence of these eminent men—William Hunter, Denman, Osborne, Joseph Clarke of Dublin—conspired to arrest the practice of interfering with labours, and delivering unnecessarily with instruments, which they found to be so mischievous; but their caution was carried to too great an extreme. Labours were allowed to go on far too long before assistance was rendered; and the result generally ended in the death of the child, if not of the mother. Hence we find Dr. Hamilton of Edinburgh and Dr. Burns of Glasgow protesting against such delays; and the question became one of active, if not angry controversy.

While, in Great Britain, these noisy controversial discussions were going forward, on the continent a far more interesting and practical question was silently making its way; and a knowledge of the manner in which the child passes through the pelvis was, and is now, being more accurately ascertained.

Formerly, as I have stated, the head was supposed to pass through the pelvis in the conjugate axis. Smellie with great pains disproved this, and showed, from his measurements of the pelvis, that it must enter the brim in the transverse axis, and be expelled in the conjugate. This law, however, was determined upon in his study, not at the bedside; hence he fell into the views of Deventer, Levret, and others, who looked upon the mechanism of parturition as a scientific problem, to be demonstrated like any proposition in Euclid. But a different mode of determining this question, than in the study with a pelvis and a pair of compasses, was adopted by Saxtorph of Copenhagen so early as 1772. He published a work on the subject*—a work little known here, but now brought before us by Dr. Leishman of Glasgow, in his admirable work on *The Mechanism of Parturition.* Saxtorph stated that the head passed neither in the transverse nor the conjugate axis, but in the oblique. We find Saxtorph followed by Solayrés de Renhac, who not only agrees with Saxtorph's view of the oblique descent of the head, but enumerates six different positions in which it may pass. These positions were afterwards published by his distinguished pupil, Baudeloque, who observed of his master, Solayrés de Renhac, "Il n'avait que la nature pour maître." This knowledge was obtained, not in the closet, but at the bedside of the patient. To make these researches accurate, Saxtorph laid down strict rules for making a vaginal examination. He says:

> "An improper mode of examination often hinders the recognition of truth. When, for example, the woman is not placed in such a position that the finger may find an easy entrance for examination. When the woman, *as is here the fashion,* lies on soft pillows. When the body is not held motionless in the proper posture, or the interval between the pains is neglected for the examination of the position of the head; or when, although all these circumstances are observed, the finger is not carefully and observingly carried round all the parts of the head and the margins of the pelvis, by which means only it can reach them. If the nearest facts only, and not those deeper, are observed, we cannot recognise with exactness the fontanelle lying high and obliquely backwards, together with the presenting sutures, and their relation to the extent of the pelvis." (Leishman's *Mechanism of Parturition,* p. 33.)

Thus, by determining the position in which the head passed through the pelvis, not by preconceived or what might be called mathematical notions, but by actual observations, Saxtorph pointed out the true principle which should be adopted in determining truth.

The positions given by these men, by Baudeloque, by La Chapelle, and others, were received by the profession without further inquiry, until Naegele took up the question. He, like Saxtorph and Solayrés de Renhac, determined to judge for himself, and took the utmost pains to ascertain the course followed by the head, and proved that the motion was one of rotation; that what is called the first position was the easiest to pass; but that when the head entered the pelvis, in the third or more difficult position, it was rotated as it advanced into the second. I shall again have an opportunity of explaining to you his views; but, at present, my object is to show you the foundation of Naegele's reputation; being a close, painstaking observer, taking nothing for granted, but proving by actual observation every fact which he brought forward.

In the history which I have now brought before you, the lessons which it teaches are not hard to learn. We find, in the early periods of obstetric practice, great bombast and little real knowledge. The delivery of women was considered as an art to be learned, not as a natural process to be observed; and, inasmuch as any woman may be delivered by instruments the moment the head comes within its reach, the artists of the profession made their fortunes by their skill in relieving the patient from her sufferings. The injuries which followed their operations led to a strong reaction, and the most eminent men of the eighteenth century were unanimous in their condemnation of this practice.

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* "Theoria de diversa partu ob diversam capitis ad pelvim relationem mutuam experientiâ fundata."

As yet, however, but slight attention was given to ordinary labours. When any difficulties occurred, or operations were required, all such questions were carefully examined, and rules laid down for practice; but the phenomena of natural labour were left, in the strictest sense, to Nature. On the continent, however, Saxtorph, Solayres de Renac, Baudeloque, and Naegele took a different view. Every case they attended was a subject of interesting inquiry. They educated their sense of touch to the highest point; and, carefully watching the progress of natural labour, they ascertained that the head did not descend in one position, as was supposed, but in several. The frequency of these positions is at present a subject of close observation with the scientific accoucheur.

The lesson which these eminent men have taught us is the value of patiently observing natural labour. They pointed out the instruction you derive from them. They showed the greater facility you acquire in at once recognising a difficulty. The acute sense of touch, which enabled Naegele to mark the progress of the head, at once enabled him to perceive what may retard its advance, and perhaps to remove the impediment before it obstructed the action of the uterus. I only ask you, gentlemen, to follow his example, not to be governed in your views of obstetric practice by what are called authorities, but to judge for yourselves. Nothing is so easy as to follow an authority, once you decide who is to be your guide. I should rather ask you to seek, at the bedside of your patient, a knowledge of the truth. I would ask you to make every case you attend a subject for observation, and briefly to note the facts you have ascertained. You will thus acquire that *tactus eruditus* so essential to successful practice.

I am induced to press this point upon your attention, more particularly because formerly—indeed, I might say, until very lately—no interest was taken in natural labours; all attention was given to cases of difficulty or danger. Hence the obstetric student was very anxious to witness operations, to watch the treatment of hæmorrhages, etc.; but the ordinary cases of labour he was given to attend were thought to be a bore. Six cases of labour were considered sufficient by the examining bodies as a test of practical knowledge; but when that number was increased to twelve, and to twenty, the students were startled, and many of them thought this to be too great a demand upon their patience. I have endeavoured to prove, from the history of midwifery, the reverse; and would convince you that it was the want of attention to natural labour which led to so many mistakes when it became difficult. I am anxious to prove to you that the most eminent men in the profession, like Mauriceau, like Smellie, like Hunter, noted all their cases; and these cases formed the basis of their future reputation. You can do the same; and, if you wish to practise midwifery successfully, I would say, in conclusion, do not trust implicitly to books, which can be read in your studies; neither be governed by authorities, which are often wrong; but let your study be the bedside of your patient, and your book, *the book of Nature.*

Drugs Imported from China. During 1862 we received from China, of camphor 1222 cwt.; of cassia 345,140 lbs.; of oil of cassia 20,166 lbs.; of rhubarb 165,326 lbs.: and of other essential oils 62,634 lbs.

Original Communications.

ON DIPHTHERIA.

By J. West Walker, M.B.Lond., Spilsby, Lincolnshire.

In a previous communication to this Journal (May 16th, 1863), I attempted to show that the theory of the nature of diphtheria might be embodied in the following conclusions.

1. The characteristic formation is but an external complication, and has no specific relation to any particular state of the general system.
2. The general diseases with which this formation is found to be associated are most various—ranging from the most trifling malaise to the most virulent septicæmia, and extending through the whole class of acute specific diseases.
3. Possibly during the prevalence of a diphtheritic epidemic there may be a distinct general disease altogether different from other known diseases, but we have no positive evidence on the subject.
4. Diphtheria, in the sense in which the word has hitherto been employed, is to be looked upon, not as one disease, but rather as many diseases, alike only in being associated with the common characteristic formation.

I shall endeavour now to explain how, by adopting such a theory:

1. The difficulties which have hitherto beset bibliographers in collecting the ancient history of the disease, are to a very great degree removed.
2. The various questions arising on the subjects of diagnosis, prognosis, etiology, and contagion admit of more satisfactory solution; and
3. Treatment having more reliable indications becomes less empirical, more rational, more successful.

One of the greatest difficulties with which those who have written on the history of diphtheria have had to contend, has been to determine whether the author they were quoting was describing diphtheria, in the generally accepted sense of the term, or merely instances of ordinary diseases complicated with peculiar manifestations. We frequently read of cases wherein the characteristic false membrane is so minutely and accurately described, both with regard to its physical and pathological properties, as to leave no doubt as to its perfect identity with the like phenomenon as at present seen; and yet in the same case or series of cases we find, perhaps, as clearly portrayed the diagnostic sign of some well known general disease, the eruption of an exanthem, the false membrane of croup, etc. Then it is we become impaled on the horns of a dilemma; we must either reject such cases as evidence of the previous existence of diphtheria as a specific disease, or we must acknowledge that of old, as at present, the pathognomonic sign was observed to present itself in connection with a great diversity of general symptoms. Should the conclusions set forth in a former part of this essay be correct, this difficulty no longer exists, and the study of the earlier history of the affection (or affections) becomes proportionately more simplified and intelligible.

My position would perhaps be best illustrated by selecting extracts from different authors who have written on the history of diphtheria. If we take Dr. Headlam Greenhow's classical work on the subject, and refer to his chapter on "Diphtheria in the Sixteenth, Seventeenth, and Eighteenth Centuries," I think that, notwithstanding the extreme care with which his cases are selected, abundant evidence can be found to show that the difficulty in question exists, and that many different general diseases, alike only in being complicated with the common diphtheritic sign, have been confounded together and brought forward as supporting the fact of the previous existence of a *soi-disant* specific disease. We shall find sufficient to show that during the later centuries, as is familiar to every observer in the present, the diagnostic sign of diphtheria—the peculiar formation, was observed to be associated with scarlet fever, with epidemic sore-throat, on blistered and erysipelatous surfaces, with small-pox and with measles, with croup, with "putrid fever of any kind" (and this class would probably include those cases wherein purpura and petechiæ are mentioned as symptoms), with ague or remittent fever. A goodly list of general diseases which, were I disposed to quote from Dr. Greenhow's next chapter, on "Diphtheria in the Nineteenth Century", might be considerably increased. In short, the more nearly we approach the time of our own epidemic, the more closely particular cases are watched, and their general symptoms faithfully recorded, the more conclusive becomes the evidence that there is no one particular state of the general system to which the term diphtheria can, with any approach to precision, be applied, but that hitherto all the ills that flesh is heir to have been huddled together as one disease, simply because they present a common complication.

The query then presents itself: Can we receive records such as those alluded to as evidence of the previous existence of diphtheria? If we adopt the theory advocated in these papers, the question admits of ready and easy answer, for they unquestionably prove the previous existence of epidemics of diseases in connection with the remarkable diphtheritic product; but if, on the other hand, we agree with those who believe in the theory of diphtheria being an acute specific disease, the question is at once surrounded with difficulties, and we are compelled to resort to such apologetic phrases as "It seems probable, as has sometimes happened in more recent epidemics that scarlet fever and diphtheria were intermingled; that the cases of *scarlet fever* had a *diphtheritic character*; and that, whilst in all probability Dr. Fothergill saw some cases of uncomplicated diphtheria, he yet *confounded* the two diseases." Again, "That the epidemic of diphtheria of that day, like that of our own time, was apt, so to speak, *to impress its character upon other diseases* and included simple sore throats unaccompanied by exudation, as well as those of more malignant nature." Again, "That diphtheria in that day, as well as in our own, was frequently confounded with scarlet fever" (Greenhow, p. 28, 30, and 35); not necessarily confounded at all, when we believe in the theory that would make scarlet fever, in common with a host of other general diseases, amenable to the influence of an external complication. What other specific disease *impresses its characters* on such a number of fellow diseases? Why continue to believe in the existence of a disease, of which its strongest advocates are unable to adduce one diagnostic sign. Absent the peculiar complication, the diphtheritic false membrane, and what is diphtheria? Present it, and what is not?

Diagnosis. Much has been written to show what diphtheria is not; very little to define what it is; and without something like a definition, without some signs or symptoms, differing from the signs or symptoms of other diseases, diagnosis becomes almost impossible. Pages have been written, and particular cases cited, to show that diphtheria is not scarlet fever, nor croup, etc., and to point out the differential diagnosis between it and these several diseases; but on the other hand, equally well might pages be written to prove that in particular cases it is nothing more than one or other of these diseases peculiarly complicated. It is the specific disease theory which finds a difficulty in these apparently contradictory statements; and it is the same theory which demands from its votaries much, and to my mind, useless argument on the subject of diagnosis, but which has, I fear, succeeded only in making a very important subject a matter of confusion worse confounded. How often has every practitioner, whose lot it has been to practise during a diphtheritic epidemic, been asked the momentous question—Is it diphtheria? and found it perplexing at first how rightly to answer it. The term has become so associated with fearful consequences that he hesitates to apply it to mischief (in this particular case perhaps) so slight, and yet the diagnostic sign—there it is. He knows full well that he has frequently met in practice with the like sign in connection with a great variety of general diseases—the acute, the chronic, the benign, the malignant, the specific, the non-specific—that he naturally hesitates before giving a decided answer to the question, an answer which involves the application of a single term to a series of widely different phenomena alike only in one, and that by no means important feature. If we speak of diphtheritic diseases, diagnosis becomes at once rational and easy. When and wherever the formation presents itself—and I need not here enter on the diagnosis of that well known morbid product—the case is clearly diphtheritic; but what the general disease with which it is associated may chance to be, must be left to the ordinary rules of diagnosis applicable to such general diseases.

[*To be continued.*]

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

MARCH 31ST, 1864.

R. GEE, M.D., Vice-President, in the Chair.

PUBLIC BUSINESS.

Gratuitous Medical Attendance. Dr. IMLACH moved—"That the Medical Society of Liverpool regrets that sudden and dangerous accidents and illnesses occasionally occur among the poor of large towns, to meet which the present arrangements of the Poor-Law Board and of the Medical Charities are inadequate. That the public has no right to expect that the members of the medical profession shall, *nolentes volentes*, be burthened with gratuitous attendance upon such cases, and insulted at inquests for declining to attend strangers. That it is the duty of Boards of Health or of the police to secure medical attendance on such cases by paying, out of the public purse, fees for all such urgent cases as the police officer on the beat may report as requiring immediate attendance."

Dr. IMLACH said there had been a number of letters in the papers on this subject. He read the following memorandum, a minute of the Watch Committee, that had been handed to him by Major Greig, the head constable.

Memorandum relative to Medical Attendance upon Cases coming under the Notice of the Police. In August 1859, the following order was issued to the police: "When the attention of the police is called to poor people in the streets, or in their dwellings, in cases of sudden or extreme illness, they are at once to call on the nearest parochial medical officer. In all other cases, when time will permit, the relieving officer of the district must be applied to." In cases of casualty, such as accidents, etc., occurring in the streets, the parties are taken to the nearest Hospital; if the injury sustained be not of a serious kind, they are taken to the dispensary. In *extremely urgent cases* the police would call upon the nearest medical man; and, if the parties were too poor to pay, the surgeon, having been employed by the police, would send in his bill to the Watch Committee. This class of cases is not of very frequent occurrence. At the two outer Bridewells of the North Town division, which are a considerable distance from the dispensaries, provision has been made for medical attendance, when necessary, upon the prisoners taken there. Very valuable aid in cases of casualty is derived both from the hospitals and dispensaries, and, as a rule, the medical attendance in cases of emergency is prompt. Thus, in 1859, it seems that the police, if they called on any medical man, might pay him; so that in Liverpool there really is some provision for these urgent cases, but this rule has no publicity, and he thought if the resolution he proposed were published, it would be of great use.

Mr. Bailey seconded the resolution.

Dr. Skinner suggested that urgent and severe midwifery cases should be specified, as it was to these that, from their occasional long duration, medical men particularly disliked being summoned by strangers.

Dr. Prytherch mentioned a case to which he had been called by a police officer, and had not been paid; he doubted very much whether the police would pay him for attendance on a case of midwifery.

Dr. Barrett had been a parochial medical officer, and had known of this minute; in one case he had sent in his charge first, as is necessary, to the patient, and then to the Watch Committee, but had found great difficulty in recovering payment.

Dr. Balman proposed "That a committee of the Medical Society be appointed to consider the best mode of administering medical aid to the *casual* and necessitous working classes, in addition to the charities already in existence for that purpose."

He read from the *Liverpool Mercury* an account of the late case at Birkenhead, and the coroner's remarks, and said that, though it would be a needless and wanton interference with our liberties that should attempt to cajole or compel us to attend any frivolous case to which we might be called at the most inconvenient or unseasonable hours, yet he maintained that when we are called to a labour no delay is admissible, and to disobey the summons to attend is to expose the patient to great risk, and we may thus be the means of bringing the blood of the unhappy patient upon our own heads. He thought any one who refused his aid and assistance to a woman, in this hour of sorrow, not only neglects a great Christian duty, but lays himself open to the charge of inhumanity and want of feeling. He suggested that a hospital, or a certain number of houses of refuge, for these urgent cases of midwifery might be raised, and should be under the care of midwives, and have attached, or within call, a salaried accoucheur. These houses might be made known to strangers through the police. Dr. Balman passed to the subject of self-supporting dispensaries, and referred to that existing at Derby; and thought that these institutions, though they might not meet these sudden emergencies, would be highly valuable as affording to the prudent and thrifty of the working classes such medical aid as they may require, and that without any sacrifice of independence, and without that sense of degradation that attends the reception of gratuitous charity.

Mr. Higginson seconded the motion. He thought the committee, when appointed, might also consider Dr. Imlach's resolution. After all it would ultimately rest with each man's feeling of humanity whether he would go to these cases or no.

Dr. Barrett thought there was every provision made as to confinements by ladies charities, etc.

The Chairman said a county court judge in London had decided that confinements were not cases of emergency.

Mr. Hakes thought the two resolutions before the meeting were very separate in their nature. No doubt we, with the public, regret the recent affair at Birkenhead; but we are not to be upbraided for that affair. He thought we might express our regret at that matter, and also at the remarks it had given rise to.

Dr. Vose said that a gentlemen in large practice at Birkenhead had told him that he did not think the woman died of hæmorrhage, and he thought it most improper that the coroner, himself a surgeon, should attribute the death to hæmorrhage without a *post-mortem* examination. Parturition is a serious thing, and death may occur in its course from various causes. We have no right to assume there was no organic disease. He thought the profession had been most disgracefully libelled.

Dr. Imlach thought the profession had been grossly insulted because they did not always go at once, whenever called upon, although they might be weary, or ill, or so forth. A friend of his, not a medical man, happened to have Dr. on his door, and was once abused for not going out at night when sent for.

Mr. Lowndes moved, as an amendment to Dr. Imlach's motion, "That this Society does not think it necessary to take any steps with regard to the recent sad affair at Birkenhead."

He said that we had not sufficient evidence as to the conduct of the medical men in that case. If they did not understand the urgency of the case, or if they were ill or advanced in years, they might deserve our sympathy; but, if they had not these reasons, they might deserve rather our censure. The coroner's jury had been spoken of with great contempt by Dr. Imlach, but they were not different from others of the middle-class of Englishmen, and they thought of the poor woman left to bleed to death, and expressed themselves accordingly. When we clearly understand there is a great emergency, instead of trying who can be last, we should try who can be first. He quite agreed with what had been said in the *Medical Times and Gazette* on this subject.

Dr. Shearer seconded the amendment.

Mr. Walker had heard that two other surgeons, in addition to the one named, had gone to the case.

The amendment was then put and lost, only three members voting for it. Dr. Imlach's resolution was then carried, as were also motions to the effect that a copy of it should be sent to the medical journals, the local daily papers, and the chairman of the watch committee. Dr. Balman's resolution was also carried, and a subcommittee nominated.

PATHOLOGICAL DEPARTMENT.

Large Fatty Tumour. Dr. Nottingham shewed a specimen removed from over the dorsum of the scapula of a woman at the Southern Hospital. It was of twenty years' growth, and weighed four pounds ten ounces.

Scirrhous Tumour of the Mamma. Dr. Nottingham shewed a specimen.

Ring Pessary. Dr. Nottingham shewed a ring pessary made of some black wood, which was removed from a very old person thirty years after its introduction. It was lying high up vertically in the antero-posterior axis, and was removed with difficulty. Referring to the curious things that are sometimes used as pessaries, Dr. Nottingham said he had once seen a broken wine glass with the cup of the glass downwards, and in another case, an iron ring taken from the chain of a plough, used for this purpose.

British Medical Journal.

SATURDAY, MAY 14TH, 1864.

THE MEDICAL COUNCIL IN ITS SEVENTH SESSION.

THOSE of the profession who are satisfied with much talking and little wool-gathering will not this year find fault with the Medical Council. The admission of reporters has, at all events, doubled the length of its speeches. As, however, most of us are men of business, and expect a return for our outlay, we fear that there will be with the profession at large a general feeling of disappointment at the announcement of the results of the operations of the Medical Council for 1864. "It came, it has met, it has gone." What has it done? It has talked exceedingly. It has argued well, and legitimately and illegitimately. Its eloquence has echoed under the roof of the College where it held its sittings. Its sayings are recorded, and its words of wisdom will be put on permanent record. Resolutions and amendments innumerable have been proposed, seconded, and passed or rejected. But what has this palaver—the culminating one of all—brought forth? For six long weary years the profession has stood *erectis auribus*, in earnest expectation of some relief to its woes at the hands of this medical Olympian Jupiter; but the sixth year has passed, and still left the earnest expectation on the stretch. The Medical Council has once again closed its sitting, and once again with the passing of a few innocent resolutions—suggesting very little, and enforcing nothing.

We should be sorry to say that the Medical Council was a splendid failure; but really it looks very much like it. If we could gather hopes from the sayings and doings of this year, that in 1865 or 1866, or even in 1867, the Council would do something positive—we mean, *would perform the functions prescribed for it by the Medical Act*—we should still have some faith in it. But let any one read the sayings and doings of this Council of 1864, and note its resolutions, and say if there be anything more prominently apparent than this; viz., that the Medical Council confesses its inability to interfere with the medical corporations; or, in other words, that, as far as it is concerned, the medical corporations are at liberty to make their own regulations, and settle at leisure and pleasure their own examinations. Now, if the Medical Council is to meet year after year, and is to come to this same annual conclusion, that the medical corporations are best capable of knowing the wants of the profession, and of framing regulations accordingly, may we not fairly ask, What, then, is the use of the Medical Council?

Evils are spread through the profession as thick as blackberries; and the Council, after six years of labour, has touched not one of them. Its labours have ended in words; it reposes upon what is called "moral suasion".

Let us again shortly inquire how this *Council of Medical Education* has done its duty. It has given us a *Register*, and it has produced a *Pharmacopœia*. The uses of the *Register* are problematical. The honour of being registered can scarcely be very great, so long as our names are placed side by side not only with all varieties of the qualified quack, but with others less reputable, who boast that they are registered practitioners of medicine. Neither for the gift of a *British Pharmacopœia* has the Council reaped many thanks. But these things it had to do; and it has done them, at all events.

But it has other and far higher duties to perform. Being a *Council of Medical Education*, its duty is, preeminently, to regulate medical education. It has the power, and therefore it is its duty, to require information of the Colleges, etc., as to their courses of study. It has the power, and therefore it is its duty, to supervise the examinations of candidates for medical licences. It has the power, and therefore it is its duty, to bring before the Privy Council, for condign punishment, any defects of study or examination in the regulations of any medical corporation.

The Medical Council has, therefore, the power to lay down general regulations for the education of medical students, and has the power to enforce them upon the medical corporations.

But if the Medical Council is to come to the conclusion (and such seems to us to have been the general feeling of the members in the seventh session—the session of 1864) that each corporation is to fix its own courses of study, and to regulate its own examinations, of what use, we must again ask, is the Medical Council?

The argument so often and again repeated by Councillors, that education and examination which are good in one place may be bad in another—that in different schools different methods of teaching are good—seems to us most strange. "You cannot," these arguers said, "lay down a series of educational regulations which will fit all our schools. We each know best what we want." But surely, if there were any reason in such an argument, every cosmopolitan school should have half a dozen methods of teaching, in order to accommodate its different style of students. But are we really to believe that the course of education which is fitted for an English medical student is not fitted for a Scotch student; and *vice versâ*? Do Scotch professors mean to say that English students cannot learn their profession in Scotland or in Ireland? or that Scotch students could not learn theirs in England? Do Councillors really wish us to believe the manifest absurdity, that medical instruction should differ according to the latitude and longitude in which the medical school is situated? Of course, the real meaning of this suggested fallacy is simply, that the corporations do not want to be interfered with by the Council; that they want to carry on their business after their own fashion. Well, if the Council gives assent to this view of the matter, if it objects to the method of teaching and to the examination of any particular corporation, and yet does not interfere with it—does not perform its duty prescribed by Act of Parliament—may not men fairly ask, Of what use is such a Council? We shall be told that the Council has issued recommendations. Yes, we know it has; and know also that its recommendations have been evaded by interested corporations; and that it acquiesces in the evasion.

It is not as if the evils to be removed were not rampant, instant, and paramount. It is not as if the Medical Council had not deplorable facts beneath its eyes—facts demanding immediate attention. If it is, as it plainly is, the duty of the Council to remove these evils, how does it reconcile it to its collective conscience thus year after year to give them the go-by?

It is preeminently the duty of the Medical Council *to regulate the qualifications of practitioners in medicine and surgery*. Does it perform this duty? The Medical Council well knows that numbers of gentlemen are yearly *passed* by examining boards, and by them let loose on the public as *qualified practitioners*, who yet are unqualified to practise. How can the Council be silent under the desperate and overwhelming facts laid before them by Dr. Parkes? The very gentlemen, gifted with double qualifications in medicine and surgery from our examining boards, who were found by Dr. Parkes to be utterly unqualified to take charge of the soldier's health, are doubtless at this moment exercising their craft upon the general public, and, of course, *under the sanction of the Medical Council*. The Council gives its assurance through its *Register* to the public, that the aforesaid gentlemen are qualified practitioners. In giving its silent sanction to such a state of things, does the Council do its duty?

Again, it is a fact that candidates, who have been found not qualified for practice by one licensing board, have, within a week of their rejection, been let loose by other licensing boards as qualified practitioners, and registered as such by the Council. It is a fact, that the Royal College of Surgeons of England requires no word of examination in medicine from the candidates for its diploma; yet there are hundreds of gentlemen — we believe, some hundreds in London alone—who have no other qualification than that College diploma. Need we say that, with the exception of the very few who practise pure surgery, the greater part of the practice of these surgeons is purely medical?

The Society of Apothecaries, again, asks no question in surgery; and yet gentlemen holding the licence of this Society alone practise surgery.

Most examining boards demand four years of professional study; the College of Surgeons and Apothecaries' Hall demand only three years. But, in fact, the whole affair of medical education and examination is in a deplorable state of confusion; and every candid soul must feel that there is, at present, but little security for the proper education of the medical student; or that they who have passed examining boards are really qualified practitioners of medicine. Well might Mr. Syme say: "If the House of Commons were to call on the Council to say what they had done to rescue the public from unqualified practitioners, the answer would be difficult."

For six years has the Medical Council had this labour and this duty laid upon it—the work of bringing medical education out of all the confusion in which it is involved, and of putting examinations on a fitting basis. "*Hic labor, hoc opus.*" This is its proper function, and this its duty. But what has it done?

The answer is this; *in esse* it has nothing to show, beyond long discussions and wordy resolutions; *in posse*, it is rich of hopes. It boasts of a rare ventilation of the subject (though we believe not one single fact has been elicited at this meeting which was not well known to every member of Council at the meeting of last year); it has faith in the good sense, and the patriotism, and the consciences of the medical corporations; it believes, for example, that the College of Surgeons of England can be operated upon by the force of "moral suasion"; it does not yet see its way to an uniform system of education; in fact, its present conclusion seems to be much of the same kind as that which Mephistopheles tells the medical student is the end of all medical practice: you search through the great and through the little world, strive and labour with all your energies, and at last you conclude that it is best to let things go as God pleases (*alles am Ende gehen zu lassen, wie es Gott gefällt*).

We wish we could have given a different summary of this year's doings of the Medical Council; that it had been in our power to point to some practical good actually accomplished by it. And surely, we are not unreasonable in asking something positive from it now, in the seventh year of its existence. We might even have been contented could we, from a survey of its present operations, have looked forward with any reasonable anticipations of better doings in the future. But what grounds have we for such hopes? The Council last year was just as wise, and possessed all the information which it possesses now. The Council last year discussed the very subjects which it has again discussed this year. Which of the old and leading members of the Council is there, who has gained one item of knowledge on the matter of medical education through this fourteen days' discussion? Which of them is there, who was not just as able to legislate at the beginning as he was at the end of the session?

The Council is composed of gentlemen who are representatives of all the highest intelligence and of the highest practical knowledge of the profession. Nevertheless, its seventh session has ended, as all former ones have done, in little more than words.

Is the Medical Council, then, a splendid failure? Is it, from its very nature, so constituted as to be incapable of action or production? Is it, indeed, simply a discussion-forum? Must we be forced to the conclusion, that there is in its constitution some radical defect? Must we fall back upon the idea, that its members regard themselves rather as the representatives of the interests of individual corporations, than as the representatives simply of the interests of the medical profession and of the public; that they are class, rather than imperial, legislators?

Can it be that the Medical Council is in itself little more than a mere corporation; and that, therefore, it feels tenderly and acts tenderly towards other corporations?

In justice, nevertheless, we feel bound to add, that there are evidently gentlemen on the Council who are ready to perform their duty, as we define it, in its wide and patriotic sense, who look beyond the narrow interests of individual corporations, and, indeed, take imperial views of the question of education. Amongst these we would especially record the names of Mr. Syme and Dr. Andrew Wood. These gentlemen seem to us to have stuck manfully to their text; and we believe that, if their advice had prevailed, the Council would not have parted without having laid down some definite scheme of education, without having provided for the efficiency of examinations, and without having plainly told the corporations, that it was resolved to see its recommendations carried into practice.

BREAK-DOWN OF THE ARMY MEDICAL DEPARTMENT.

We are happy to find that there is at last some chance of justice being done to our army medical brethren. The Horse Guards has again fallen into the state of a certain personage who, when sick, would become a monk; in fact, it is getting once again into its Crimean condition as regards medical officers. There are two hundred vacancies in the army for medical officers, and there are seven applicants! "The medical examination for the army, which was intended to be competitive" (said General Peel), "was now reduced to such a level that it was impossible to get ordinary students to undergo a mere qualifying examination." The House of Commons, therefore, now confesses that the service is not popular. And the Marquis of Hartington admits that something must be done to remedy the evil. He, however, regards the question as a purely money affair.

"The deficiency of surgeons had not been connected with the failure to carry out the recommendations of the commission on which the warrant was founded. In all essential particulars, those recommendations had been complied with; and the medical officers had obtained every substantial advantage contemplated by those recommendations. In one or two points these had been departed from; but they were hardly of a character to deter any medical man, otherwise desirous of doing so, from entering the service. It was perfectly true that, in consequence of objections raised by the Director-General, acquiesced in by the Horse Guards, and sanctioned by the late Lord Herbert, medical officers, although enjoying the relative rank laid down for them in the warrant, were not to act as presidents of boards of survey or other boards, when one of their number happened to be the senior officer present; but he could not imagine that trifles such as these would make any medical man hold back who intended to connect himself professionally with the army. The difficulty of obtaining medical officers might, in part, be accounted for by the fact, that there was a diminution in the number of men educated for the medical profession. The great private undertakings likewise entered into competition with the Government, and offered to medical men more immediate advantages, as well as the prospect of a more speedy rise in the world, than could be hoped for in the army."

And the Marquis argued that

"If, within the next few years, the demand which had sprung up in this country for members of the medical profession should not be met by an increased supply, her Majesty's Government would have to consider the expediency of offering increased advantages, not in the way of additional rank, but of increased pay."

Moreover, he added that,

"Within the last few days, Earl de Grey had consulted, not only the Director-General and others, but likewise medical men unconnected with the army. He was not in a position to state the nature of their recommendations; but he could assure the Committee that the subject had not escaped attention, and that measures would be promptly taken to keep up the necessary supply of medical men."

One thing, therefore, is evident enough; viz., that the system has entirely broken down under the management of the present Director-General. We are very glad to find (though we can scarcely think it complimentary to the Army Medical Board) that Earl de Grey has "consulted medical men not connected with the army."

The Director-General of the Army Medical Department appears to us to take a confined view of his duties; his chief attention being apparently directed to the screwing down the expenses of his department. He has, under such inspiration, tried every expedient, compatible with the existence of an army medical establishment, to raise medical men for the service; but he has signally failed. The age of admission has been extended from 25 to 30 years; and this favour has raised seven applicants for the two hundred vacancies! His last move is to get the medical work of the army in England done by civil medical men; and, we suppose, to make the army medical officers do double duty abroad. In this latter attempt, we sincerely trust that he will not receive the assistance of the profession.

The present position of the Army Medical Department indicates, and we regret to say it, that our profession is not represented at the Horse Guards by men who have either the scientific ability or the professional *esprit de corps*, which ought to animate those who come between the Government and the medical officer of the army. If the true position of our army medical brethren had been properly laid before the Horse Guards authorities, and if our Directors-General had had the courage and the scientific reputation which men occupying such positions ought to possess, the Army Medical Department could never have fallen into its present anomalous—and we may say disgraceful—position; and Earl de Grey would not have been forced to go to medical men "not of the army" for advice and assistance. Let our readers read the present condition of the army medical service, as described by Colonel North, and say if they think that those who have presided over the department can have done their duty.

"Colonel North said that officers in the medical service did not so much complain of the question of rank. What they wanted was, the permission to retire after twenty years' service. The country had a right to expect that its troops should have the best possible medical advice. At present there were no less than two hundred vacancies in the medical department. During the Crimean war, there was scarcely a family in the country that did not mourn the loss of some relative. A committee was appointed in 1856, which reported that the medical officers had been deficient during the war. Eight years had elapsed, and the same state of things existed. If war broke out to-morrow, what would the troops do for surgeons? The authorities were obliged to send assistant-surgeons out to India who had only just returned from Canada, New Zealand, or the West Indies. A class of acting-assistant-surgeons had been appointed who had never before been heard of in this country; and some of the regiments had no assistant-surgeons."

In consequence of the application by Miss Garrett to the London College of Physicians, to be admitted to examination for their licence, the College has taken the opinion of counsel as to the power of admitting females to examination; and counsel have advised that, under the Charter of the College, females are not admissible to examination. The College is, therefore, relieved from all necessity of discussing the subject. It has, happily, not the power to admit females to examination.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 10th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
East Anglian. [Annual.]	Guildhall, Bury St. Edmunds.	Friday, June 17th, 2 p.m.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting will be held at the Rose Hotel, Canterbury, on Thursday, May 19th, at 3 p.m.

Dinner will be ordered for 5 o'clock.

Thomas Boycott, M.D., *Hon. Sec.*

Canterbury, May 2nd, 1864.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The sixth ordinary meeting of the session was held in the Victoria Rooms, Clifton, on Thursday evening, April 28th; Francis K. Fox, M.D., President, in the Chair. Thirty-eight members and four visitors attended. The minutes of the previous meeting were read and confirmed.

New Member. Herbert Cooper, Esq., was elected a member of the British Medical Association and of the Bath and Bristol Branch.

Papers. The following papers were read and discussed.

1. Hospital Dietaries. (No. 2.) By J. Beddoe, M.D.
2. On the Hour of Death in different Diseases, illustrated by the Hour of Death in Phthisis. By A. Haviland, Esq.
3. Note on a Case of Tapeworm. By G. F. Burder, M.D.
4. Case of Ovariotomy. By H. Marshall, M.D.
5. Case of Diseased Humerus. By C. Steele, Esq.
6. Cases illustrating the Effect of Suppurative Inflammation of the Dental Periosteum. By C. Gaine, Esq.

Aphasia. Dr. Trousseau has lately described, in a series of five lectures at the Hôtel Dieu, a new and most interesting disease. That is to say, the disease is not a new one, but it now for the first time takes its nosological rank. After a long discussion between doctors, university men, philologists in general, and even Greeks, as to the etymology of the word most proper to characterise the malady, the Greek word *aphasia* was adopted, but not until the various words *alalia, amnesia, aphemia, aphrasia,* and *anafidia,* had been passed in review and eliminated. This richness of the Greek language in synonyms furnishes to the reader a ready indication of the character of the disease. It is a more or less complete loss of the power of speech. (*New York Times.*)

The Medical Council.

REPORT OF PROCEEDINGS, April 1864.

Tuesday and Wednesday, May 3rd and 4th.

G. Burrows, M.D., President, in the Chair.

[We now give the debate on the Medical Act, which was omitted last week through want of space.]

The Medical Act. The following resolution, passed on June 3rd, 1863, was read:

"That the Report of the Medical Acts Amendments Committee be forwarded to the Branch Councils for their observations thereon."

[The report was published in the Journal for June 13th, 1863, p. 634.]

The subjoined observations of the Branch Councils were read, and, on the motion of Dr. Corrigan, seconded by Dr. A. Smith, were ordered to be entered on the minutes.

Branch Council for England, March 4th, 1864.

Moved by Dr. Storrar, seconded by Mr. Arnott, and agreed to:

"That the Branch Council, having given their attention to the report of the Medical Acts Amendment Committee, forwarded by the General Council to the Branch Councils for their observations thereon, are of opinion that it is not expedient at the present time, to engage in fresh legislation."

Scottish Branch of General Council, April 2nd, 1864.

On the motion of Dr. Andrew Wood, it was resolved:

"I. That the Branch Council have considered the proposed amendments on the Medical Act, remitted to them by the Medical Council for their observations thereon.

"II. That the Branch Council believe that much of the dissatisfaction of the medical profession, with reference to the working of the Medical Act, has arisen from the faulty construction of some parts of that Act.

"III. That, in an especial manner, this has been the case regarding two points; viz., 1st, the failure of Clause XL to carry out its objects of protecting the registered practitioner, and of enabling the public to distinguish between qualified and unqualified practitioners; and 2nd, the insufficiency of Clause XX as regards provision for the enforcement of the regulations issued by the Medical Council in reference to medical education.

"IV. That the Branch Council, without expressing a definitive approval of any of the subjoined clauses which have been proposed to be substituted for Clause XL, consider the subject well worthy of the mature consideration of the Medical Council."

[Draft I. "Any person not legally possessing any of the qualifications under Schedule (A) to this Act, who shall profess the practice of medicine or surgery, taking or using the name or title of a physician, doctor of medicine, doctor, licentiate in medicine or surgery, bachelor of medicine, surgeon, general practitioner or apothecary, or any name implying that he is a legally qualified practitioner, shall," etc., etc.

Draft II. "Any person professing to undertake the treatment or cure of diseases, who shall wilfully and falsely pretend to be, or take or use the name of a physician, doctor, bachelor of medicine, surgeon, general practitioner, or practitioner in medicine or surgery, apothecary, or any name, title, prefix, addition or description contained in Schedule (A) to this Act, or any other name, title, prefix, addition, or description implying that he is a legally qualified medical practitioner, not being possessed of a legal medical qualification which would entitle him to a registration, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

Draft III. Clause taken from the New Medical Act for Victoria:

"On and after the day of 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or take or use the name or title of physician, doctor of medicine, licentiate in medicine or surgery, master in surgery, bachelor of medicine, doctor, surgeon, medical or general practitioner, or surgeon, apothecary, or accoucheur, or licentiate or practitioner in midwifery, or any other medical or surgical name or title; and every unregistered person so offending shall forfeit and pay a sum not exceeding £50, to be recovered in a summary way before any two justices of the peace, by any person suing for the same in any Court of Petty Sessions."]

"V. That the Branch Council approve of the clause proposed to be substituted for Clause XX, viz:

"'It shall be lawful for the General Council to lay down such regulations respecting the education and examination of practitioners in medicine, surgery, and pharmacy, as may appear to them fitted to insure adequate knowledge and skill in the several departments of the profession; and the said General Council shall then submit said regulations to her Majesty's most Honourable Privy Council. And the said regulations, if sanctioned by the said Privy Council, shall then be obligatory upon all universities, colleges, and other bodies enumerated in Schedule (A) to this Act.'

"VI. That, in regard to the proposed clauses for the regulation of pharmacy, the Branch Council, whilst they consider it very desirable that there should be certain legal regulations as to the sale of drugs in this country, with a view to the safety of the public, think that that object would be best carried out by means of special statute.

"VII. That the Branch Council consider that the Medical Council, at their approaching meeting, should take the subject of the Amendment of the Medical Acts into early consideration, with a view to their submitting the result of their deliberations regarding it (should they resolve that legislation is called for) to the Secretary of the Home Department, during the session of the Council."

Irish Branch of General Council, March 14th, 1864.

The Council resumed the consideration of the proposed Amendments of the Medical Act, and altered certain of the sections as follows.

Preamble. Omitting the first sentence, to the word "Practitioners," also the words "And" and "moreover," in the following lines. Thus:

"Whereas it is necessary for the safety and protection of the public, towards securing adequately educated practitioners in the several departments of medicine, surgery, and pharmacy; be it therefore enacted, etc., etc."

Sect. XXIX. Introducing the words, "Registrar of each Branch," after the word "The" in the first line. Thus:

"The Registrar of each Branch Council may refuse to register any person who may have been convicted, in England or Ireland, of any felony or misdemeanour, or in Scotland of any crime or offence; and if any registered person shall be so convicted, or shall, after due inquiry, be judged by the General Council to have been guilty of infamous conduct in a professional respect, whether before or after registration, the General Council may, if they see fit, direct the Registrar to erase the name of such person from the Register."

Sect. xl. Omitting the words, "or Surgeon," between the words "Practitioner" and "Apothecary." Thus:

"On and after the day of , 186 , it shall not be lawful for any person, unless registered under this Act, to pretend to be, or take or use the name or title of physician, doctor of medicine, licentiate in medicine or surgery, master in surgery, bachelor of medicine, doctor, surgeon, medical or general practitioner, apothecary or accoucheur, or licentiate or practitioner in midwifery, or any other medical or surgical name or title; and every unregistered person so offending shall forfeit and pay a sum not exceeding £20, to be recovered in a summary way before the justices of the peace."

"Resolved: That the Bill as now amended be adopted, and communicated to the Registrar of the General Council, in accordance with the resolution of the said Council."

Dr. Corrigan moved the following resolutions:

"That the proposed Medical Bill, as amended by the Medical Acts Amendment Committee of last year, be forwarded to our solicitor, with directions to have it drafted, as soon as possible, and returned to the Executive Committee;

"That the Executive Committee take means to have the Bill so drafted laid on the table of the House of Commons, at the commencement of next session of Parliament;

"That a copy of the Bill so drafted be forwarded without delay by the Executive Committee to the Branch Councils, to the several bodies enumerated in Schedule (A) of the Medical Act, to the Pharmaceutical Society, and the press; so that all parties concerned may have ample opportunity, in the interval between publication of the Draft Bill and next meeting of Parliament, of considering the Bill, and of suggesting such amendments as they may desire;

"That the General Medical Council meet at as early a period as may be necessary next year, to consider the various amendments that may be suggested in the interval, in order to insert in the Bill such amendments as may meet their approbation."

Having been, since 1860, Chairman of the Medical Acts Amendment Committee, the duty of introducing the subject devolved on him. At first sight, it might seem right again to appoint a Committee on the subject; but the time for doing that was past, inasmuch as a series of amendments had been brought up last year and referred to the Branch Councils. The English Branch Council had replied, that it did not consider further legislation to be called for at present. This, he thought, was not a proper way of dealing with the question: it was not an answer. The great question to be considered was, whether an amended Act was required. In regard to this, he would not press forward his own ideas, but would refer the Council to the opinions expressed in other quarters as to the insufficiency of the present Act; and he would specially call attention to the fact, that there was no uniformity of opinion among legal authorities before whom matters arising out of the Act were brought for decision. In order to prove the necessity of having an amended Act, he referred first to the proceedings in reference to the subject which took place in the Council in 1860, when a Committee was appointed. In 1861, one of the first Acts of the Council was to re-appoint this Committee; and, at the meeting on July 5th in that year, a report had been brought up by him (Dr. Corrigan) in which reference was made to communications received from the National Medical Registration Association, and from numerous associations of medical practitioners in various parts of the country. He would draw special attention to a memorial signed by 1312 medical practitioners, members of numerous associations, as shewing the feeling which at that time prevailed as to the inadequacy of the Medical Act. On July 6, 1861, a resolution was proposed, to refer the report of the Committee to the Executive Committee of the Council, with instructions to correspond with the Branch Councils; and an amendment, that parliamentary solicitors should be consulted with the view of preparing a draft bill: but both motion and amendment were negatived. On May 14, 1862, the Committee was again appointed; and on May 16, a report was presented. On May 19th, the Council resolved, "That the several Reports of the Medical Acts Amendment Committees of 1860, 1861, and the present year, be referred to the Executive Committee, with instructions to consult parliamentary solicitors, with the view of preparing a draft bill, to be transmitted to the respective Branch Councils for their consideration and observations. That such draft bill, with any amendments proposed, be re-transmitted by the respective Branch Councils to the Executive Committee, in time to enable the Executive Committee to have a draft bill ready for being submitted to the General Medical Council at its next meeting." In 1863, the Committee was again appointed, and a report was presented at the meeting of the Council on June 1st. Hence it was evident that the necessity of having an amended Act had been generally admitted, and it had occupied the attention of the Council during the last four years. If the Council did not do something in regard to amendments of the Medical Act, it might be justly accused of having no desire to correct defects, and of being indifferent to the interests of the public. Then, as to the manner in which the Act should be dealt with, he would refer to the resolution which he was proposing, and observe that the bill, in its proposed amended form, could not be regarded as approaching to perfection. Nothing, however, could be done unless there were a framework on which amendments might be based; and it was not intended that any member of the Council should be committed to all the details of the draft bill; but, at the meeting next year, there would have been an opportunity of bringing together and considering all the amendments that could be suggested. Dr. Corrigan then went on to consider some of the details of the proposed bill. The first change proposed was an alteration of the title. The present title "An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery" did not express the intention of the Act; and it was proposed to substitute "A Bill to Amend the Medical Acts." The preamble also, he thought, gave an undue status to unqualified practitioners. The next important point was the introduction of a clause relating to pharmacy. He did not agree with those who held that the Council had no concern with this subject; for it had already dealt with it in its highest sense, as was shewn in the production of a Pharmacopœia, and in the appointment, during the last year, of members of the Council to watch the progress of pharmacy. Further, the last clause of the present Medical Act actually dealt with this subject. The laws regulating pharmacy were very different in the three divisions of the kingdom; and the object was, to bring them together. In England, the College of Physicians had the power of inspecting druggists' shops in London. As to the Apothecaries' Act, it was useless for the correction of abuses in pharmacy: for he believed that any man, however ignorant, might set up a druggist's shop and dispense medicines. In Ireland, the case was at first sight different; for in that country an Act of Parliament prevented persons from compounding medicines unless licensed by the Apothecaries' Hall. But this body had not the means of carrying out this duty. It consisted of about thirty-three shareholders; and, however respectable the corporation was, and useful in supplying drugs, it was not to be expected that it would undertake prosecutions. The King and Queen's College of Physicians had had the right of inspecting druggists' shops, but had relinquished it since the *British Pharmacopœia* was published. He therefore feared that pharmacy in Ireland was drifting into the same state as that in which it was in England. He believed that the United Kingdom was the only country in Europe in which free trade in drugs was permitted. It had been objected to any attempts to deal with the subject by legislative enactments, that free trade ought not to be impeded. But this consideration should not interfere with the action of the Council; they should bring the matter before the notice of the Legislature, and if it be there decided that free trade is proper, the Council would have done the duty of having proposed what it considered right. It might happen at some time, that an accident might occur to a person of importance, and that a bill for the regulation of pharmacy would be introduced into Parliament; and then the Council, if it had done nothing in the matter, would be in a very unsatisfactory position. The Pharmacy Act at present existing did not interfere with the sale of drugs or with prescribing by unqualified persons. With regard to the objections made to the proposed clauses in the bill by the druggists, he never had known otherwise than that proposals for legislation should be objected to by persons interested. What the druggists asked was, that they should be allowed to deal with drugs without any proof of being qualified to do so. But the Council would not desire to impose on them any greater restrictions than were imposed on the medical profession. Restrictions were placed on the sale of adulterated coffee, of unhealthy meat, etc.; and, in fact, the only instance in which free trade existed was that in which restriction was most required. The druggists raised similar objections in 1841, when the Pharmaceutical Act was brought forward; and this measure was only carried through the energy of Jacob Bell. What he did single-handed, in 1841, surely the Council, as a body, ought to be able to bring to a greater state of perfection. How the supervision of pharmacy was to be carried out, was a matter which he would not attempt to decide. He then referred to the proposed amendment of Clause XX of the Act. At present the clause was permissive; but he thought that the power, as there given, of withdrawing the recognition of any of the licensing bodies would never be exercised; for there never would be a case in which the Council would be unanimous in making such a representation to the Privy Council as would lead to the adoption of this course. In the amendments it was proposed that the Council should have the power of laying down regulations regarding education and examination; which, having been approved by the Privy Council, should be obligatory on the bodies enumerated in Schedule A. That this was necessary, was evident from the fact that at present the Council appeared to sanction the lowest possible standard. He believed that, up to the present time, the Council had retrograded rather than advanced, in regard to education and examination. The Council had issued, *inter alia*, a recommendation regarding preliminary education. Five of the Universities had previously required proof of general education, and therefore no merit was due to the Council in regard to them: and the Apothecaries' Companies were in the same category as the Universities; and, as to the other bodies, not one, except the Colleges of Physicians and of Surgeons in London, complied with the recommendation. Several of them stated that the recommendation was carried out "as far as possible." This he objected to, as not a fair way of acting; but the Queen's University in Ireland, of which he was the representative, not only did not comply with the recommendation, but said distinctly that it would not do so. In fact, out of the nineteen examining boards, nine had refused to adopt the recommendation. He did not trust in the efficacy of recommendations; and said that, if even each licensing body agreed to the recommendations of the Council, there was no security that they would not object in the course of the next year. In his opinion, unless a compulsory power of enforcing regulations were given to the Council, it would be in the same state four years hence, as regarded the licensing bodies, as it was at present. With regard to Clause XL, he would observe that the whole profession was expecting some amendment; but of what kind this should be, he was not prepared to say. The only other clause to which he would direct attention was the last, by which it was sought to prevent the sale of patent or secret medicines unless a sworn certificate of its composition were lodged with the Registrar of the General Council. This was nothing more than was done on the Continent. It was not desired to interfere with the sale of patent medicines: but their composition ought to be made known. He hoped that he had been able to satisfy the Council that an amended Act was called for; and thanked them for the patience with which they had listened to the long statement which he, as Chairman of the Medical Acts Amendment Committee, had made.

Dr. Apjohn seconded the motion.

Dr. Andrew Wood considered that the Council was indebted to Dr. Corrigan for the trouble he had taken. There could be no doubt that the Medical Act was not efficient; and the Council had been blamed for not doing that which it did not give them the power of doing. The Council ought to, therefore, and must endeavour to obtain an improved Act. After the long deliberations which had taken place, and the trouble which had been taken by the Council, he did not think that the English Branch Council had acted rightly in the manner in which they had dealt with the matter referred to them. The Scottish Branch Council, he thought, had put the question in the easiest form for consideration. Whatever might be the determination as to including pharmacy in the proposed bill, the proposal had awakened attention to the necessity of regulating the sale of drugs. Free trade was a very good thing; but when it implied danger to the public it ought not to be encouraged: and he was sure that before many years the sale of drugs would be regulated by legislation. In Edinburgh, within his memory, nineteen out of twenty surgeons dispensed their medicines in their own surgeries, or, as they were called, "shops"; and, he believed, there were then only two or three chemists' shops in the city. But now, as in England, much of the dispensing and compounding was done by the druggists. There was, therefore, a necessity for regulating pharmacy; but he did not agree with the proposal to introduce regulations concerning it into the Medical Act. The practice of medicine and surgery ought to stand on a different and a higher platform than that of pharmacy; and if a pharmacy clause were inserted in the Act, the pharmaceutists would be wanting to have a representative in the Council; and, perhaps, they would be endeavouring to raise themselves to the rank of medical practitioners. Although the course proposed was objectionable, it might be quite within the power of the Council to represent to Parliament the necessity of introducing a bill for the regulation of pharmacy. He next referred to the proposed clause for giving the Council power to enforce its recommendations. As long as the Medical Act was in its present form, the task of representing the conduct of the licensing bodies to the Privy Council was too invidious to be carried out; and the Council could not expect to have any influence if its representations were founded on the decision of a mere majority. The duty of the Council should be to consider what recommendations were essential; and any representations that it might make to the Privy Council should be founded on a majority of at least two-thirds of its members. Clause xl was evidently intended to prevent unqualified persons from assuming medical titles, but its object had been defeated principally by the words "*implying* that he is registered." How was the object of the Act to be carried out, if any man could call himself doctor, and so lead the public to think him qualified? It was difficult to amend the defect; but the Council must endeavour to do this; and he did not see how Clause xl could be carried out, unless registration were made compulsory on all qualified practitioners. Some objected that this would be a hardship; but it would only press on a few. He would not attempt to put down quacks by force, for any man might employ any one he pleased; he would, on the contrary, allow quacks every facility, but they should not sail under false colours. Returning to the subject of making registration compulsory, he knew that great objection had been made to it; and it had been urged, that the object of the Act was to give qualified medical men certain privileges and exemptions. But the preamble of the Act indicated more than this; namely, that the Act was not merely for the protection of the practitioner, but also of the public.

Dr. Storrar thought that no member of the Council would consider the Act perfect in its present state; but this was a very different thing from voting that improvements must be made at the present time; and the reason of this was, the difference of opinion which at present existed. The English Branch Council had not acted as they had done from any desire to be discourteous. The report was sent to them for observations; they did not think it necessary to give all their reasons, but stated merely that they did not think it expedient to engage in fresh legislation. It was true that the Council had received deputations and memorials; but the great grievance of which these complained was the want of power to put down quackery and counterpractice. It would be seen that this arose from a mistaken view of the Act, the object of which was to distinguish qualified persons from unqualified, and to give them certain privileges. He agreed with Dr. Andrew Wood, that the Council could not ask Parliament to suppress quackery; and referred to the absence of attempts to suppress it directly in the clerical and legal practitioners, in which all that was done was to provide means of distinguishing properly qualified persons, and to give them certain privileges. All, therefore, that was required was, that the medical profession should be put in the same position as the legal. Still it had been thought that attempts should be made to satisfy the memorialists; and amendments of Clause xl had been suggested and handed to Mr. Ouvry, the solicitor of the Council. But he was sure that no dispassionate member could say that the efforts of the Council to amend this clause had hitherto been attended with any success. Dr. Corrigan had last year introduced the pharmacy clause—which he (Dr. Storrar) did not think should have been done. The Report was presented in 1863, a short time before the rising of the Council, when there was no time for its discussion; and it was ordered to be remitted to the Branch Councils. The Report having become public, an outcry was raised against the pharmacy clause; and the Branch Council did not think there was any urgent necessity for legislation at the present time. Nothing could certainly be more unsatisfactory than the state of pharmacy in this country; but it would be an unfortunate act of the Council to embroil itself with the druggists. The Council should drop pharmacy, and encourage the Pharmaceutical Society to go on with an independent measure. What he would like to see effected was, that the Colleges of Physicians and Surgeons in each division of the kingdom should agree to give a common license; and then that the Apothecaries' Companies might, with the sanction of the Council, enter into some arrangement with the Pharmaceutical Society to regulate pharmacy. With regard to Clause xx, he admitted the difficulty which the Council had in bringing their power to bear on the licensing bodies. At first sight, the proposed new clause was an improvement; but, on a closer view, he was not very sanguine as to this. How, looking to the proceedings of the last few days, would it be possible for the Council to frame regulations? Supposing that the Council applied to Parliament for a new Act, the first question that would be asked was, whether there was an agreement in opinion on the amendments asked for. No government would act on the representations of a mere majority of the Council; nor could the Council say that there was agreement among the members of the medical profession. He moved as an amendment:

"That looking to the great diversity of opinion which exists in Great Britain, in regard to the objects which it is desirable to obtain by an Amendment of the Medical Acts, it is not at present expedient that the Council should engage in fresh legislation."

Mr. Arnott seconded the amendment.

Mr. Cooper thought the profession would be much indebted to Dr. Corrigan for the manner in which he had brought forward the subject.

Dr. Alexander Wood differed from the opinions of the previous speakers, and wished, therefore, to advise a middle course, which would neither offend the feelings of the Medical Acts Committee nor of the profession. He would have supported Dr. Storrar's amendment, if it had been brought forward at an early period of the sessions of the Council; but, such was the strong opinion as to the necessity of amending the Medical Act, that a Committee on the subject was formed several years ago, and had been reappointed each session; and he could not agree to treat the labours of the Committee in the manner proposed in the amendment. As to differences of opinion, these existed twenty years ago; and they formed, in his opinion, no reason for inaction. The Report was brought forward last year at the end of the session, and went forth from the Council without a *caveat*, although it merely expressed the results of the arduous labours of the Committee, and had not been adopted by the Council. With regard to pharmacy, Dr. Christison would remember the consternation that was produced when Jacob Bell first introduced the Pharmaceutical Bill, and the trouble with which the Act was passed in its present form; and he was sure that the Council had enough to do in dealing with the medical licensing bodies, without taking steps which might lead to the creation of a new power that would give them still more trouble. Then, as to Clause xl, was the Council prepared to deal with it? They must take care not to revive a discussion on titles. The Medical Act, before being passed, contained in one of its schedules a column of titles, which might have given rise to much disagreement; but, thanks to the energy of Dr. Storrar and others, it had been expunged. And, at the present time, so great was the confusion in the profession between titles and qualifications, that, without care, the whole question would be revived, which it had been sought to avoid. He thought, however, that the difficulties in amending Clause XL should be discussed with a view to their being overcome. Why should the Council direct their solicitor to draw up a Bill to be introduced into the House of Commons, and thus give an opportunity for the revival of old discussions? The course which he would propose was, that the Council should take up the points on which they could agree, and draw up a short Bill. He feared lest, if the whole question were again introduced into Parliament, a limitation might even be placed on the power which the Council already possessed. Had the Council carried out its existing powers? It was with some pain that he alluded to this subject; but it was essential to do so. One of the most distinguished of the medical bodies —the College of Surgeons of England—had refused to comply with the recommendations of the Council. The matter was discussed in the Council; and what was the result? That the Council had decided not to take any steps to enforce its recommendations on the College; and this was principally in consequence of the opposition of Dr. Corrigan; who, Dr. Alexander Wood thought, ought therefore not to complain that the medical boards did not comply with the recommendations of the Council. Even if a new Medical Act could be obtained, giving the Council power to enforce its recommendations, he did not think it would be carried into effect. He was not prepared, after the trouble which had been taken by Dr. Corrigan, to support the amendment; but he was not disposed to adopt a proposal which might lead to an internecine war. He thought that the Council should not take up the whole Bill, nor refer it to the Branch Councils; but that the principal points requiring amendment should be taken into consideration at an early day of the next session of the Council, so that an agreement might be arrived at in regard to them. At the proper time, he would move an amendment to the following effect.

"That the Council, while appreciating the labour and care bestowed by the Medical Acts Amendment Committee on the heads of a Medical Bill proposed in their Report, regret that it is impossible, at this late period of the Session, to enter on the full consideration of so wide and important a subject;

"That the Council request the Branch Councils, in the interval between this session and the succeeding one, to consider how Clauses XX, XXXI, and XL of the Medical Act could be best amended;

"That the Council resolve to appoint an early day, at their meeting next session, for the consideration of the whole subject."

Dr. SHARPEY would support the course proposed by Dr. Alexander Wood. In Dr. Storrar's amendment, the diversity of opinion at present existing had been assigned as a reason for not acting. He would inform Dr. Corrigan, that the English Branch Council had no desire to disparage the labours of the Medical Acts Amendment Committee. The proposal to draft a Bill was unsuited to the present condition of the question, because the opinion of the Council had not been expressed on the amendments suggested. There was one point which had excited much discussion. Should the Council undertake the regulation of pharmacy? It might be that, under the influence of the Council, the legislature might make some provision for this, and might, perhaps, place the carrying out of the measure in the hands of the Council; in which case, the pharmaceutists would probably obtain the power of having a representative in the Council. If it were decided that the Council should take up the subject of pharmacy—and Dr. Corrigan had brought forward proofs of the necessity of this—it would be more advisable to deal with the matter by a separate enactment, and not mix it up with the Medical Act. Regarding Clause XL, it had been proposed, among other things, to make registration compulsory on licensed practitioners. But would there be concurrence in this step? Would the Universities consent that their graduates in medicine should not use their titles unless they were registered? Should the Professor of Anatomy at Oxford, or Dr. Daubeny, or Professor Miller of King's College, be debarred from using the title of M.D. unless they were registered as medical practitioners? Again, two years ago, the Council had received suggestions from numerous practitioners regarding the amendment of Clause XL. These had been considered with great care; and it was evident that their tendency was to change the character of the Medical Act—that they aimed at suppressing illegal practice. Now, all would agree that medical practice by unqualified persons was a very great evil. It was an unjust encroachment on the rights of duly qualified men; and was unjust to the public. But it was vain to expect to put it down by direct penal enactment. The legislature would never consent to this; and he (Dr. Sharpey) did not think it desirable or politic to attempt to suppress illegal practice by measures inconsistent with the free institutions of the country. There was much force in Dr. Andrew Wood's remark, that the Council did not know what might be the result of applying to Parliament for a series of amendments to the Medical Act. The Council might be deprived even of the power of regulating the licensing bodies. He could not go altogether against the general voice of the profession; but he was not aware that there had been any general expression of professional opinion. He had great respect for the various associations which had memorialised the Council, and for their suggestions; but they did not represent the whole profession. It had been said that the Council ought to do something; but they should endeavour that this should be good, and expedient, and attainable. He was sure that the clear-sighted men in the associations would see this, if they thoroughly considered the difficulties of the subject.

Dr. LEET made some explanations in reference to the Apothecaries' Hall of Ireland.

Mr. HARGRAVE thought that it was proposed to ask for too much at present in the shape of amendments of the Act; and this opinion was confirmed by the advice which had been given to him by Mr. Napier, the ex-Chancellor of Ireland, who had counselled him not to press for any sweeping measures, but to endeavour to obtain gradual amendments. If proper measures were taken, the government might be induced to take up the matter in harmony with the Council. In 1862, the Council had gone to the ministry in fear and trembling regarding the *Pharmacopœia*; but they had been most favourably received by Sir G. Grey, and had obtained not only what they desired, but also a charter of incorporation, for which they had not asked. The want of power in the Council had been proved by the conduct of the College of Surgeons of England; and he feared to take any steps that might lead to a further diminution of their power. He thought that in the amendments proposed by Dr. Corrigan and the Committee, too much was asked.

Mr. RUMSEY would support the amendment of Dr. Storrar. He would not interfere with pharmacy, because the Council did not contain the necessary elements for doing so. The two Apothecaries' Companies were medical bodies, and had very little power over the practice of pharmacy. It had been said that, because the Council published a *Pharmacopœia*, it had a right to take pharmacy under its management. So also had the College of Physicians; but this college had relinquished the right; and he saw no reason why the Council should take up this or any other question of medical police, not directly connected with the Act. He was in favour of the objection made by the *pharmaciens* in the country, either that they were the proper persons to regulate their own affairs, or that the government should do it. He did not see how the management of pharmacy could be committed to a council in which the *pharmaciens* were not represented.

Dr. Alderson said that the College of Physicians had not relinquished its power of visiting apothecaries' shops, but had disused it.

Mr. Cooper said that the Apothecaries' Company had the power of visiting, but rarely exercised it.

Dr. Corrigan replied at some length to various remarks made by the previous speakers, and defended the resolution which he had proposed. He concluded by observing that, if the Council refused to act, and parliament took matters into their own hands, there would be danger, either that every workhouse board in the kingdom would follow the example of the Army Board, and institute examinations of their candidates; or that the Belgian system would be introduced. The King of the Belgians had found in his dominions a number of Universities, at variance with each other. He left them to settle their differences; but decreed that no one should hold a public medical appointment who had not passed an examination at a central University which he established in Brussels.

The amendment, on being put to the vote, was negatived by a majority of 13 to 4.

Dr. Alexander Wood then formally proposed, and Dr. Sharpey seconded, the second amendment above referred to.

Dr. Andrew Wood said that this amendment left the Council in the same state as last year. The course which he would be disposed to adopt was, to remit the subject to the Executive Committee, with instructions to have a Draft Bill prepared by a parliamentary solicitor, in reference to Clauses xx, xxxi, and xl; and that, after having been submitted to the Branch Councils, the Bill should be redrafted, and laid before the General Council at its next meeting. He thought that, if an entirely amended Medical Act were applied for, there was danger of losing the power which the Council already possessed. As to pharmacy, its regulation was much required; but this should be done by a special statute. With regard to the enforcing regulations, an excellent amended clause had been drafted; and if the Council agreed that Clauses xx and xl were to be amended, why could not they put their hand to the plough at once?

Mr. Rumsey was not opposed to legislation on pharmacy; but the subject was one of medical police, and beyond the range of the Medical Act.

Dr. Acland said that the regulation of pharmacy might be a question of medical police; but it must be borne in mind that the Council had the regulation of those engaged in practice; and, under the present system, there was a probability of their losing control over the most numerous body of practitioners. A very large proportion of the lower classes were under the charge of persons who had not obtained a licence to practise medicine. His own opinion was, that the Council would be unable to suppress this, because chemists and druggists had the same rights as other unqualified persons.

Dr. Apjohn thought that there was a very unreasonable dread of going before parliament. Unless the Council altered its course, the sooner it dissolved the better; and he was not disposed to put off the consideration of the great question raised by Dr. Corrigan.

Dr. Christison disapproved of any attempt to introduce pharmacy into the Medical Act. The present state of the practice of pharmacy was a disgrace to the country and to the legislature. He hoped, however, that the Council would not meddle with the subject, except by offering its aid and influence to any body which should take up the subject of legislation in regard to pharmacy. And he thought that this could be entrusted to no better persons than the pharmaceutical chemists of the country.

After some observations by Dr. Fleming in favour of the amendment, it was put to the vote, and carried by a majority of 10 to 9.

It was then put as a substantive motion, when Dr. Andrew Wood moved as a further amendment:

"That it be remitted to the Executive Committee to have drafted by a Parliamentary Solicitor a Bill, having regard chiefly to Clauses xx, xxxi, and xl of the Medical Act; that the Bill so drafted be transmitted confidentially to the Branch Councils for their opinion; that thereafter the Bill be re-drafted, so as to be in a condition to be submitted to the General Medical Council at its next meeting."

After some further discussion, this amendment was lost, and Dr. Alexander Wood's resolution was carried.

Thursday, May 5th.

G. Burrows, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

The Case of Richard Organ. The following letter was read, and ordered to be entered on the minutes.

"Cawood, Selby, Yorkshire, April 25th, 1864.

"*To the General Medical Council of Education and Registration.*

"Gentlemen,—Will you kindly permit me to appear before you to plead my cause for permission to present myself at one of the examining boards.

"I have suffered much from my former misconduct, and have, since my name was erased from the *Medical Register*, striven all in my power to redeem the past, by attending the lectures and hospital practice required by candidates for examination (having not done so prior to that time, which caused the medical men in this district to be so bitter against me. This feeling, I am happy say, has subsided).

"I have held for some years (and continue) the appointments of medical officer to several clubs and townships, besides having a large midwifery practice; I therefore trust, as I am truly penitent for my former imprudence, you will take my case into your kind consideration, and not compel me to continue in practice unqualified, as I undoubtedly must without your help, and my gratitude for your kindness shall be evinced by my future life.

"Anxiously waiting your reply.

"I am, gentlemen, your obedient servant,

"Richard Organ."

Dr. Alexander Wood was sure that the Council would wish to extend mercy towards penitent offenders in cases where such a course was consistent with duty. But the case of Mr. Organ was one of no common kind. Several years ago, he had been removed from the *Register* in consequence of having been personated at an examination. On this, he carried the case into the Court of Queen's Bench, and was at first successful in compelling the Council to replace him on the *Register*. His name, however, was removed a second time; and he again applied to the Court of Queen's Bench, but this time without success. Not having gained his object, he now made a submission which could be only regarded as partial; for he appeared to say that, if the Council would not allow him to be admitted to examination, he would continue to practise in spite of them. He (Dr. Alexander Wood) would not deprive any man of the means of getting his bread; but Mr. Organ had brought his misfortune on himself by his previous conduct towards the Council. He proposed:

"That the Council decline to accede to the request of Mr. Organ."

Mr. SYME seconded the motion, which was carried.

Report of the Select Committee on Education. Dr. CHRISTISON presented the following

REPORT.

The Committee appointed on May 3rd, relative to professional education, have to report, that they have carefully considered all the points referred to them by the Council.

They understand the object of the Council to be, that this report should comprise a statement of all recommendations as to professional education, arising from the late discussion in Committee of Council, as to which there appears to be a general agreement in the Council, and which may be sent forth this session as recommendations to the several licensing bodies of the kingdom, or suggestions to them for information. The Committee trust that they have kept this object steadily in view in the following recommendations:

I.—REGISTRATION.

The Committee recommend under this head, that the regulations proposed in the report of the Subcommittee on Registration (Minutes No. 62, pp. 7 and 8) be adopted, with a slight change in No. 3 of these regulations; which will then stand as follows:

1. "That the registration of medical students be placed under the charge of the Branch Registrars.

2. "That each student be only once registered, viz., when he first enrols himself as a medical student.

3. "That each licensing body request, from each school of medicine under its jurisdiction, a list of all students entering on the study of medicine for the first time at that school, agreeably to the subjoined form."

FORM OF REGISTER OF MEDICAL STUDENTS.

Name.	Age last Birthday.	Prelim. Exam. and Date.	Date of Registration.	Place of Study.

4. "That the register at each school be closed within fifteen days after the commencement of each session or term.

5. "That these lists, as soon as possible thereafter, be transmitted, along with the certificates of each student having passed an arts examination, to the Branch Registrar of that division of the kingdom where the school is situated, and that he from them frame an accurate register of medical students of that division of the kingdom of which he is registrar.

6. "That the registers of medical students so prepared by the registrars, after examination by the several Branch Councils, be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, print the same in alphabetical order, and supply a copy of this authorised list to each of the bodies in Schedule (A) to the Medical Act.

7. "That the several licensing bodies be requested, after October 1868, to abstain from examining any candidate for licence or degree, whose name does not appear on the authorised list of medical students.

8. "That the Branch Councils be desired to take means to make these regulations known to the medical students at the various medical schools.

9. "That exceptions allowed by the licensing bodies to any of the preceding regulations as to registration, together with the reasons for such exceptions, be transmitted to the Branch Council of the part of the United Kingdom in which they have been granted."

II.—AGE FOR LICENCE TO PRACTISE.

The Committee, after having taken into consideration Mr. Rumsey's notice of motion—that the earliest age for obtaining any license to practise medicine or surgery, should be twenty-two, recommend that the resolution 17 of the recommendations of Council in 1863, p. 7, be adhered to in the following shape:

1. "That the age of twenty-one be the earliest age at which any professional license shall be obtained; and that the age shall, in all instances, be duly certified."

III.—PROFESSIONAL STUDY.

The Committee have taken into consideration the notices of motion as to professional study, given by Dr. Thomson, Dr. Parkes, and Dr. Storrar, and have come to the following recommendations, in which not only these gentlemen, but likewise every other member of Committee present, have concurred:

1. "That no licence be obtained at an earlier period than after the close of the last winter session of four years of study, after the registration of the candidate as a medical student.

2. "That the course of study required for a licence shall comprehend attendance during not less than four winter sessions, or three winter and two summer sessions, at a recognised medical school; and that evidence shall be produced that the remaining period of the four years has been passed in the acquisition of professional knowledge.

3. "That, in reference specially to Dr. Parkes' notice of motion, as to duration of sessions, and of courses of lectures, the regulation of the duration of sessions, and the extent and duration of courses of lectures and instruction, be left for the present to the several licensing bodies.

4. "That it be recommended to the several licensing bodies, that the courses of instruction required by them should be framed in such a manner as to secure a due share of attention, both to preparatory branches, and to those more strictly connected with the practice of medicine and surgery; and that it be suggested accordingly to these bodies, that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.

5. "That, while avoiding for the present all other details, by which this object may be attained, it be recommended, that no subject of lectures be enforced by regulation, to be attended oftener than once.

6. "That the Council intimate, that they will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character.

7. "That the several licensing bodies be requested to furnish a short statement of the mode in which their examinations are now conducted, whether by written, oral, or practical examination, and of the length of time a candidate is under examination in each, or all of these ways."

IV.—EXAMINATIONS.

The Committee have considered the subject of examinations with peculiar care; which was rendered imperative by the proofs brought before the Council in the late discussion on education, that the examinations of the licensing boards, however conscientiously carried on under the present system, are not always sufficient for their purpose. The subject is one confessedly of much difficulty. The Committee have resolved to recommend:

1. "That the licensing boards be advised to encourage the periodical examination of students at their several classes.

2. "That the final examinations of the licensing boards be so carried on as to be an efficient test of the practical acquaintance of candidates with the several branches of medical knowledge, and especially with the practice of medicine and surgery.

3. "That the professional examination for any licence be divided into two parts; the first embracing the primary or fundamental branches of medicine; and the second the branches directly connected with the practice of medicine and surgery; that the former be not undergone till after the close of the winter session of the second year of professional study; and the latter, or final enamination, not till after the close of the winter session of the fourth year of such study.

4. "That the examination in chemistry, botany, and natural history may be undergone at an earlier period.

5. "That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being made so.

6. "That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

7. "That returns from the licensing bodies in Schedule (A) be made annually on the 18th of January, and in the subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned, in due time."

FORM OF RETURN OF EXAMINATIONS, AND THEIR RESULTS.

PASSED.				REJECTED.	
1st Examination.		2nd Examination.		1st Ex.	2nd Ex.
No.	Name.	No.	Name.	No.	No.

V.—SUPERVISION OF EXAMINATIONS.

So much has been truly said in the late discussions in the Council, as to the duty which lies with the Council to carry out the enactments of the Medical Act relative to the supervision of the examinations of the licensing boards, that the Committee have felt a great desire to recommend some definite course which the Council might at once pursue for establishing such supervision.

They fear, however, that the Medical Act is defective in this respect, inasmuch as it has not contemplated either the great amount of time and labour required to carry on a really effective supervision of the very numerous examinations of the licensing boards of the kingdom, some of which do not meet for examination at the seats of the Branch Councils, or the amount of qualifications and professional position necessary to constitute a staff of efficient visitors of examinations; and, consequently, has omitted to provide the means of remunerating them for their important services. But, notwithstanding this obstacle, the Committee recommend that a trial of visitation be immediately made on such a scale as may be a guide to the Council for further regulations on the subject, at a future meeting. For this end they recommend that the Branch Councils be instructed severally to organise a set of trial visitations on a scale which may enable them to report upon their success, the conditions for efficiency, and the requisite means for rendering them adequately extensive.

VI.—SUGGESTIONS FOR OBTAINING INFORMATION.

To these recommendations, which it seems to them advisable that the Council resolve now to adopt, the Committee think it right to add others, as to which the opinions of the licensing bodies, and of the medical schools connected with them, should be requested in time for the consideration of the Council at its next session, viz.:

1. "Whether, in the opinion of the licensing bodies, the commencement of professional study, by which the duration of it must be regulated, should be held to be only entrance on such study at a recognised medical school?

2. "Whether a "medical school" may be better or otherwise defined than as one where there is an opportunity of studying at a general hospital, containing at least eighty beds for patients, and also a teacher of practical anatomy recognised by a licensing body?

3. "Whether entrance on apprenticeship should be held as another way of constituting the commencement of professional study?

4. "Whether the same privilege be extended to pupilage under a registered practitioner, who has charge of a union workhouse, a dispensary, or an hospital, though destitute of medical or surgical teachers?

5. "Whether any other mode of study may be similarly recognised as the commencement of professional study?

6. "Whether, looking to the great extension of the primary or fundamental sciences of medicine during the last forty years, the subjects embraced in courses of lectures on these sciences may not be better arranged and treated than now; so that they may be made more applicable than they are at present to the practical instruction of medical students, as distinguished from general students?

7. "Whether it be advisable or not, and if advisable, whether, and how, it may be practicable to adopt, in part at least, the principle of *ad eundem* examinations; so that a candidate, who has been satisfactorily examined, in part or completely, for any professional title conveying the right of practice, shall not be subject to re-examination on precisely the same branches by another examining body, before whom he may appear as candidate for the same, or a different, qualifying professional title?

8. "Whether it be advisable and practicable, for the relief of candidates for licences from superfluous examinations, to establish in England, Scotland and Ireland severally, a conjunct examining board, before whom candidates may be subjected to a single series of examinations for the "double qualification" of a physician and surgeon.

9. "Whether it be desirable that the oral and practical parts of the professional examinations should be so conducted as to be open to registered medical practitioners and registered medical students.

"*Lastly*—In conformity with the notices of motions by Dr. Acland, the Committee recommend the Council to appoint a select Committee, to consider and report at the next session of the Council, what are the subjects of examination which should be required of all students prior to commencing the prescribed course of professional education, and what are the professional subjects of examination which should be required of all candidates before they receive the licence to practise medicine, or surgery, or medicine and surgery. "R. CHRISTISON, *Chairman.*"

On the motion of Dr. CHRISTISON, seconded by Dr. ANDREW WOOD, the report was received and ordered to be entered on the minutes.

Standing Order regarding Votes. Dr. CORRIGAN moved, and Dr. A. SMITH seconded:

"That the Standing Order, paragraph 12, section iii, 'Order of Business,' be amended so as to read as follows:

"'That in cases when a division takes place, any member of the Council may require that the names or numbers of the majority and minority be entered on the minutes.'"

Dr. ALEXANDER WOOD moved as an amendment, and Mr. HARGRAVE seconded:

"That Standing Order, paragraph 12, section iii, be altered to the following effect:

"'That in all cases when a division has taken place, any member of the Council may require that the names or numbers of the majority and minority, and of those declining to vote, be entered on the minutes.'"

The amendment was carried; and having been then put as a substantive motion, was agreed to.

Proposal regarding Erased Names. Dr. A. SMITH moved:

"That the names of persons which have been removed from the *Register* by order of the General Medical Council, or by the Executive Committee, in accordance with the Standing Orders, be printed annually, as an Appendix to the *Register.*"

He said that the necessity for this was rendered evident by the fact that, last year, Richard Organ had applied to the King and Queen's College of Physicians to be admitted to examination; and unless he (Dr. Smith) had been present, the application would probably have been granted.

Dr. CORRIGAN seconded the motion.

Dr. ALEXANDER WOOD said that the Council had no power to publish erased names; and that provision had been made for communicating to the examining bodies the names which had been expunged from the *Register.*

The motion, on being put to the vote, was negatived by a majority of 8 to 3.

Removal of Names from the Register. Dr. A. SMITH proposed, Dr. ALEXANDER WOOD seconded, and it was resolved:

"That the Executive Committee be authorised to remove from the *Register* the qualification of any person who has been deprived of his diploma or licence by any of the bodies in Schedule (A) of the Medical Act."

"That the Executive Committee be authorised to remove from the *Register* the name of any person who has been expelled, or deprived of his diploma or licence by any of the bodies in Schedule (A) of the Medical Act, provided the said person has not registered any other qualification."

"That the Standing Order, Chap. VIII, paragraph 6, be amended as follows:

"'That, should the Council remove the name of any person from the *Register*, under section xxviii or xxix of the Medical Act, due intimation of the same be made to all the bodies enumerated in Schedule (A) to the Act.'"

Length of Speeches. Mr. SYME said that, in carrying on discussions, there were two modes—the simple and concise, and the diffuse. If the time of the Council were of little value, it would be of no consequence which plan was followed; but in present circumstances, the first ought to be adopted. He would be sorry to interfere with free discussion; but he was sure that a quarter of an hour was sufficient for any ordinary occasion. He had provided for extraordinary cases, in which extension of time might be granted by the Council. He moved:

"That no member of the Medical Council shall speak upon any subject for more than a quarter of an hour, without permission of the Council."

Mr. RUMSEY seconded the motion.

Dr. ANDREW WOOD opposed the proposal. It might be carried out if all the members of the Council were as concise as Mr. Syme; but there were many things that could not be said in fifteen minutes. And the discussion itself as to whether extra time should be allowed to any member would in itself involve a loss of time.

After some remarks from Dr. Corrigan, Mr. Hargrave, Dr. Paget, and Dr. Embleton, the motion was put to the vote and negatived.

Mr. SYME required that the numbers of the majority and minority, and of those who declined to vote, be entered on the minutes. The result was: Majority, 11; minority, 6; declined to vote, 5.

Standing Orders. Dr. ANDREW WOOD moved, Dr. EMBLETON seconded, and it was agreed:

"That the various Standing Orders which have been agreed upon during this Session be referred to the Committee on Standing Orders, in order that they may be incorporated with the Standing Orders of the Council, and with instructions to that Committee to number the Orders."

Dr. EMBLETON was appointed Chairman of the Committee on the Standing Orders, in the room of Dr. Christison, resigned.

Requirements of the Irish Poor Law Commissioners. Dr. ALEXANDER WOOD moved, Dr. ANDREW WOOD seconded, and it was resolved:

"That the Council take into consideration the Report of the Committee on the requirements of the Commissioners for administering the Laws for Relief of the Poor in Ireland, deferred from last Session."

Dr. ALEXANDER WOOD moved, and Dr. ANDREW WOOD seconded:

"That, whereas the Commissioners for administering the Laws for the Relief of the Poor in Ireland require a licence in midwifery from candidates for employment under them, the Medical Council requests the President to communicate with the Home Secretary, for the purpose of inducing him to request the Commissioners to receive the certificates of all bodies examining in midwifery, thereby carrying out the reciprocity in practice, which it was one object of the Medical Act to secure."

Dr. ALEXANDER WOOD said that, while most of the bodies in Schedule A examined in midwifery, the Royal College of Surgeons alone was entitled to grant special licences in that department. The Poor Law Commissioners in Ireland had employed towards candidates a degree of compulsion which he did not think just.

Dr. CORRIGAN said that the Home Secretary had no power over the Irish Poor Law Board; inasmuch as this body had, by Act of Parliament, a right to determine what qualifications candidates should possess. The College of Surgeons in Edinburgh gave a certificate in midwifery, although not legally authorised to do so; and this certificate was received by the Irish Poor Law Board, which had never inquired into its legality.

Dr. ANDREW WOOD said that, if the Council did not interfere, reciprocity of practice could no longer be said to exist. The words "Medicine" and "Surgery" in Clause XXXI of the Act included, and must include, midwifery; and it would be a retrograde step to suppose that a practitioner could not practise midwifery unless he had a special certificate. If the contrary were admitted, then one board only—the College of Surgeons of England—gave qualifications for the practice of midwifery. But the whole system of midwifery licenses was a blot on the profession; and the College of Surgeons would do well to consent to their withdrawal. There might as well be special certificates for lithotomy, etc. The Irish Executive had gone beyond its powers in requiring from candidates qualifications not mentioned in the Medical Act.

After some remarks from Dr. ALEXANDER WOOD, Dr. CORRIGAN, and Mr. COOPER,

Mr. HARGRAVE said that the College of Surgeons of Ireland would not give up their present powers, but would aid other bodies in obtaining similar privileges. The charter of that College gave power to examine and give certificates in midwifery. The Irish Poor Law Board could do as they thought right—they had as much right to institute even a distinct board of examination, as the Army Board or any other body.

Mr. ARNOTT could not agree to the proposal that the College of Surgeons in England should give up its licences in midwifery. In a midwifery institution with which he was connected, there had been found to be no means of determining the qualification of candidates for the office of surgeon accoucheur; and hence the examination in midwifery was instituted. He was surprised, however, that the midwifery licence had been included in Schedule A of the Medical Act. It ought not to have been placed there; because a man whose name was on the *Register* could practise any department of the profession. But this was no reason why there should not be an examination in midwifery; and if boards still required a midwifery certificate, it would be proper to continue to grant it.

Dr. CHRISTISON would ask whether the Irish Poor-law Board required a certificate of legal qualification to practise midwifery, or merely a testimonial of knowledge of that department? All public boards are justified, for the safety of life, in demanding any reasonable amount of evidence of competency for practice. But, as to the granting of formal licences to practise special departments, the Council should do all in their power to put down such a system. If it were right to grant licences in midwifery, a similar course might be adopted with great benefit in regard to medical jurisprudence.

Mr. SYME said, that an application to the Home Secretary would not produce the object desired. The decision of the question must turn on the *Register*. Let the Council refuse to enter some of the midwifery licences, and let the matter be tried, if thought proper, in the law courts.

Dr. ALEXANDER WOOD said that the Irish Poor-law Board had, without doubt, a perfect right to take care that their candidates were duly qualified; and there could be no objection to their requiring evidence of competency to practise midwifery. But they required licences which limited the chance of obtaining employment to the members of those bodies which had secured, by charter, special provision for granting certificates in midwifery. In the entry of medical titles on the *Register*, the Registrar, under the direction of the Executive Committee, had entered a title (the licence in midwifery of the King and Queen's College of Physicians) which the Medical Act did not recognise. This had been done under legal threats, but the Council must protect their Registrar, and forbid him to do such an illegal act in future.

The motion was then put to the vote, when there appeared for it, 15; against, 4. It was consequently carried.

Dr. ALEXANDER WOOD required that the names of the majority and minority be entered on the minutes: *Majority*—The President; Dr. Alderson; Mr. Cooper; Dr. Acland; Dr. Paget; Dr. Embleton; Dr. Storrar; Dr. Alexander Wood; Dr. Andrew Wood; Dr. Fleming; Mr. Syme; Dr. Sharpey; Dr. Parkes; Mr. Rumsey; Dr. Christison; Dr. Stokes. *Minority*—Dr. Smith; Mr. Hargrave; Dr. Apjohn; Dr. Corrigan.

Dr. ALEXANDER WOOD moved:

"That the Registrar be instructed not to enter on the Register the Licences in Midwifery of the King and Queen's College of Physicians in Ireland, or of the College of Surgeons of Ireland, inasmuch as these qualifications do not appear on Schedule (A) to the Medical Act."

Dr. WOOD said that the time had come when an opportunity should be given of trying in a court of law the question raised in this resolution. If the Council were compelled to enter the licences there mentioned, there would be a strong reason for amending the Medical Act.

Mr. SYME seconded the motion.

Dr. A. SMITH had not the slightest objection that legal means should be employed; but he would warn the Council against becoming involved in a troublesome course of legislation.

Dr. ANDREW WOOD thought the time had come when the matter ought to be tried fully and fairly in a court of law. As long as the matter stood in its present position, injustice was being committed; and one of the objects of the Act—reciprocity—was defeated.

Several other members made some remarks.

Dr. APJOHN proposed as an amendment, and Dr. CORRIGAN seconded:

"That before undertaking to give directions to the Executive Committee to depart from the regulations under which the *Register* has hitherto been published, the opinion of Sir Hugh Cairns and Mr. Hobhouse, referred to in the Report of the Committee on the Requirements of the Poor Law Commissioners, etc., be read by the Registrar."

After some further discussion, in which Dr. Acland, Dr. Corrigan, Dr. Paget, Dr. Stokes, Dr. Parkes, Dr. Quain, Dr. Embleton, Mr. Arnott, Dr. Sharpey, and Dr. Alexander Wood took part, the amendment was put to the vote, and lost by a majority of 12 to 7.

Dr. PARKES then moved, and Mr. ARNOTT seconded, the following as a second amendment:

"That both as regards future registration, and also the registrations already effected, a case be drawn out, without delay, by the Executive Committee and the Solicitor to the Council, and be submitted to the law officers of the Crown, as to the legality of registering licences in midwifery which do not appear in Schedule (A) to the Medical Act, and that the Executive Committee be authorised so act on the legal opinions thus obtained."

This amendment was carried by a majority of 16 to 3; and, being put to the vote as a substantive motion, was agreed to.

Order of Business. Dr. QUAIN moved:

"That at future meetings of the Council, the first hour after the chair has been taken each day be appropriated to the consideration of such matters of business of the Council as are not likely to call for lengthened debate."

Dr. EMBLETON seconded the motion, which, after some remarks from Dr. Andrew Wood, Dr. Storrar, and Dr. Alexander Wood, was put to the vote and lost; 2 voting for, and 11 against it.

FRIDAY, MAY 6TH.

G. BURROWS, M.D., President, in the Chair.

The minutes of the last meeting were read and confirmed.

Professional Education. Dr. CHRISTISON moved, and Dr. STORRAR seconded:

"That the standing orders, in regard to the order of business, be suspended, and that the Council proceed to consider the Report of the Select Committee on Professional Education."

The motion was lost; 9 voting for, and 11 against it.

The Faculty of Physicians and Surgeons of Glasgow. A correspondence was read, which had taken place between the Poor-law Board, the Guiltcross Union, the Faculty of Physicians and Surgeons of Glasgow, and the Registrar of the General Medical Council, in reference to the question, whether the licence of the Faculty of Glasgow confers a qualification both in medicine and in surgery.

Dr. FLEMING proposed, Dr. ALEXANDER WOOD seconded, and it was resolved:

"That in reply to the inquiry made by the Secretary of the Poor-law Board, in regard to the powers conferred by the licence of the Faculty of Physicians and Surgeons of Glasgow, the Registrar be instructed to intimate that the question, involving the legal interpretation of a Charter, is one which the Council is not competent to answer."

Titles of Medical Officers in the Army. The following letter from the Director-General of the Army Medical Department was read:

"Army Medical Department, April 9, 1864.

"Sir,—The President and Fellows of the King and Queen's College of Physicians in Ireland having applied to the Secretary of State for War to have the letters 'Phys.' inserted in the *Army List*, after the names of such medical officers as may possess the qualification of that body, and Lord De Grey having determined to have the subject referred to the General Medical Council, with a view of eliciting their opinion as to the expediency of recognising such a title as a means of distinguishing such licentiates from other legally qualified medical practitioners, I shall feel obliged by your having the matter so submitted to the General Medical Council at their next meeting.

"I have the honour to be, Sir,
"Your most obedient humble servant,
"(Signed) J. B. GIBSON,
"Director-General.
"The Secretary,
"General Council of Medical Education,
"32, Soho Square, W."

Dr. CORRIGAN said that, during the last two or three years, several gentlemen possessing the licence of the King and Queen's College of Physicians, and also some who had licences from boards in London and Edinburgh, had complained of being placed at a disadvantage in the *Army List*, inasmuch as their titles were omitted, while the M.D. was inserted after the names of graduates of universities. Two plans had been proposed by Dr. A. Smith and himself (Dr. Corrigan) to the Director-General, either to insert the letters "Phys.," or to insert the titles after the names as they stood in the *Medical Register*. The Director-General had, in reply, stated that he did not think it expedient to adopt either of the suggestions, but would refer the matter to the Medical Council. The question did not affect the King and Queen's College of Physicians alone, but the licentiates of all the examining boards. He moved:

"That it is the opinion of the General Medical Council that it would not be advisable to insert the letters 'Phys.;' but that it is the opinion of the General Medical Council that the several medical qualifications which army surgeons possess, as inserted in the *Medical Register*, might be entered after their names in the *Army List*."

Dr. A. SMITH seconded the motion.

In the discussion which followed,

Dr. PARKES said that the Director-General was anxious to ascertain what qualifications were inserted in the *Medical Register*, and would be disposed to take them as the legal qualifications. He (Dr. Parkes) believed that the Director-General wished to ascertain whether the Council inserted such a title as "Phys." in the *Register*. If the Council stated this, he believed that all would be done that was required.

The motion, on being put to the vote, was carried without dissent.

The Apothecaries' Hall of Ireland. A long correspondence having been presented regarding the power of the Apothecaries' Hall in Ireland,

Dr. CORRIGAN moved, and Dr. A. SMITH seconded:

"That the letters from the King and Queen's College of Physicians, respecting the licence granted by the Apothecaries' Hall of Ireland, be entered on the minutes."

The "previous question" was moved by Dr. PAGET, seconded by Dr. ACLAND, and agreed to by a majority of 16 to 4.

Report of the Committee on Education. Dr. ALEXANDER WOOD moved, Mr. SYME seconded, and it was resolved by a majority of 15 to 7:

"That the Standing Order, Sect. iii, No. 5, be suspended; and that the Council do now proceed to consider the Report of the Select Committee on education."

Dr. CHRISTISON moved, Dr. STOKES seconded, and it was resolved:

"That Regulation No. 1, Sect. i, of the Report of the Select Committee, be adopted, viz.: 'That the registration of medical students be placed under the charge of the Branch Registrars.'"

Dr. CHRISTISON moved, Dr. STOKES seconded, and it was resolved:

"That Regulation No. 2, Sect. i, be adopted as thus amended, viz.: 'That every student be registered at the commencement of professional study.'"

Dr. CHRISTISON moved the adoption of Regulation No. 3, Sect. I.

Dr. SHARPEY thought there would be trouble in carrying out this recommendation, as it would in some cases (*e. g.* in London) be difficult to determine what schools were under the jurisdiction of a licensing body. He thought it would be better that each medical school should transmit a list of its students to any one of the licensing bodies in the same division of the kingdom; and that the returns should then be sent to the Branch Registrar, so that he might prepare a list therefrom.

Dr. CHRISTISON said that the Council had no direct jurisdiction over the medical schools, but could only reach them through the licensing bodies. As to the risk of students being registered twice, he did not think there was much danger of this, with all the appendages that would be required to each name.

The PRESIDENT said that, under the proposed recommendation, each of the licensing bodies in England would require to apply to all the medical schools; and hence the Registrar would have several lists, in which the same name would be repeated again and again. As it was of much importance to have the cooperation of the medical schools, he thought that they should be invited to send in their lists to the Registrar.

Dr. Alexander Wood suggested that medical students should be required to appear before the Registrar. This would, however, be difficult in some cases; but the difficulty might be met either by appointing deputy registrars, or by requiring from each student satisfactory evidence of having entered the medical profession. The necessity for this would arise, if instruction otherwise than at a medical school should be recognised.

Mr. Arnott thought that the present machinery of regulation of students by the licensing bodies was sufficient.

After some further remarks from Dr. Sharpey, Dr. Andrew Wood, and Mr. Cooper, the resolution was proposed in the following form by Dr. Christison, seconded by Dr. Stokes, and carried:

"That Regulation No. 3, Sect. i, be adopted, as thus amended; viz., 'That the several licensing bodies be requested to furnish to the Branch Registrars, at the beginning of January annually, a list of students who have been registered for the first time during the preceding year, according to the subjoined form.'"

FORM OF REGISTER OF MEDICAL STUDENTS.

Name.	Age last Birthday.	Prelim. Exam. and Date.	Date of Registration.	Place of Study.

Dr. Christison moved, Dr. Stokes seconded, and it was resolved:

"That Regulation No. 4, Sect. i, be adopted as thus amended; viz., 'That the Register of each licensing body be closed within fifteen days after the commencement of each session or term; and that Regulations 4 and 5 be transposed.'"

It was moved by Dr. Christison, seconded by Mr. Arnott, and resolved:

"That Regulation No. 5, Sect. i, be adopted as thus amended; viz., 'That from the lists of the licensing bodies each Branch Registrar shall frame an accurate register of medical students of the division of the United Kingdom of which he is Registrar.'"

Dr. Christison moved, Mr. Arnott seconded, and it was agreed:

"That Regulation No. 6, Sect. i, be adopted as thus amended; viz., 'That the registers of medical students so prepared by the Registrars, after examination by the several Branch Councils, be transmitted to the Registrar of the General Council, who shall, under direction of the Executive Committee, prepare and print an alphabetical list of all registered students, and supply a copy of this authorised list to each of the bodies in Schedule (A) to the Medical Act.'"

Dr. Christison moved, Dr. Stokes seconded, and it was resolved:

"That Regulation No. 7, Sect. i, be adopted as thus amended; viz., 'That the several licensing bodies be requested, after October 1868, to abstain from examining any candidate for licence or degree, whose name does not appear on the authorised list of medical students, as having passed the preliminary examination in arts, or whose name is not already on the *Medical Register*.'"

Dr. Christison moved, Dr. Stokes seconded, and it was agreed:

"That Regulation No. 8, Sect. i, be adopted, viz.: 'That the Branch Council be desired to take means to make these Regulations known to the medical students at the various medical schools.'"

Dr. Christison moved, Dr. Stokes seconded, and it was agreed:

"That Regulation No. 9, Sect. i, be adopted as thus amended, viz.: 'That exceptions allowed by the licensing bodies to any of the preceding Regulations as to registration, together with the reasons for such exceptions, be transmitted in a separate list, to the Branch Council of the part of the United Kingdom in which they have been granted.'"

Dr. Christison moved, and Dr. Stokes seconded:

"That Regulation No. 1, Sect. ii, be adopted, viz.: 'That the age of 21 be the earliest age at which any professional licence shall be obtained; and that the age shall, in all instances be duly certified.'"

Dr. Christison said that the question of age had been very carefully considered by the Council, who had long ago, by a majority, fixed on 21. One reason which weighed much with himself and his colleagues was, that he had found in the University of Edinburgh that a larger proportion of the best of the candidates were found at the age of 21 than at other ages.

Mr. Rumsey said that the reasoning in Dr. Christison's last statement might equally be applied to lower ages. He had thought that it had been a settled opinion in the Council that 21 was the best minimum age for entering the profession; and he was gratified to find that there had been a difference of opinion. The opinions of the greatest medical reformers had for many years been in favour of an increased age; and the age of 22 had been introduced into several of the medical bills. Not only was the idea not new, but in some of the licensing boards, such as the College of Surgeons of England, the age of 22 had been that fixed on as the lowest at which a diploma could be obtained. But an alteration was made, on the plea that the public services demanded a reduction of age. The Poor-law Commissioners had, in introducing a new system, said that if the College of Surgeons would not meet their requirements, other bodies would do so; and hence the College had reduced its standard age, that the pecuniary competition for offices under the Poor-law was now abolished. The Irish Poor-law Board required their candidates to have attained the age of 23; and he had good authority for believing that the English Board was willing to raise the standard of age, but was embarrassed by the Act of Parliament and by the regulations of the Medical Council. How was it possible for most students to get through the preliminary examination and the subjects of professional education at a lower age than that of 22? He would remind the Council of the comparison made by the President between the culture of the mind and the tillage of the soil. It was impossible in either case to force growth, without at the same time weakening. He did not propose that a sudden change should be made; but that after 1868 candidates should be required to be 22 years of age, It had been objected that, if this were decided on, there would not be sufficient candidates for the medical service of the army. But let this be made attractive, and there would be no deficiency. Again, the necessity for increasing the age was shewn by the state of the profession in large towns. He protested against the principle that the narrow pecuniary means of students were to limit the requirements of the Council. He moved as an amendment:

"That Regulation No. 1, Sec. ii, be adopted with the addition, 'That after the year 1868, the earliest age at which any professional license shall be obtained, be 21.'"

Mr. Hargrave seconded the amendment.

Dr. Stokes would agree with much that had been said by Mr. Rumsey; but the question had already been very fully discussed. The Committee had adopted the age of legal majority. He did not think there was any advantage in students being compelled to remain at the hospitals and attending lectures until they were 22 or 23 years of age; on the contrary, there was a kind of education which would be better conducted after the student had been released from the dread of examinations. Among the other advantages of allowing the licence to be obtained at the age of 21, would be the opportunity which it afforded for travelling, and visiting the foreign hospitals and medical schools. The Council had nothing to do with the requirements of the Irish Poor-law Commissioners, or any other boards.

Dr. Paget supported Mr. Rumsey's amendment. The addition of twelve months to the period of medical study would solve many difficulties in dealing both with general and with professional education.

The amendment, on being put to the vote, was lost; 11 voting for it, 7 against it, and 5 declining to vote. The original motion was then carried.

On the motion of Dr. Christison, seconded by Dr. Stokes, the further consideration of the Report was adjourned.

It was then agreed that the standing orders should be suspended, and that the Council should meet on Saturday at 12 instead of 2 o'clock.

Executive Committee. The Council now proceeded to ballot for four members to form, with the President, the Executive Committee. Mr. Arnott, Dr. Acland, Dr. Sharpey, and Dr. Quain, were elected.

The Council met at 12 o'clock on Saturday. A proposal to discuss the remainder of the Report of the Committee on Education was negatived; and ultimately it was resolved that the Report should "be forwarded to the various bodies in Schedule A, with a letter from the Registrar to the effect that the Report is under the consideration of the Council, and calling their attention to the suggestions of the Report, and soliciting their observations thereon; also, distinguishing the resolutions which have been adopted by the Council from those which have not yet been considered; and that it be referred to the Executive Committee to carry this resolution into effect." Various resolutions were passed, and business transacted; and the Council terminated its seventh session at a little after six o'clock. Want of space compels us to defer a fuller report of the day's proceedings.

Syphilis in the Army and Navy. Lord Hartington, a few nights ago, spoke as follows on this matter. "The subject adverted to by his hon. friend (Sir J. Trelawny) was one of great importance, but it affected the navy as well as the army, and ought not to be partially dealt with. It had received the consideration both of his noble friend (Lord C. Paget) and himself, and later in the session it was his noble friend's intention to propose the appointment either of a committee or commission to inquire into the question.

Photographs by Artificial Light. At the Society of Arts, Dr. Crace Calvert called attention to the metal magnesium, exhibited specimens of wire made from it, and showed the brilliant light which its combustion affords. This light is so intense, and possesses to so great a degree the qualities of sunlight, that photographs can readily be taken of objects illuminated by it. At the conclusion of the lecture several successful photographs were taken in thirty seconds by Mr. Claudet of Theed's bust of the Prince Consort in the anteroom of the society's lecture-hall, the first ever taken in London by means of this illuminating agent.

Medical News.

University of St. Andrews. List of candidates who obtained the degree of M.D. on April 29, 1864.

Charsley, W. P., M.R C.S.L., Principal Civil Medical Officer, Ceylon
Fenton, John, L.R.C.P.E , F.R.C.S., L.S.A., Liverpool
Irwin, Wm. Nassau, L.R.C.S.I., L.R.C.P.L., Dip. Mid., Monaghan, Ireland
Kelly, Walter McD., L.R.C.S.Edin., L.S.A., Crook, Durham
Lush, John Alfred, M.R.C.S.E., L.S.A., Salisbury
Parker, Wm., L.F.P.S., L.S.A., Bermondsey
Sankey, Wm., M.R.C.S.E., L.S.A., Sutton Valence, Kent
Smith, J. Sydney, M.R.C.S.E., L.M., L.S.A., Tiverton
Walsh, James, M.R.C.S.E., M.R.C.P.E., L.M.I., Staff-Surgeon, Limerick
Wilson, Thomas, M.R.C.S.E., L.S.A., Hull

Apothecaries' Hall. On May 5th, the following Licentiate was admitted:—

Knott, Thomas Henry, Guy's Hospital

At the same Court, the following passed the first examination:—

Taylor, James, Anderson's University, Glasgow

As an Assistant:—

Evans, John, Cardiff

BIRTH.

Curry. On May 11th, at East Rainton, the wife of *William Curry, Esq., of a son.

MARRIAGES.

Slyman—Pollard. On May 4th, at St. Budeaux, *William D. Slyman, Esq., Wellington Road, London, to Susan, eldest daughter of Tobias Pollard, Esq., of West Whitleigh, Devon.

Stephenson—Dewhurst. On April 28th, at St. John's Church, Blackburn, W. H. Stephenson, M.D., to Mary Elizabeth, second and youngest daughter of James Dewhurst, Esq., Blackburn.

Murder by a Lunatic. Colney Hatch is unfortunate. The papers this week report a case of murder of one lunatic there by another. The inquest is not yet completed.

The Court of Common Council have made a grant of fifty guineas to the funds of the Great Northern Hospital; and of two hundred guineas to the City of London Hospital for Diseases of the Chest.

Pisciculture. During the past season, there have been put into the Thames 7000 salmon, 40,000 trout, 2000 grayling, and 3000 char, which are found to be in a thriving condition. All persons are allowed to angle in the waters.

A Medical Captain of Volunteers. We notice in Friday's *Gazette* that Lord Lyttelton, the Lord Lieutenant of Worcestershire, has appointed one of our earliest associates, Mr. F. Davies of Pershore, to be captain of the 10th Company of the Worcestershire Rifle Volunteers. There are, we believe, but very few instances in which country general practitioners have been appointed captains of volunteers; and the fact now recorded may be regarded as a great personal compliment paid to Mr. (Capt.) Davies.

Irish Poor-law Officers. In the House of Commons, Mr. M'Evoy lately moved the following resolution. "That her Majesty's Government should now adopt the recommendation of the Select Committee of 1858, which 'recommended her Majesty's Government to take into consideration the claims of Ireland to a grant of the half-cost of medical officers in unions, with the view of providing for the same in future, as is now the practice in England and Scotland.'" The resolution, however, was opposed, and lost.

The Royal Society. Sir Charles Locock, Dr. Jenner, Dr. Brinton, Dr. Cobbold, and Mr. Flower have been recommended by the Council of the Royal Society for election to the Fellowship.

The Outrage upon Dr. Rowe. The two men who committed the brutal outrage on Dr. Rowe of Liverpool have been committed to take their trial at the assizes charged with an assault with intent to do bodily harm. Dr. Rowe's appearance in court showed that he was still suffering from the effects of the injuries inflicted on him. He was very weak, and was obliged to use crutches.

University of Cambridge. The examinations for medical and surgical degrees will commence on Monday, the 30th of May, at 9 a.m. in the Arts' Schools. Candidates for the degree of M.B., intending to offer themselves for examination, are required to signify the same to the Regius Professor of Physic on or before the 16th of May, specifying whether they offer themselves for the first or second examination, and to send at the same time their certificates.

The New Morgue in Paris has just been completed. It has three large gates, which open to a hall. At the bottom, is the room in which dead bodies are exposed. This room is separated from the hall by a long window with inside curtains, which may be drawn when necessary. There are twelve tables of black marble, and the room is lighted from the ceiling. There is a plentiful supply of water, and the ventilation is perfect. There are inscriptions on the walls, informing the public that there is no charge for a body claimed. A photographic apparatus is likewise to be found there, by which the likeness of the unclaimed bodies is preserved.

The Trial of La Pommerais, a French physician, for murder, is exciting great interest amongst the medical experts at Paris as well as with the public. Dr. Tardieu made the *post mortem* examination. He affirms that all the organs are, to appearance, sound; and that the woman, the widow De Pauw, did not die from the results of any accident or disease of the heart, etc. Drs. Tardieu and Roussin declare that she died from poison. The matter vomited by De Pauw, given to animals, produced the same symptoms as those observed in De Pauw, and killed the animals. The poison is supposed to be digitaline, of which substance three *grammes* were traced into La Pommerais' possession, and only fifteen *centigrammes* remain. The indictment says, he does not tell us to whom he gave the digitaline, and besides, "he did not employ it in his practice; for homœopathic medicine, practised by him, does not recognise this drug, and, at all events, only employs it in the minutest possible quantities."

Odontological Society. The ordinary monthly meeting of the Odontological Society was held on May 2nd, at Soho Square; Edward Saunders, Esq., President, in the chair. Models of remarkable cases were presented by Messrs. Ibbetson, Cartwright, Hulme, Fox, and Brunell. An improved "bite" was sent by Mr. Balkwill of Plymouth; and Mr. Cattlin said he would test it, and report upon it at a future meeting. Mr. Kirby said he had used a somewhat similar instrument for two or three years, and had found it to answer perfectly. A paper was read by Mr. Cartwright, entitled Reflections on the Cause and Treatment of some Forms of Irregularity. He defined irregularity as depending on the want of space in the bone of the jaw, and not so much on the teeth. At the close of a very elaborate paper, he said his object was to draw the attention of the Society to the notion that it was next to heresy to extract teeth for the cure of irregularity, and to urge them not to accept that proposition without due consideration; above all, not to assist in propagating a questionable theory by assenting to the idea that the temporary teeth had to do with the eventual size and shape of the jaw, and that their removal was a source of contraction, or that it was bad practice to sacrifice permanent teeth in order to make room for the regular placement of the rest. The science of dental surgery had suffered by the ill-judged way in which the term "contraction" was freely paraded; and an old, correct, and honest practice had been unjustly questioned by the introduction of an idea which was, in its working, not successful when weighed in the scale of experience. Mr. Cartwright illustrated his paper by a large number of models and drawings. Mr. Ballard said he attributed a great deal of the deformity existing in the upper and under jaws of children to the early acquired habit of thumb-sucking and tongue-sucking. He said the habit not only caused the irregularities in the jaws; but also seriously affected the health of the patient; in one instance that had come under his notice, causing death. The further discussion of the paper was adjourned until the next meeting.

Manslaughter by an Herbalist. An inquest was last week held at Limehouse, on W. Proby, aged 15 years. At the beginning of March the deceased was taken ill, and his father called in Mr. Stevens, who held himself forth as a medical practitioner. He said that the boy was suffering from fever, and prescribed a powder and some pills. The patient got worse and Dr. Cumming was summoned. He said that the boy had a diseased hip, but the father preferred the treatment of Mr. Stevens, who is a herbalist. After enduring great agony in the hip the boy died, and it was now conclusively shown that Stevens was grossly ignorant of the case, and that he had given some very extraordinary medicine. Mr. Gant found all the internal organs healthy. The intestines were injected with blood, the left hip-joint had suffered from inflammation of some duration, and the cartilages of the joint had been absorbed. Deceased had apparently died from exhaustion, brought on by great pain, consequent on overlooked and neglected disease of the hip-joint. Dr. Letheby stated that the stomach was greatly inflamed. Upon tasting some of the medicine, he discovered that it was principally composed of cayenne pepper. Both of the medical gentlemen proved that this mixture had produced great irritation and pain, causing excessive vomiting and exhaustion, and that this, together with the acute pain of the neglected hip, had produced death. Dr. Coffin asserted that the mixture of cayenne pepper was the proper one to be given. The jury returned a verdict of manslaughter against Stevens, who was committed to take his trial, bail being accepted.

A New Parasite. The large water-tanks of the hothouses at the Garden of Plants are at present peopled with a race of obstinate enemies to plants, which the greatest care and caution has as yet been unable to extirpate. These enemies are the *oscillaria utriculata*, a sort of cryptogamous plant of wonderful fecundity, which was hitherto only known to thrive in hot mineral waters; it seems, however, that it grows and multiplies admirably in any water of a sufficient temperature. Its shape is somewhat like that of a small mushroom with its stalk turned upwards. Untold generations are produced in the course of twenty-four hours; a few minutes are quite sufficient to infect the water of a tank. The numerous red fish which people the reservoirs of the hothouses, and purge the water of all noxious principles, seem to be powerless against this new invader. When the oscillaria has exhausted its whole reproductive power (for everything must have an end), it suddenly joins its fellows, whereby a fibrous sort of film, or rather sheet, is formed, which assumes the appearance of felt, then rapidly becomes black, and increases in weight by some unaccountable process, until it sinks to the bottom of the tank. This looks as if the plant were dead; but in this dormant state it sticks to and envelopes the roots of the aquatic plants it finds, and corrodes them so as soon to kill them. Another evolution is still to come; after doing as much mischief as possible under water, the sheet of felt again acquires sufficient lightness to return to the surface; it loses its blackness, becomes green again, then separates once more into a thousand little individual oscillaria, which recommence the sort of life already described above. No remedy has hitherto been found against these marauders that have found their way into the reservoirs by some unaccountable accident; they require a temperature of from 40 to 75 degrees Centigrade (104 to 167 Fahr.) for their existence. They might therefore be got rid of by lowering the temperature; but that would injure the valuable plants as well.

Burying without a Certificate. Phipps, *v* Whitehouse. This case raised a question on a conviction of a sexton for burying a dead body without a proper certificate of death. The sexton was in the habit of burying stillborn children upon a note from the doctor, and in this instance, he dug the grave, and, understanding that it was the case of a stillborn child, he left instructions with his sister, a girl nine years of age, that when the coffin was brought with the "note" she should put it into the grave and cover it up. The coffin was brought in absence of the sexton, with a paper, which the girl supposed to be the note referred to, and she accordingly buried the child. It turned out that the paper sent was a certificate of the doctor that the child was born prematurely and breathed only a few minutes, but there was no certificate of the register of death, nor did the sexton give due notice of the death. Upon these facts the magistrates convicted the sexton in a nominal penalty for burying without a certificate and without notice to the registrar, and he now appealed against the conviction. The Lord Chief Justice said it was not necessary for the court to decide whether the Act applied to stillborn children or not. But in this case the sexton clearly was liable to be convicted. Beyond all doubt, just after the burial, he became aware by the doctor's note that the child was born alive, and he had not then given due notice to the registrar. For that he had been rightly convicted, and therefore the appeal must be dismissed.

The Longevity of Philosophers. An unusual amount of healthy longevity is found among philosophers—whether mathematicians, naturalists, or speculative students. Such things have been heard of as strifes in those serene fields of thought; but the old age of many philosophers is at this moment an honour to their vocation. Peter Barlow was, when he lately died at 82, the same Peter Barlow that he had been to two generations of friends and disciples. Sir David Brewster is still active and occupied at the same age. The late Mr. Tooke did not puzzle his brain about the currency too much to be still up to the subject at 86. Sir Roderick Murchison is past 70, and so is Sir J. Herschel. Literature ought to have the same operation as science; but it seems to have more room for agitations and anxieties. Jacob Grimm was a very perfect example of the philosophic serenity which a literary career can yield; and he lived to 78. There is something remarkable in the longevity of literary women in modern times, even if we look not beyond our own country. Mrs. Piozzi and Mrs. Delaney perhaps scarcely enter within the conditions; and the still lamented Jane Austen was under an early doom from consumption; but Miss Edgeworth was above 80 when she died; Joanna and Agnes Baillie were older still; and Mrs. Trollope died the other day at 84. The artistis who have departed lately have been old. Biot was 87, and Vernet 74. Our Mulready was 77, and Cockerell, the architect, was 73. (*Once a Week.*)

St. Andrew's University Graduates' Dinner. The graduates of the University of St. Andrew, to the number of nearly one hundred, dined together at the London Tavern on Tuesday, the 3rd inst. The guests included Lord Campbell; Dr. Brady, M.P.; Mr. Alderman Sidney, M.P.; Dr. Allen Thomson; Mr. Robert Chambers; Mr. Mandy; Col. Ogilvie; Mr. Glaisher, F.R.S.; Mr. Erasmus Wilson, F.R.S.; Professor Gamgee; Mr. J. Knight; Mr. G. Clarkson Stanfield; Mr. Winwood Reade; Dr. Gardiner Hill; Mr. Clarke; etc. Dr. Richardson occupied the chair. Among the provincial graduates, we noticed Dr. Day of Stafford; Dr. West of Alford; Dr. Ogden Fletcher and Dr. Shepherd Fletcher of Manchester; Dr. Skinner of Liverpool; Dr. Davies of Stafford; etc. The toast of the evening, "Success to the University of St. Andrew," was proposed by the chairman with much eloquence and feeling. He reminded his fellow graduates in graphic phrases that, among the great men whose names were written in the roll of the University, and who had made their mark in the history of the nation, were to be found Cardinal Beaton, Arthur Melville, John Knox (rough perhaps, and rugged, but towering above his fellows), Thomas Chalmers, Lord Chancellor Campbell, J. Napier (the inventor of logarithms), Adam Ferguson, Lord Elgin (whose name is identified with the Elgin marbles), Lord Erskine, etc. Among medical men, he noticed as especially worthy of honour, Arbuthnot and the great Jenner, almost the greatest benefactor of his race. He lauded the old University for the liberality of its principles and the high-class character of its examinations, and dwelt with special stress on the need of such an institution, where, after a full and fair test, degrees were granted to men of position, although they had not resided in the University. The speech and the toast were enthusiastically cheered. The chairman then presented a large richly carved cabinet by Rogers, in which was a handsomely bound and illustrated edition of Cuvier's *Regne Animal*, offered by 158 graduates, to Dr. Day, of St. Mary Church, Torquay, the late eminent Chandos Professor at the University, in token of their admiration of his labours in literature, science, and medicine, and in special recognition of the services he had rendered to the University during his fourteen years of office. He deeply regretted that Dr. Day's ill-health made it impossible for him to attend; he spoke in high terms of Dr. Day's work in the cause of the profession and the public, and trusted that this token of the high esteem in which he is held by the graduates would be a lasting and ever-increasing source of gratification to him. "Health and long life to Dr. Day" was drunk by the company with great enthusiasm. Dr. Day of Stafford received the testimonial for his worthy relative, in a speech marked no less by the elegance of its diction than by its manly good taste. The usual loyal toasts were warmly received. "The Army, Navy, and Volunteers," was responded to by Colonel Ogilvie; and "The Houses of Parliament", by Lord Campbell and Dr. Brady, M.P. "The Chairman" was proposed by Dr. Day. "The Medical Council of Education", proposed by Dr. Dobell, was responded to by Dr. Allen Thomson. "Success to Literature" was responded to by Mr. Robert Chambers. "The Fine Arts", proposed by Mr. R. Chambers, was responded to by Mr. G. Clarkson Stanfield. Dr. Semple proposed "Science and the Learned Professions", which was responded to by Mr. Glaisher. "The Bar" was proposed by Dr. Edmunds, and responded to by Mr. Knight. "The Vice-Chairmen and Committee" was proposed by Mr. Erasmus Wilson, and responded to by Dr. Paul. And "The Ladies" was proposed by Dr. Sedgwick, and responded to by Mr. Winwood Reade. Mr. Land, Mr. Kennedy (the Scottish vocalist), and Miss Eyles, added greatly to the pleasure of the evening. This, the first dinner of the graduates of the University of St. Andrew, the forerunner, we hope, of many more, was successful in every way. The arrangements were excellent; and the graduates thoroughly appreciated the opportunity of cultivating brotherly good feeling.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.--Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY.	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
WEDNESDAY...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.
THURSDAY.....	St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
FRIDAY.......	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
SATURDAY.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations. 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Statistical.—Pathological.

THURSDAY. Harveian Society of London, 8 P.M. Discussion "On Carbuncle and Boil."—Zoological.—Royal.—Chemical.

FRIDAY. Royal Institution.

SATURDAY. Association Medical Officers of Health.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

VILLAGE HOSPITALS.—In the Report of a Village Hospital, which has been forwarded to us, we find, amongst the list of the donors and subscribers, the names of the two medical officers of the hospital; their donation being represented not by money but by "attendance and medicine." We should be curious to learn the money value which, in their opinion, the two articles, "attendance and medicine" supplied by them, represent.

CONVALESCENT WARDS.—SIR: In your number for April 30th, you report the establishment of convalescent wards in the Parisian hospitals; and you say, "an example well worthy of being followed in our own hospitals." You might have said that the Parisians had followed the example set them in this country. At St. George's Hospital, convalescent wards have been in use for the last three or four years, with great advantage to the patients. Unfortunately, Miss Nightingale advises against such wards; and I hear (I hope it is not true) that the authorities of the new hospital at Winchester have followed her advice, and decided against convalescent wards. This is, indeed, a sad retrogression in sanitary affairs. I am, etc., MELIORA.

WE must again apologise to our correspondents for deferring the insertion of their letters.

RE-VACCINATION.—SIR: Will you allow me, in reply to Mr. T. Jackson's letter on this subject, to say that, having some months ago, in consequence of an epidemic of small-pox, re-vaccinated a number of adults, on the presentation of my account to the Board of Guardians, a demur was made by the clerk to the Board to payment being allowed for either re-vaccinations or even for the vaccinations of adults, as he thought such cases were not contemplated by the Vaccination Acts. As the number of re-vaccinated cases on my list was considerable, a letter was written by me, with the concurrence of the Guardians, to ask the opinion of the Poor-Law Board on the questions.

I subjoin their reply, which seems to me quite conclusive. I must add, that I believe the demur made by the clerk to have been made in good faith; and that neither that gentleman or the Guardians acted unfairly in the matter.

I am, etc., SAMUEL DREW, M.D.,
Medical Officer of the Union of Wortley, Yorkshire.

"The [Poor-Law] Board are of opinion that, according to the terms of the contract for vaccination which the Guardians have entered into with Dr. Drew, he is entitled to be paid the specified fee for every person resident in the union who has been successfully vaccinated by him, whose name is entered in the register provided by the Guardians.

"There is no limitation as to age, nor is it material whether or not the persons have been previously vaccinated, if the operation on the second occasion has been successful."

GARIBALDI'S DISMISSAL.—Pray insert the following excellent hit from the *Examiner*, to amuse your readers. I am, etc., F. O.

"The idea is stolen bodily from Beaumarchais' *Barbier de Seville*. Mr. Gladstone playing Figaro; Garibaldi, Bazile; Dr. Fergusson, Bartholo. Here is the plagiarised scene:—

"*Bartholo*—Mais quel mal vous a donc pris si subitement?

"*Bazile* (en colère)—Je ne vous entends pas.

"*Le Comte*—Oui: Monsieur vous demande ce que vous venez faire ici, dans l état d'indisposition où vous êtes?

"*Figaro*—Il est pâle comme un mort!

"*Bazile*—Ah! je comprends....

"*Le Comte*—Allez vous coucher, mon cher Bazile: vous n'êtes pas bien, et vous nous faites mourir de frayeur. Allez vous coucher.

"*Figaro*—Il a la physionomie toute renversée. Allez vous coucher.

"*Bartholo*—D'honneur, il sent la fièvre d'une lieue. Allez vous coucher.

"*Rosine*—Pourquoi donc êtes-vous sorti? On dit que cela se gagne. Allez vous coucher.

"*Bazile* (au dernier étonnement)—Que j'aille me coucher!

"*Tous les Acteurs ensemble*—Eh! sans doute.

"*Bazile* (les regardant tous)—En effet, messieurs, je crois que je ne ferai pas mal de me retirer; je sens que je ne suis pas ici dans mon assiette ordinaire."

COMMUNICATIONS have been received from:—THE REGISTRAR OF THE MEDICAL COUNCIL; Mr. WM. H. MORRIS; Mr. JAMES R. LANE; Mr. LOWNDES; Mr. F. MASON; THE SECRETARY OF THE ODONTOLOGICAL SOCIETY; Dr. THOMAS MAYO; THE HONORARY SECRETARY OF THE HARVEIAN SOCIETY OF LONDON; PROFESSOR BENNETT; Dr. H. MARSHALL; Dr. CHEVALLIER; Dr. EDWARD W. MURPHY; Mr. E. H. COLEMAN; Mr. I. H. HARRISON; THE SECRETARY OF THE UNIVERSITY OF ST. ANDREWS; Mr. WILLIAM BOWMAN; Mr. T. M. STONE; Dr. ROUTH; Dr. HUMPHRY; Mr. W. ALLISON; Mr. W. CURRY; and Dr. J. G. DAVEY.

BOOKS RECEIVED.

1. Lines of Demarcation between Man, Gorilla, and Macaque. By G. B. Halford, M.D. Melbourne: 1864.
2. The Sixteenth Annual Report of the Manchester Medico-Ethical Association. Manchester: 1864.
3. A Treatise on Pharmacy. By Edward Parrish. Third edition. Philadelphia: 1864.
4. The Prescriber's Pharmacopœia. By A Practising Physician. Fifth edition. London: 1864.
5. A Woman's Example: and a Nation's Work. A Tribute to Florence Nightingale. London: 1864.
6. Transactions of the Obstetrical Society of London. Vol. v, for the year 1863. London: 1864.
7. A Voice from Derby to Bedlam. London: 1864.
8. Woman, her Destiny and Maternal Relations. A Lecture. By Mrs. Lydia F. Fowler, M.D. London: 1864.
9. Glaucoma, and its Cure by Iridectomy. By J. S. Wells. London: 1864.
10. New Observations upon the Structure and Formation of Certain Nervous Centres, etc. By Lionel S. Beale, M.B. London: 1864.
11. Treatment of Diseases of the Skin. By Dr. W. Frazer. London: 1864.
12. Manual of Instructions for the Guidance of Army-Surgeons in Testing the Range and Quality of Vision, etc. By Deputy Inspector-General T. Longmore. London: 1864.
13. Statistical Tables of Patients under Treatment in the Wards of St. Bartholomew's Hospital during 1863. By G. N. Edwards, M.D., and A. Willett. London: 1864.
14. Ueber Urämie. Von Dr. Ph. Munk.

Original Communications.

ON DIPHTHERIA.

By J. West Walker, M.B.Lond., Spilsby, Lincolnshire.

[Continued from page 529.]

Prognosis. The diphtheritic complication manifests itself only during the extensive prevalence of the miasmatic order of zymotic diseases. Extensive prevalence of such diseases is almost invariably attended by great mortality: hence, the presence of the diphtheritic sign is, by a defective process of ratiocination, supposed to have a direct connection with fatal consequences, and is always looked upon as a ground for unfavourable prognosis. Notwithstanding the weakness of the logic by which the conclusion is arrived at, it may for practical purposes be considered sufficiently satisfactory and safe. It is, however, only that kind of questionable safety which is had recourse to by those who, not willing to engage in active scientific warfare, are content to err on the safe side. As in diagnosis, so in prognosis, it is far more satisfactory to analyse each particular case, and ground our opinion upon the indications derived from the formation and upon those derived from the general symptoms, separately and collectively. If we except the fear of septicæmia, supposed in some cases to be brought about by the absorption of putrid matter, almost the sole danger from the presence of the formation is mechanical; and when it appears in the larynx, or shows a disposition to spread into that tube from above, it must ever inspire us with unpleasant forebodings. "The least laryngeal quality in the respiration heard at the bedside is suggestive of danger" (Aitken). Our prognosis, to be derived from the general symptoms, must be grounded on a great diversity of conditions and circumstances. In every case we must take into account: 1. The *nature* of the general disease; 2. The *variety* or *type*; and 3. The condition of the patient, not only with regard to age and the general hygiene of his surroundings, but more especially as to the presence of blood-taint, scrofulous, syphilitic, and the like, which, other things being equal, furnishes a very important item in the calculation of chances for or against recovery. The fact that great prevalence of miasmatic diseases is almost invariably attended, as before observed, by great mortality, requires us during such epidemics to be ever on our guard on the subject of prognosis. We cannot too closely watch our patient; and any symptom or series of symptoms appearing indicative of tendency to death, by either of the well known modes, ought at once to be recognised, and their terrible importance duly appreciated. Symptoms significant of irregularity or of want of power in the heart's action are especially to be looked for—nay anticipated. "An extremely rapid and feeble pulse is of grave import; a very infrequent pulse is of fatal significance," says Dr. Jenner. *Albuminuria,* when present to any extent, must always be esteemed an unfavourable complication; it is, however, highly desirable to ascertain, if possible, whether the presence of albumen depends on merely an altered condition of the blood, or upon granular degeneration of the kidney; for the latter state of things not only renders an individual more amenable to the influence of morbid impressions, but, the excretory power of such an important eliminatory organ as the kidney being impaired, greatly diminishes the chances of recovery. In this investigation the microscope becomes our chief aid. A terrible complication—œdema of the glottis—is generally supposed to have an especial connection with albuminous urine. In short, it will almost invariably be found that the general symptoms, when alarming enough to demand an unfavourable prognosis, indicate an abnormal (poisoned?) state of the blood; and it is the symptoms of death beginning with that fluid upon which, for prognostic purposes, we must especially rely—a pathological condition which has been most ably described under the name necræmia, by Dr. C. J. B. Williams, in his *Principles of Medicine* (page 464.)

Etiology. The zymotic theory of the origin of diseases supposes each specific disease to have as its cause a specific though non-cognisable agent; and these agents have received different names according to that of the disease they induce. Diphtheria is thus referred to a peculiar *zumê* called diphtherine. When diseases admit of isolation and close definition, this doctrine of cause and effect answers sufficiently well; but when we attempt to apply it to such an ill-defined affection as diphtheria, we encounter much that is antagonistic to its reception. In the first place, we should expect to find a single cause to be attended with some approach to uniformity, with regard to its concomitants and associations; and in the second place, we should look for similarity of effect as the result of identity of cause. No one can for a moment doubt but that each of these conditions lacks fulfilment in the case of the disease under consideration. We find diphtheritic affections to occur under every possible variety of climatic and telluric condition, with faultless as with the most faulty sanitary arrangements—in the open healthy districts of the country equally with the close, badly ventilated purlieus of the town—in localities the most opposite in every way, and answering to every description. Then, as to the effect, it is made up of one constant uniform element—the local symptom—which, it is fair to presume, is the result of a constant uniform cause, together with an inconstant very variable element—the general symptoms—which, it is equally fair to presume, are the result of a multitude and diversity of causes. If this be so, then we have grounds for believing that the cause of the constant is not identical with the cause of the inconstant element; in other words, that the cause of the formation is not one and the same as the cause of the various general diseases, considered either collectively or individually, with which it is seen to be associated.

Having said thus much in opposition to the theory that would connect such a diversity of phenomena as occur in diphtheritic cases with a single cause, let us now consider the subject as under the other headings; let us separate our idea of the so-called disease diphtheria into two elements, and examine the question of etiology, firstly, with regard to the formation, and, secondly, to the general symptoms. By so doing, I hope we shall encounter nothing irreconcilable, but much that admits of harmonious generalisation. Having previously attempted to show that the formation is a substance *sui generis,* and totally different from any of the usual morbid products of the body; that it appears only on such parts as are exposed to the action of the air; that it requires such parts to be undergoing pathological change; and that, when connected with general symptoms, it often appears before the development of such symptoms—I think it reasonable to infer the *ultima causa* of the phenomenon to be atmospheric, proceeding from without rather than from within. So much as to whence the agent comes; but what it is at present, neither chemistry nor microscopy has enabled us incontrovertibly to determine. The atmosphere and morbid condition of parts exposed furnish two factors; but what the *tertium quid* is, must be left, I fear, quite as much to analogy and inference, as to actual demonstration. The statement previously put forth that "the microscope seldom or never discloses vegetable or other growths," though supported by the highest authorities, must be taken only for what it is worth—it simply supports a negation. There are not a few, who hold the contrary opinion; and in their behalf it must be remembered that, as "there are more things in heaven and earth than are dreamt of in your philosophy," so, doubtless, there are more things organic and inorganic, in and around us, than can in the present state of science be detected by the highest powers of the microscopist, or the most subtle tests of the chemist; and inability to discover microcosms, especially epiphytes, can scarcely as yet, ever be adduced as proof of absence. "It is not to be hastily concluded that a disease is non-parasitic, because a fungus has not been detected in the part where it was suspected to exist. The minuteness of the sporules, and the care required in the investigation, sufficiently explain the very various opinions which have prevailed on the nature of parasitic lesions." (Aitken.) But, in addition to this, we have direct evidence of some of our most trustworthy observers, in whose hands the microscope has been successful in revealing growths in and about the diphtheritic substance. Dr. Carpenter, in the last edition of his work (1863) on the *Microscope and its Revelations*, says: "There are various diseased conditions of the human skin and mucous membrane, in which there is a combination of fungoid vegetation and morbid growth of the animal tissues; this is the case, for example, with the tinea favosa, a disease of the scalp in which yellow crusts are formed, that consist almost entirely of mycelium, receptacles, and sporules of a fungus; and the like is true also of those white patches (aphtha) on the lining membrane of the mouth of infants, which are known as thrush, and *of the exudation of false membrane in the disease termed diphtheria*"; and he goes on: "In these and similar cases, two opinions are entertained as to the relation of the fungi to the diseases in which they present themselves; some maintaining that their presence is the essential condition of these diseases which originate in the introduction of the vegetable germs, and others considering their presence to be secondary to some morbid alteration of the parts wherein the fungi appear, which alteration favours their development. The first of these doctrines derives a strong support from the fact, that the diseases in question may be communicated to healthy individuals through the introduction of the germs by inoculation; while the second is rather consistent with general analogy, and especially with what is known of the condition under which the various kinds of fungoid blights develope themselves in or upon growing plants." Taking, then, all things into consideration, the external position and atmospheric origin of the production, the many points of analogy between it and the products of aphthous and other known parasitic affections, the fact of the great prevalence of parasitic affections in brutes as well as in man, contemporaneously with the diphtheritic epidemic, and, added to these, the heavy weight of Dr. Carpenter's opinion and of those who hold with him, I think it will be conceded that the *balance* of evidence is, notwithstanding the inability of microscopists uniformly to establish it, in favour of those who believe the origin of the formation to be due to the presence of living organisms.

An inquiry into the etiology of the general symptoms, involving as it does an inquiry into that of zymotic diseases generally, is, at the same time, one of the most interesting and difficult subjects of medical study, and one which in the present state of our knowledge can be but imperfectly carried out. That such diseases have specific causes, and that the causal agents, whatever else they may be, are something more than the offspring of bad sanitary arrangements (however much their development and growth may be favoured thereby), is, I believe, generally received; but what they are either as to form or nature, is a problem still *sub judice*. Reasoning from what we know to be the case with small-pox, cow-pox, glanders, hydrophobia, syphilis, and other inoculable diseases, it is perhaps most in accordance with analogy to suppose the origin of zymotic diseases to be dependent on the presence of certain organic principles; but what these principles actually are, in what state they exist (some fixed, others volatile, some both), in what manner they act so as to bring about their effects, are points which science has not as yet enabled us, satisfactorily, to determine (Dr. Herbert Barker); and, as my object is rather to bring forth a particular theory of the nature of diphtheria, and to reconcile it with experience, than to discourse on the etiology of diseases generally, I need not further discuss the subject. All I require is, that the different general diseases which during a diphtheritic epidemic present themselves in connection with the local sign, shall be considered as subservient to a like etiology as when occurring without such complication.

The summary, then, of what has been written on the subject of etiology amounts to this; that, as there are two distinct elements in a diphtheritic case, so are there two distinct causes; and that, in all probability, the origin of the external formation is due to the presence of living organisms, and of the general disease to certain zymotic principles. Before quitting the subject, it may be as well to venture a thought or two on the mutual relation and interdependence of these two exciting causes, which by their composite action produce, what is considered by many to be a specific disease. Two ideas are inseparably (in my mind) connected with the presence of these microscopic growths; 1. That their very starting in active life is the result of the presence of a particular exciting cause; and 2. That, when vitalised, they have a design to fulfil. To apply these ideas to the case under consideration: May not the presence of these zymotic principles in the atmosphere, when existing to an unusual amount, the evidence of which must be judged by the extent of the prevalence and malignancy of their effects—the specific diseases, be the particular excitor into life of these living organisms? And, on the other hand, may not the design these organisms are intended to carry out, be the changing the state of, and thus rendering innocuous, these terribly baneful principles? If this be so, we have but another example of that beautiful system of balance and counterpoise so every where manifest in the world of nature; but, as in the moral world, so in the physical, there is no unmixed good; in the bringing about of these states of equilibrium, certain supplemental or marginal effects are permitted, often detrimental to mankind. Thus, in the beautiful readjustment of meteorological derangement, man sees only the incidental effect—the inclement season, the drought or long continued wet; in the fearful grandeur of the thunder-storm, he loses sight of the marvellous restoration of electrical disturbance, and thinks only of the incidental damage done to man and beast. Or, to take a more homely simile, in the garden he recognises only the trifling mischief of the small bird, and forgets its necessity as an antidote to the still greater ravages committed by insect life; so, in the case of the disease before us, we discern not the mighty good these microcosms effect in destroying pestilential excitors, and think only of the *blight* they are incidentally permitted to fix on us. But further, according to modern view, these *principles* not only exist externally (epidemic and endemic), but also are reproduced in, and emitted from, bodies undergoing disease (contagious.) In epidemic sore-throat (and the same probably holds good of several other diseases, for "a more or less sore throat is a constant concomitant of all the acute specific diseases"), the pharyngeal region appears to be the site of the local symptoms; here it is that pathological change is going on in contact with the air, and hence it is that we should expect contagia to be emitted. The same reasoning applies to the laryngeal region in croupal cases. Now, where the carcase is, there will the vultures be gathered together; and thus, not content with neutralising poisonous matters external to us, these organisms, in obedience to a splendidly designed scheme, seem, as it were, actually to descend upon the parts whence these poisons would be scattered broadcast, and kill them in the bud. Speculations such as these may be idle and need corroboration, still I hope they are not altogether irrelevant or useless; for, if we are enabled to look from these supplemental effects, these lesser evils, patent to the eye of sense, to the higher order of harmony to be seen only by the mental eye of thought, we are induced to temper our sorrow with gratitude; and, while deploring and bearing as patiently as possible the trials and afflictions permitted to vex us here below, our faith is strengthened in, nay, we are even allowed to enjoy a foreshadowing of, that condition of perfection which shall one day be revealed to us.

Contagion. Perhaps there is no subject in connection with diphtheria so unsettled and unsatisfactory as that of contagion. By some the disease is believed to be eminently contagious; by others, to a limited extent; by others, again, not at all. By adopting the specific disease theory, some of these views must necessarily be wrong; by adopting the theory hoped to be substituted, they all may possibly be right. The contagiousness of the local sign is not, so far as I am aware, supported by a single fact which cannot quite as readily be placed to the score of its undoubtedly epidemic character. Capability of inoculation, in Bretonneau's sense of the term, is, I believe, generally discarded. That the substance, if placed in contact with a part of the body undergoing disease, might help to bring about the production of a like morbid product, admits of easy comprehension; but that it could induce anything like a disease of the general system, we have certainly no evidence to lead us to suppose. The contagiousness of the general disease is often so intermingled with, and bears such a direct proportion to, its epidemic character, as to be not always readily made out. We may not be able satisfactorily to diagnose such general disease, owing to the absence of positive signs; still, knowing the fact of extensive epidemic prevalence being invariably associated with more or less contagious properties, we have grounds for considering such diseases always, to a greater or less degree, contagious. I would suggest, then, that the contagiousness or not of a diphtheric case depends mainly on the contagiousness or not of the general disease; and, knowing such diseases to be most various, we can, by adopting this view, understand how any particular case may have this property to a great degree, slightly, or not at all. I am glad to be strengthened in this opinion by Daviot, who concludes a masterly summary on the subject of contagion as follows: "I repeat the proposition which seems to me to reconcile conflicting opinions, that we cannot regard pharyngeal diphtherite as contagious when it exists alone and independent of all eruptive fevers; but I think that, when it is complicated with those evidently contagious affections, it may become so, but in an indirect manner." (*Syden. Soc. Memoirs*, p. 361.)

[*To be continued.*]

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. Tilbury Fox, M.D.Lond., Physician to the Farringdon General Dispensary.

[*Continued from page* 496.]

III. Our third query was this: Does vaccination give rise to impetigo contagiosa? and, if so, in what manner? The solution of this question, of course, supplies the positive answer of the first question—viz., the nature of the disease.

We must consider the following features of the disease.

1. The special aspect of the eruption—the depressed centre, the consecutive crop, the purulent contents (their aplastic character), the isolation of the spots, etc.
2. The character of the subject attacked is that produced by the action of bad hygiene and low social position.
3. The peculiar obstinacy of the disease.
4. The tendency to the occurrence of unhealthy inflammation.
5. The peculiar dull red tint about the circumference of the sore; the same tint forming an almost diagnostic feature in the healing of the part after convalescence.
6. The adherent character of the scab.
7. The implication oftentimes of the mucous surfaces, which take on an unhealthy inflammation.
8. The contagious and inoculable character of the disease.
9. Its frequent occurrence after vaccination.
10. The links between apparent modifications of vaccinia and impetigo contagiosa.

Will it satisfy the requirements of the above propositions, to regard the disease as a form of impetigo developed in a strumous subject? We may be certain of one thing; that it is a *specific* inflammation, dependent upon a *specific* cause; and that *specificity* resides in, or is possessed by, the contents of the pustules. Now the history of scrofulous inflammation does not warrant us in saying that a scrofulous form of skin-inflammation is contagious. We are led to believe that there exists an intimate relation between impetigo contagiosa and vaccinia, from many data; not only from those already adduced—viz., the frequent occurrence of the disease after vaccination, and the similarity between it and "bastard vaccinia"—but also from the fact that impetigo contagiosa possesses spots oftentimes exactly resembling vaccinia, and yet occurs in such a way and at such times as to preclude altogether the idea of direct connexion with any such cause. Assuredly, the best description that one could give of some of these cases, would be to state them as instances of ordinary impetigo modified by the vaccine virus—a compound affair, in which there are complete and intimate connexion, mutual action, and subsequent modification. A strumous form of inflammation (impetigo) modifies vaccinia, and the umbilicated pustule breaks out into unhealthy superficial ulceration. Most decidedly, a good many cases start from the period of vaccination; and indeed, in adult life, the disease may frequently be traced to direct contagion with children.

The contagiousness, the specific character, the possibility and probability of tracing the origin of the disease to vaccination, are arguments that well deserve attention. Vaccination has now become an universal practice; and it becomes a most important question, What, if any, is and has been the modifying influence of the universal practice of vaccination upon existing disease?

This much is true, as Dr. Ross endeavours to show in his paper in the *Lancet*, February 14th, 1857; that "there are various forms of eruptive disease consecutive to and caused by vaccination"; and this gentleman added, that they "are subordinate to the specific laws of vaccination, and are evidences of the complete impregnation of the system". Their type is vesicular; the size of the vesicles varies from that of a millet-seed to that of a crown-piece, "and looking as if one vesicle were contained within another". An usual size "was that of the cowpock at the eighth day, being a vesicle with a central depression and circumferential redness". Dr. Ross thinks that the virus oftentimes remains in the system for a time, and that its activity does not always cease with the process of desiccation; these secondary eruptions show themselves on the fifth, tenth, or fifteenth day, and rarely continue more than a few days. He sums up thus: "Vaccinia, under certain circumstances, is followed by a secondary eruption, special in nature, though various in forms, which observes fixed periods of evolution, and is an integral part of the original affection." Now, I think it will be granted that there is a great deal of truth in Dr. Ross's remarks.

In the French Academy, some interesting discussions have lately taken place with reference to the relation and nature of the vaccine virus, and the various modifications of eruption resulting from its action. It would appear that an erythematous disease of the horse, constituting one variety of the *grease*, is capable of giving rise in the cow to the cowpox; at any rate, there is an erythemato-pustular and ulcerative disease in the horse, which may give rise to cowpox; and many leading authorities think that the vaccine virus may show itself in different cases under different aspects, some of which certainly resemble the instances in man called bastard vaccinia, which in its turn is allied, if not identical, with impetigo contagiosa. In the January issue of the *British and Foreign Medico-Chirurgical Review*, p. 258, the subject is further referred to in a short summary head "On the Origin of Cowpox and the Nature of the Vaccine Virus", quoted from the *Gazette Médicale de Paris* for November and December 1863. It appears that M. Bouley has produced a vaccine pustule "by inoculating with matter taken from the vesicles of an aphthous stomatitis occurring in a horse". The udder of a cow, inoculated from the pustule, produced vaccine vesicles, whose contents were used to successfully vaccinate several children. Hence the inference before expressed. It further appears that Dr. Auzias Turenne and M. Mathieu have carried out successfully a series of inoculations of animals with matter taken from a horse, on whose body and mouth pustules were discovered; a second horse was vaccinated from this animal; the vulva of a cow and the ear of a bull were "done"; the result being the production of a magnificent cowpox. The matter obtained from the bull was used to vaccinate a zebra, a Javanese mare, a Siamese horse, and a Shetland mare, with like results. M. Depaul stated as his convictions, that: 1. Vaccine virus has no separate existence; 2. It is identical in nature with the variolous poison; 3. Equine and bovine species are subject to a disease like to the human variola; 4. Also other animals—*ex.*, pigs, sheep, goats, dogs, etc.; 5. Circumstances are the same in character; 6. The variola may be sporadic or epidemic; 7. The disease may be transmitted from the horse to the cow, or *vice versâ*; 8. From the cow to man, and probably from the horse to man; 9. From man to the cow, the horse, and other animals; 10. The *maladie aphtheuse* of animals is variolous. Other conclusions, following from some of the foregoing, are omitted.

The facts mentioned are novel to many, no doubt, and of great importance. They show certainly that variola and vaccinia assume unwonted garbs at times, and they justify us in our inquiry as to the vaccinal nature of impetigo contagiosa and the influence of the vaccine virus upon already existing disease. I have no pet idea to cherish, no hobby to tempt me unconsciously to bend facts into any desired direction.

We may learn somewhat from the negative side of the question. Is it at all likely that vaccination is merely the exciting cause of impetigo contagiosa? It would appear not; for there is no known disease to which it is comparable upon this view of the question—not pemphigus, not ecthyma, not rupia, not eczema, remembering only its contagious quality.

Then, does vaccination introduce any special poison into the system, other than itself? The same line of argument applies. It is not syphilis. Struma is not so transmitted. Erysipelas would not preserve the type so fully and fairly.

All its external characters ally it closely to vaccinia; viz., the results of inoculation; the aspect of the pustules (external and internal); the contagious quality; the seat of the disease; its general symptoms; its associations, and the like. But then there are marked minor differences; and we are forced to the ultimate conclusion, either that the disease is a mere modification of vaccinia, or that it is a mixed disease. Of course, this turns upon the fact of the interpretation of the physical appearances resembling vaccinia being correct. This has been settled before in the affirmative. Clinically, we notice the following points.

1. Some spots exactly resemble vaccinia in outward aspect and pathological behaviour.
2. The disease follows directly in the tail of vaccinia.
3. Sometimes we have spots on the head presenting the *aspect* of impetigo; and others on the general surface, of typical vaccinal character.
4. In the face, the disease may resemble eczema impetiginodes, in conjunction with characteristic appearances elsewhere; but the former may be the sole disease, and be produced from the typical disease.

Hence we may allow the existence of two degrees; one in which the vaccinal, and the other, the impetiginous character predominates, with an intermediate stage. The former is typified by bastard vaccinia; the latter by the abortive forms, so to speak, seen in some members of families in whom the disease prevails; while the ordinary forms represent the remaining or more common class. It does not seem possible to explain the contagious nature of the disease in any other way, in unison with the teaching of its course and behaviour. If it were vaccinia only, why, after a thorough impregnation of the system—in other words, when the vaccination has "taken well"—should a free eruption take place, each spot of which tends to break out into superficial ulceration? What is the condition which makes such an impression upon the secondary vaccinia? Its associations would certainly make us seek for it in an impetiginous tendency.

The conclusion then, to which facts seem to point, would be this: In the present state of our knowledge, to define clearly typical vaccinia, and to include under the head of impetigo contagiosa or true porrigo cases of bastard vaccinia, and the other instances of disease which have been described in these remarks as impetigo contagiosa; and to recognise the latter as chiefly a mixed disease, in which the vaccine virus is modified by, or rather modifies, an impetiginous condition of body; the mixed disease or impetigo contagiosa (or porrigo contagiosa), possessing now the vaccinal, now the impetiginous phase in excess, at other times both in a tolerably equal degree. In some of the cases, we are unable to trace the influence of vaccination or of the vaccine virus; and then, at the first blush of the matter, we should feel inclined to look upon the disease as simply impetigo breaking out into a state of unhealthy (strumous) inflammation and ulceration; but then, as difficulties present themselves in the specific (contagious and inoculable) character of the disease, the depressed centre and the aspect of the contents of the pustules, among other things; and, seeing the close relationship of vaccine and variola, it does not necessarily follow that the disease could not be traced through the power of contagion, back to vaccination, or the action of its virus as a starting point.

Syphilis has a well known influence and modifying power over other diseases, and is perhaps the best example of the kind that could be adduced—but not the only one. Why may not vaccinia also have a like action? Certainly it has a profound influence over the system, and Dr. Ross uttered no doubt a truism of some moment, when he wrote that the activity of the virus did not cease with desiccation. At this stage of the argument, we must necessarily ask ourselves, what then becomes of the vast amount of virus obtained from all quarters, and introduced into, and spread abroad among the human species by the process of vaccination? for we must admit, that the activity of the virus does not wholly cease with desiccation in vaccinia.

The view which I have illustrated in these remarks is by no means closed to innovation. In attempting a solution of the matter of impetigo contagiosa, the conclusions have been necessarily arrived at by a process of strict logic, it is hoped, and from premises which are the correct interpretations of our present stock of facts. Of course, at first sight, the usefulness of Jenner's great work would appear to be assailed; but such an idea can only be entertained as the result of very imperfect thought. The vaccination of a healthy subject, with good and true lymph, must remain the great godsend it ever has been; but, like all other parts of the great machinery of civilisation, it has become associated with a certain degree of alloy which gives rise to deviation from its original purity; and surely the investigation of the subject (imperfectly sketched now), can only tend to the more full perfection of vaccination. Indeed, by it, we shall be enabled to decide what cases, what character of lymph, and what source are to be chosen in the operation. I repudiate then, emphatically, the opinion that the discussion of the subject has been made upon insufficient data, or that it is likely to impair the utility of Jenner's great discovery. Nor is the idea that old prejudices are likely to be thereby fostered and strengthened, worthy of notice. These are much more likely to be annihilated by that free criticism which removes the errors of past doings, and filters out the truth.

[*To be continued.*]

Vaccination. A deputation of the Epidemiological Society, consisting of Dr. Milroy (president), Dr. Waller Lewis, Dr. Mackay, R.N., Dr. Francis Bowen, Dr. Camps, and Mr. J. N. Radcliffe (honorary secretary), had an interview with the Lord President of the Council and Vice-President, on Friday the 12th inst., and submitted to them a report on small-pox and vaccination. They recommend "That the Council should at once take steps to press upon Her Majesty's Government the very urgent necessity of amending the vaccination laws."

Reports of Societies.

MEDICAL SOCIETY OF LONDON.

Monday, March 28th, 1864.

R. Greenhalgh, M.D., President, in the Chair.

INDIGESTION IN EARLY PHTHISIS.

BY E. SYMES THOMPSON, M.D.

The author observed that indigestion in phthisis was regarded by some as a part of the malady dependent on impure blood; by others, as but a casual complication, tending, by its depressing influence, to the production of tubercle. In fifty cases of undoubted consumption, tabulated with a view to this inquiry, dyspeptic symptoms were found to exist at the commencement in about one-half. In one-fourth, the disease seemed to follow inflammation of the lungs or of the pleura. Cough was the first symptom noticed in one-fourth; and shortness of breath in about one-eighth of the cases. Hæmoptysis, though frequently an early symptom, was rarely the first.

Without referring to the derangements of the later stages of phthisis, except to state that those who early suffer most from dyspepsia are subsequently prone to diarrhœa, the author passed to the consideration of the first variety of indigestion—especially common in hereditary cases—in which the general feebleness of the digestive functions is traceable to a want of constitutional vigour. The food is slowly digested, produces a sense of fulness and pain in the epigastrium, and between the shoulder-blades. The gastric juice may be copious; but it is too weak to perform its function: hence arise waterbrash and sour eructations, or the secretion is diminished; the mucous coat becomes dry and abraded; and the red glazy tongue, flushed face, and epigastric oppression, afford evidence of the diseased condition. In these cases, the feeble organ must not be overcharged; by diluting the food, we may hasten its passage through the pylorus. Milk is the simplest diet; and, when mixed with lime-water, passes uncoagulated through the stomach. But when the digestive power of the small intestine is deficient, animal food, which is the longer retained and more completely digested in the stomach, should be preferred to vegetables, and fat must be interdicted. Where solid food can be borne, a little nicely cooked meat, with aërated bread toasted, may be taken in the morning, when the stomach is most vigorous. Stimulants should only be given when they help digestion. Nauseating physic, violent exercise, cold, and anxiety, must be avoided; but gentle out-door exercise, cold or tepid sponging, with friction of the skin, encouraged. The good effect of active occupation of the mind and body, though acknowledged in ordinary dyspepsia, is often disregarded in consumption. Food is best taken in small quantities at frequent intervals; for it has been shewn by Dr. Edward Smith, in his recent Lettsomian lectures, that the pulse rises often ten or twenty beats after a full meal; but when nourishment is taken in small quantities throughout the day, it is far more equable. Allusion was then made to a paper read before the Royal Medical and Chirurgical Society in 1861, in which Dr. Symes Thompson had shewn the great importance of keeping the pulse at a low and even standard, and the influence of ozone, compared with digitalis and other sedatives. If acidity of stomach exist, it is due, not to an excess of gastric juice, but to a deficiency in its solvent principles, the mineral acids given at meal times relieve it, alkalies being prescribed in the intervals. Pepsine or rennet wine, when given with the acid, the quantity of food being at the same time limited, are similarly helpful, by setting on foot the changes in the conversion of food which the gastric juice is then able to complete.

The second form of phthisical dyspepsia, usually characterised at the outset by frontal headache, is not directly referrible to an error in diet; but is dependent on unhealthy blood. The poison, like that of gout, seems gradually to accumulate, and gives rise to periodic attacks of sickness, followed by relief. The nausea and violent retching depend, as in sea-sickness, on a cerebral cause; and afford no evidence of stomach disease, but merely of reflex irritation. As the blood fails to supply the proper materials for healthy digestion, the appetite is lost, food is not absorbed, the tongue becomes furred, and all the secretions and excretions diminished; there is a feeling of melancholia and general *malaise*, which is often termed "biliousness", and constipation. The skin is dry, harsh, and inactive; and the urine is of low specific gravity. If this condition be allowed to continue, the morbid elements will soon be eliminated from the blood, and tubercle will be deposited in the lungs. The relief now afforded to the feelings of the patient on the establishment of sweating and expectoration is very great; the unnatural activity of the destructive processes gives rise to a sense of active vitality; and, in the place of general despondency dependent on retention of bile, urea, etc., from torpor of all the secretions, undue hopefulness and vivacity occur. Little can be accomplished in these cases by regulation of the diet alone; the main indication is to prevent, by eliminative treatment, the establishment of active lung-disease. We may begin with an emetic, with a mercurial and a morning aperient; aloes, in the form of a pill or compound decoction, is the best purgative. The good effect of the mercury, which it is rarely necessary to repeat, may be maintained by the persevering use of taraxacum with sarsaparilla. Sal ammoniac, with or without the tincture of the sesquichloride of iron (as suggested by the author's late father), seems well calculated to obviate hepatic congestion, and correct the condition of blood which characterises such cases. Where the catamenia are absent or scanty, Griffith's iron mixture may be given with the decoction of aloes. It is often most satisfactory to see the dyspeptic symptoms yield under such treatment, and the indications of pulmonary phthisis pass away with them. The diet must at the same time be simple; milk and soda-water taking the place of beer, spirits, and coffee, for alcohol checks metamorphosis; but when we wish to encourage change, water is much better. Hence, the hydropathic system, or the hot-air bath, which calls forth to the full the eliminating power of the skin, may be serviceable. Yeast has been given with a view to check the malassimilation by which tubercular conditions affect the blood; and seems favourably to influence digestion, when the saccharine and farinaceous elements of the food are imperfectly disposed of. Its curative power in typhoid fever, erysipelas, and carbuncle, has long been recognised; and its power of diminishing purulent secretion is considerable. Dr. Thompson had lately found remarkable benefit from its use in two or three cases of excessive expectoration, when administered in tablespoonful doses three or four times a day. The power of yeast out of the body is limited to the conversion of grape sugar into alcohol and carbonic acid. Wine and spirits check secretion. Can the alcohol producing power of yeast account for its influence on the blood?

There is a third class of cases, the converse of that last described, in which there is no evidence of disordered digestion until tubercle is deposited in the lung and cough established. If now a fit of coughing occur soon after a meal, the contents of the stomach are rejected. This reflex vomiting being dependent on an abiding cause, is persistent, unlike that arising from the passage of a gall-stone or renal calculus; and is induced by the presence of unsuitable food, by a mental shock, or even a change of posture. Sometimes there is only dry retching; but more often the movement of the stomach leads to secretion from its coats, and a sour fluid is ejected. The gastric juice may be poured out in consequence of reflex irritation without the occurrence of vomiting; and thus the digestive power is weakened, and the food is received by an exhausted organ, where it remains undigested, and, by its irritation, may lead to superficial ulceration. Thus, the lung-disease becomes of secondary importance to the stomach derangement which it has caused. To quiet the cough, allay the retching, and tranquillise the nervous system, hydrocyanic acid should be given, with or without morphia; and where the gastric juice is constantly poured out and unduly acid, carbonate of potash or soda, or liquor potassæ, may be added. At the Hospital for Consumption at Brompton, the mistura gentianæ alkalina, which consists of carbonate of soda, with prussic acid, in infusion of gentian, is largely and successfully given in such cases. Bismuth, prepared chalk and lime-water, are valuable remedies; but where the cough is very severe and paroxysmal, the inhalation of a few drops of chloroform is most successful. The bromide of ammonium has been used with advantage in some cases. The diet should be light, and given at short intervals. Farinaceous foods, which are changed to sugar and then to acetic acid, and oily matters, whence the acrid fatty acids are developed, must be avoided when acidity of stomach is present. In atonic cases, meat is often digested better than slops or pappy food. In broth, when the fluid portion is absorbed, the nutritious part is often too soft and concentrated to excite the healthy action of the stomach. Tea and other hot fluids are apt to produce a sodden state of stomach, and give rise to flatulence, waterbrash, etc. It is rare to find sarcinæ in consumptive cases.

Where phthisis originates in disorder of the lacteal and lymphatic systems, direct evidence of indigestion may be wanting; but the body wastes, and it is evident that there is some fault in the blood-forming apparatus. A microscopic examination of the blood may aid in determining where the diseased action originates; a paucity of red and excess of white corpuscles indicates that the chyle transforming force is deranged; that there is either a deficient supply of "raw material", or the machinery needs cleansing or partial renewal.

In the treatment of these cases, our main reliance must be placed on cod-liver oil, which, if it cannot be taken alone, in combination with an acid, bitter mixture, or in the form of emulsion with liquor potassæ, must be endermically introduced; by combining with the albuminous elements of the chyme, it feeds the blood with healthy chyle-granules, stimulates the capillary system, and invigorates all the functions of the body. Animal oils must be regarded as food; and if omitted in any case, cream, *pâtés de foies gras*, or other digestible oleaginous material, should be substituted. Mild chalybeates, as steel wine, or the reduced iron of the *British Pharmacopœia*, may help in building up the red corpuscles.

The author alluded to a number of cases, one of which was detailed, in which a peculiar form of dyspepsia seems consequent on the frequent administration of small doses of mercury. A case in which symptoms of intestinal obstruction, and another in which gastric derangements alternated with lung-disease, followed; and the paper concluded with the observation that, while there is hardly a disorder that calls for more tact and judgment in the practitioner, there is none in which a familiarity with physiological chemistry is more important.

Dr. Sydney Jones asked, if the author had found a special dislike to fat exhibited by phthisical patients?

Dr. Leared mentioned that such patients often had a peculiar partiality for fish, sole especially. He did not believe in the efficacy of pepsine; five grains of it was only capable of dissolving twenty grains of albumen; being dead animal matter, it could not, as had been suggested, act as a ferment. Dr. de Jongh's cod-liver oil agreed better with some patients than ordinary oil, which was extracted, by the aid of heat and pressure, from fresh livers. De Jongh's oil consisted entirely of oleine, the indigestible margarin remaining behind in the unpressed livers.

Dr. Morell Mackenzie, after alluding to the fact that seventy-seven per cent. of phthisical patients disliked fat, observed that it was useless to give such persons cod-liver oil; it might fatten them, but could not cure the disease. He considered it much more important to attend to the constitution of the patients, than to rely on the ever-changing facts of chemistry in the treatment of disease.

Dr. Althaus alluded to the waters of Weisenberg in the canton of Berne, and of Libbelspringer in Prussia, which were regarded as almost specific in their effects on phthisical dyspepsia. He wished to know if the bicarbonate of lime which these waters contain, had been employed in these cases, and with what success.

The President mentioned that M. Trousseau of Paris looked upon hydrochloric acid as almost a specific. He (the President) had found charcoal most useful in removing fœtor from the breath.

Dr. Day inquired, whether the Turkish bath, by hastening the circulation, was not dangerous, and apt to produce hæmoptysis?

Dr. Leared had found it useful, not only in preventing night-sweats; but also, by promoting the cutaneous circulation, it checked hæmoptysis. He had used the Turkish bath in a case in which this symptom had been very troublesome; during the whole ten months while the treatment was continued, there was no return of spitting of blood.

Dr. Thompson, in reply to the various questions, observed that the dislike exhibited by consumptive patients for fat, contrasted curiously with the fondness of emphysematous persons for it. The blood, in the one case, was over oxidised, and in the other inadequately supplied with oxygen. Not only was a partiality for soles often exhibited; but oysters were specially appreciated by the phthisical. He mentioned that his father (Dr. Theophilus Thompson) had frequently used oleine extracted from various oils; but had not been so well satisfied with its effects, even when employed as an inunction, as with the oil itself. He had often used endermically, the neat's-foot oil with iodine, with good effect. Dr. S. Thompson had not found De Jongh's oil agree so well as that prepared from fresh livers; nor was he aware of any experiments or observations exhibiting the superiority of the putrid over the freshly prepared oil. De Jongh's was not the only oil made without pressure, which (he agreed with Dr. Leared) was injurious to the purity and utility of the preparation. He was astonished to hear, in the present day, that this oil did nothing more than put fat on the outside of patients. It had been shewn to increase the number of red corpuscles; and he appealed to the experience of every Fellow, whether it did not in many ways alleviate where it did not cure disease. He had not tried the bicarbonate of lime; but, from analogy with similar salts, would expect benefit from its use. Hydrochloric acid was often useful, and might be given at meal-times when alkalies were indicated; the latter being prescribed in the intervals between meals.

OBSTETRICAL SOCIETY OF LONDON.

March 2nd, 1864.

H. Oldham, M.D., Vice-President, in the Chair.

Seven gentlemen were elected Fellows of the Society.

Monstrosity. Dr. Hicks read a report on two cases of monstrosity exhibited by himself and Dr. Gervis at a former meeting of the Society.

Fatal Umbilical Hæmorrhage in an Infant. Dr. Graily Hewitt related the particulars of a case of hæmorrhage from the umbilicus. The mother, a weak, ill-nourished individual, was delivered of a female child at about the eighth month, in the British Lying-in Hospital. She had previously lost a child, a few days old, from bleeding at the mouth, ears, and rectum. At birth, the infant was weakly and the circulation languid; moreover, in the course of a few hours the child became jaundiced. The second day after birth a very slight appearance of blood was noticed at the insertion of the cord. On the third day hæmorrhage set in, and, when the child was seen by Dr. Graily Hewitt had lasted for upwards of an hour. The child was excessively pale, and moribund. Further loss of blood was prevented by application of a ligature *en masse*, but the infant died about an hour afterwards. The blood exuded as from a sponge, at the junction between the cord and the abdominal wall. *Post mortem* examination showed great congestion of the liver, and slight hæmorrhagic effusion into the peritoneal cavity. There was no ulceration of the stump of the cord inwards through the abdominal wall.

Dr. Graily Hewitt alluded to a series of cases of this affection published by Grandidier. In a large proportion of them jaundice was observed, as in the above case; and in a few the existence of a hæmorrhagic diathesis was well marked. The treatment carried out in the above case had been found most successful in the hands of others—namely, the use of the ligature *en masse*. The mortality from this affection had been found to be very high—namely, eighty-three and a half per cent.

EIGHT ADDITIONAL CASES OF OVARIOTOMY

BY W. TYLER SMITH, M.D.

The notes of twelve cases had already been presented to the Society (see Journal, July 12th, 1862.)

Case xiii. *Multilocular Tumour of the Right Ovary: Operation: Recovery.* E. H., aged 33, unmarried, had a tumour whose growth had been rapid. The abdomen was forty-two inches in circumference. An operation was performed June 16th, 1862; the incision being four inches long. The tumour was composed of two principal cysts, full of purulent matter. The cysts were tapped first. The pedicle was secured by silk, divided, and allowed to drop into the pelvis. Tympanitis and sickness were severe on the third day, but were relieved by calomel, turpentine, etc., iced water, and milk. In October following she was quite well.

Case xiv. *Multilocular Tumour of Right Ovary: Ovariotomy: Recovery.* Mrs. B., aged 54, weak and emaciated, formerly resident in the West Indies, was of great size. The operation was performed October 13th, 1862, under chloroform. There were extensive adhesions on the right side; and numerous cysts with gelatinous contents. A large incision was made; and the pedicle was allowed to drop into the pelvis. The wound healed by the first intention. Her convalescence was tedious. Large doses of opium, to which she had been accustomed, were necessary. She was now in better health than she had been for years.

Case xv. *Multilocular Tumour of Left Ovary: Operation: Recovery.* E. B., aged 32, much emaciated, measured forty-two inches round. The operation was performed in the usual way, under chloroform, and the pedicle was returned into the pelvis. At night she had an enema with laudanum—the only medicine given. She took stimulants early. Excellent recovery followed in less than a month.

Case xvi. *Multilocular Tumour of Left Ovary: Operation: Recovery from Operation: Death three weeks afterwards from Bronchitis.* The patient's general health was bad; she was subject to bronchitis. The operation was performed on April 15th, 1863. There were strong adhesions on the left side. The pedicle was returned into the pelvis. At the end of a fortnight she sat up daily. She was removed on May 5th, at her own request, to the hospital. She ate a good breakfast on May 6th, but died almost suddenly late on the same day. There were extensive emphysema of both lungs, and thickening of the bronchial tubes. The pedicle and ligature were enclosed in a sac formed by coagulable lymph.

Case xvii. *Multilocular Cyst of Left Ovary; Operation: Recovery.* Mrs. B., aged 43, had noticed an enlargement of the abdomen for six years. The operation was performed June 26th. The tumour consisted of one large cyst, with gelatinous contents; the adhesions were considerable. The pedicle was treated as in the foregoing cases. She left for the country on July 30th.

Case xviii. *Multilocular Cyst of Left Ovary: Operation: Recovery.* The tumour had been growing for eighteen months. The abdomen measured forty-six inches. The tumour was very adherent. To a small vessel of intestine wounded in separating the adhesions, a metallic ligature was applied. The pedicle was treated as above. No bad symptoms followed.

Case xix. *Multilocular Colloid Tumour of the Left Ovary: Operation: Death on the sixth day.* Miss S., aged 58, had a tumour which had been growing a year. She had been tapped a month previously. Tapping now again necessary; and a fortnight afterwards, the tumour having again filled, ovariotomy was decided on. Many adhesions were present. The tumour was made up of large masses of colloid. The pedicle was very small. Some hæmorrhage occurred from tearing the pedicle, and it was secured with great difficulty. The patient rallied after becoming very exhausted, and took food well. On the fifth day bad symptoms set in; and death occurred on the following day.

Case xx. *Multilocular Tumour of Left Ovary: Operation: Recovery.* Miss M., aged 39, had had a tumour growing two years. She was much emaciated from bronchitis. Perfect recovery followed the operation, which was performed in the usual way. She is now in excellent health.

Besides these cases, Dr. Tyler Smith related the following.

Ascites with Malignant Tumour, supposed to be Ovarian: Operation: Death. The patient, aged 43, had had thirteen children, the youngest being fifteen months old. She had gradually increased in size since the birth of this child. She measured forty-eight inches round. There was unusual pain. The pulse was good; she was not much emaciated; her complexion was not like that seen in malignant disease; there was considerable œdema of the abdominal walls. A tumour, believed to be ovarian, was felt through ascitic fluid on the left side. An incision being made, a tumour was found firmly adherent to the abdominal walls. It was removed, as also the ascitic fluid. Other tumours of malignant character were then found, connected with intestines and other structures. The patient never rallied. Death occurred four hours afterwards. Numerous cancerous tumours were found in the omentum, etc. The ovaries were diseased, but small.

The author remarked, that of the 20 cases 16 had recovered, or 80 per cent.; that is, excluding Case 16, in which death occurred from bronchitis three weeks after operation; including this case, the cures were 75 per cent. He had now returned the pedicle into the pelvis in 10 cases, and with most satisfactory results. In all the poor women operated upon the disease incapacitated them from work; in the others, the operation could not have been delayed without risk to life.

The President considered that in cases of doubtful diagnosis the operation of tapping was advisable, as preliminary to the other operation.

Dr. Tyler Smith thought that in the case alluded to by the President no positive information would have been obtained by tapping. The diagnosis was extremely difficult in some cases. In the particular instance in question there was extreme œdema of the abdominal walls, and he thought it probable that such œdema might be found in other cases to be associated, as it was in this case, with malignant disease. In answer to a question from Mr. Cumberbatch, Dr. Tyler Smith stated that he preferred non-metallic ligatures for securing the pedicle.

Mr. Spencer Wells said that the question raised by Dr. Tyler Smith as to the mode of securing the pedicle was one of the most important which could be considered by the Society. He had followed Dr. Tyler Smith's practice in five cases. From the first no conclusion could be drawn, as the patient would probably have died had the pedicle been secured in any other manner. Two of the other four had recovered more quickly than they probably could have done under any other proceeding, although in both there was more evidence of sthenic peritonitis than was often seen where the clamp was used. In two other cases the patients died of diffuse peritonitis, and he (Mr. Wells) thought they might have done better if the clamp had been used. In one no *post mortem* examination could be made. In the other, the ligature and the tissue it enclosed were surrounded by a sort of capsule formed by two coils of small intestine adhering together and to the pedicle by recent lymph. It was a matter of some doubt whether such a condition might lead eventually to intestinal obstruction, and be more objectionable than the adhesion to the abdominal wall which followed the clamp. His (Mr. Wells's) own impression of the three modes of dealing with the pedicle was, that when the pedicle was long the clamp was the safest and best mode; but that when the pedicle was short, it was better to cut off the ligatures short, and return the tied pedicle, than to leave the ends of the ligature hanging out through the abdominal wall. In reference to the question of the diagnosis of cancer, he had never met with a case of cancer in the abdomen which had not been diagnosed without operation. The diagnosis of cancer of the peritoneum was not difficult. In one case cancer of the right kidney was easily recognised, and was found after death to weigh seventeen pounds. In two other cases of cancer of the ovary—one of the left ovary and one of both ovaries, with a large quantity of ascitic fluid—the diagnosis was easily made out after the preliminary tapping suggested by the President, and was proved to be correct after the death of the patient. In neither of these cases was there much œdema of the abdominal wall, and he (Mr. Wells) differed completely from Dr. Tyler Smith in his opinion that this œdema could assist us in making out whether an abdominal tumour was innocent or malignant.

Dr. Graily Hewitt mentioned a case in which he had observed very extensive œdema of the abdominal parietes, together with great œdema of the lower extremities, and in which the abdominal tumour present, and which reached above the umbilicus, was constituted by the urinary bladder enormously distended with urine. It was evident, therefore, that œdema of the abdominal walls could not be depended on as a sign of malignant disease.

Dr. J. Braxton Hicks wished to ask Dr. Tyler Smith whether he had found any subsequent untoward result from the dropping in of the ligature. Although this practice had been shown by the results to be apparently unattended with danger, and possessed many advantages, still the ligature had possibly to be accounted for at some future day. He considered the perfection of ovariotomy would be nearly gained by doing without any ligature at all. He believed it would be possible, by firmly compressing the pedicle for an inch or so by a serrated clamp or some such apparatus, to condense the tissues so firmly as to completely prevent bleeding. The pedicle could then be dropped into the pelvis. He threw out this suggestion, because he had found in examining tissues after the use of the *écraseur* that it was nearly impossible to unravel them; and he thought if the width of the compressor were increased, no bleeding would result.

In reply, Dr. Tyler Smith stated that he had every reason to be satisfied with the results of the plan of dropping the pedicle into the pelvis after securing it by ligature, and he could with confidence recommend it as being probably safer and certainly more convenient than the other plan. He should be very glad to have an instrument such as that suggested by Dr. Hicks for dividing the pedicle, if it could be relied on for preventing hæmorrhage.

Westminster Hospital Medical School. On Thursday, the 12th instant, the prizes in the classes of the Westminster Hospital Medical School were distributed by the Very Rev. the Dean of Westminster, as follows. *Summer Session*, 1863.—*Practical Chemistry:* Mr. G. P. Bate, prize (surgical instruments). *Materia Medica:* Mr. G. P. Bate, prize (surgical instruments); Mr. R. Bugden, certificate. *Botany:* Mr. R. Bugden, certificate. *Forensic Medicine:* Mr. George E. L. Pearse, certificate. *Midwifery:* Mr. G. P. Bate, prize (surgical instruments); Mr. G. E. L. Pearse and Mr. Ralph Burnham, certificates. *Winter Session*, 1863-64.—*Anatomy:* Mr. G. P. Bate, prize (surgical instruments); Mr. R. Bugden, certificate; Mr. Brooks, and Mr. W. Moore, honourable mention. *Chemistry:* Mr. J. C. F. M'Donald, prize (Scott's and Tennyson's poems); Mr. W. Moore, and Mr. W. C. Watson, certificates. *Physiology:* Mr. G. P. Bate, prize (surgical instruments); Mr. J. C. F. M'Donald, certificate. *Medicine:* Mr. W. Yates, prize (Bible); Mr. E. L. Pearse, prize (Scott's poems). *Surgery:* Mr. R. Burnham, prize (Staunton's Shakespeare and Longfellow's poems); Mr. G. E. L. Pearse, certificate; Mr. C. St. Aubyn Hawken, honourable mention. *Clinical Medicine:* Mr. G. E. L. Pearse, certificate. *Clinical Surgery:* Mr. C. St. Aubyn Hawken, certificate. *Dental Surgery:* Mr. G. P. Bate, prize (dental instruments); Mr. Oakman, certificate. *Chadwick Prize:* Mr. G. E. L. Pearse (Lowe's Ferns, Tennyson's poems, and surgical instruments). *Prosector's Prizes:* Mr. C. St. Aubyn Hawken and Mr. R. Burnham.

British Medical Journal.

SATURDAY, MAY 21st, 1864.

OUR MEDICAL PRESS.

The *Medical Times and Gazette* bears in the profession a character of respectability and feebleness. We regret to say that it is in a fair way to be rid of the former of these qualities. The language which is ascribed to a well-known piscatorial depôt in the East End of London is not the language of respectable people; if, therefore, a journal indulges therein, it so far ceases to be respectable. Now, *à propos* of the British Medical Journal, the *Medical Times and Gazette* has of late been prodigal in the use of the aforesaid fishy vernacular; and for no other reason, that we can imagine, than because the reforming principles advocated by us have manifestly found a response amongst a large body of the profession. We have been successful.

Now, we are always thankful for even the smallest crumbs of instruction, and, we trust, are open to reasonable conviction. Why, then, do not those who object to our views argue them down, if they can, instead of attempting the old but very vain method of extinguishing them by unpolite, violent, and impertinent language? We will gladly learn even from the feeblest of instructors; but what instruction can be reaped from him whose only weapon is the language of abuse? The *Medical Times and Gazette*, it would appear, thinks it a part of its mission to wrap itself up in the rags of a worn-out conservatism, and to improve away the heathenism of the British Medical Journal. Incapable itself of competing with the many evils which infest our profession, it resolves that no one else shall do so, confining the exercise of its faculties to the abuse of those who are striving to put them down. Week after week, barren of all original conceptions, it has played upon this one string with what we might fairly call the vigour of envy.

A short time ago, we praised our Birkenhead brethren for refusing to work without pay; and for this reason, because to us there is no demonstration more clear than that gratuitous medical services are the bane and degradation of our profession. Thereupon up started the *Medical Times and Gazette*, and, with unctuous phraseology and high sounding-board verbosity, wearing a broad phylactery, and casting round pharisaical eyes, it thus spoke: "Tradesmanlike, unprofessional, and barbarous" is the conduct of the Birkenhead doctors—"a shocking scandal, an abominable scandal". The British Medical Journal is "the apostle of inhumanity"; "cold-blooded and degrading is its teaching", not to be "accepted without loathing"; "abominable are its sentiments". Such was the language with which our self-satisfied contemporary's exhortations were piously larded on that occasion. Bitter, no doubt, to his feelings was the fact that, in consequence of our arguments, and in accordance with our advice, steps had been actually taken in Liverpool to provide in future for the proper payment of the doctor who is called to pauper cases of emergency.

Another week, we incidentally remarked that lecturers in London lectured for practice, and not for science. Whereupon, watchful of the medical morals of the day, out jumps our self-appointed monitor, and thus delivers himself: In the BRITISH MEDICAL JOURNAL is published "strange confusion of thought, abominable taste, and low mercenary tone". Again, there are "two pearls" (though our lucid cotemporary does not make it very clear what they are) "which the 'organ' of the British Medical Association, like a certain beast, would trample under foot." Surely this is hardly polite language—we mean, the language of gentlemen. And all this, too, because we spoke the simple truth! "Audacity, uncourteous, offensive, low, discourteous"—such are the editor's answers to our arguments.

Again, a few criticisms we ventured on an *Ophthalmic Review* are termed by the *Medical Times and Gazette* "railing at a man for lauding the Germans". Were we wrong when we spoke of the "feebleness" of the *Medical Times and Gazette?* What is "railing", but the argument of the feebler sex?

And, that there may be no mistake about the matter, we will repeat it again, that lecturers in London lecture either for practice or for pay, and not for science. But, as Dr. Beale's name has been here introduced by that journal, we will, in justice to that gentleman, say that, in asking if three medical lecturers could be found in London who lectured for science's sake, we distinctly had in view the name of Dr. Beale as one who did so lecture, and who was a glaring exception, proving the rule.

It is high time, indeed, that all the pretentious fallacies with which the *Medical Times and Gazette* and his like attempt to blind the profession and themselves were done away with. Let us learn the good sense to call things by their right names; and then we shall make a step towards putting our profession in its true position with the public. Let us strip off the lion's skin from the braying animal. Let us call *gratuitous medical services* what they really are—a system of medical advertising. When we get up medical schools, not because medical schools are wanted, but because medical men want students to lecture to, let us have the courage to say that lecturers lecture for practice, and not for science. See to what a pass all this false pretence of self-sacrifice and devotion to science has brought our profession! What think and say the public of our vaunted gratuitous medical services? Was there ever a time when our profession had so little influence in society? Was there ever a time when it was more lowly estimated? Why are we every where treated contemptuously? Why do our Poor-law brethren suffer so shamefully? Why are there groans and complaints, never ceasing, from the army and the navy medical officers? Why does all the world take delight in girding at us? The most contemptible railway meeting in the kingdom finds its notice in the *Times;* but for fourteen days the *élite* of our profession meet together in solemn conclave to carry out functions given them under Act of Parliament, and not a line in that journal records the fact! The House of Commons and the Home Office notoriously shun matters medical as if they were poison. The Horse Guards hates the sound of the doctor's name—"another medical squabble". Need we say how the governors of hospitals too often feel towards, and how they treat, their "gratuitous-serving" officers? Well, our honest wish and endeavour is to attempt to raise the profession out of this low estate in which it lies bleeding. We see, or think to see, where lie the evils which have brought it to this pass, and would remedy them; and the assistance we obtain from an enlightened medical press is not fair argument, honest refutation, calm exposition, but an exacerbation of the above delicate editorial expressions!

It really would appear as if Truth were a light which the eyes of our medical editors cannot bear, or which dazzles their understandings. Here, alas! is another of our class—the *Medical Circular*—which appears envious to rival the *Medical Times and Gazette.* Some weeks ago, we innocently stated a positive fact: that the regulations of the Society of Apothecaries were not in accordance with the recommendations of the Medical Council. This statement was met by the *Medical Circular*, not with any disproof, but simply with abusive language. The statement was said to be "positively erroneous", a "wilful exaggeration", a "positive misstatement", "calculated, or perhaps intended, to mislead the readers." Now, we put it to the profession, is this the language which courtesy and an honourable sentiment would dictate, even if our statement had been incorrect? What becomes of the real honour and dignity of the profession, of which medical editors are so delighted and so apt to warble, in the hands of those who thus misrepresent it? But what is to be said of such language when applied to a statement which is accurately true, and which, doubtless, the editor of the *Medical Circular* has by this time learnt to be accurately true?

We deeply regret, for the sake of the profession, and, above all, for the credit of medical journalism, to have to record such things as these. Our wish is, that the courtesy which should distinguish the intercourse of gentlemen and of professional brethren should be maintained in the medical press; and therefore is it that we hold up to reprobation a disreputable system, the practice of which is absolutely forbidden in all decent society. We sincerely trust, for its own credit, that the *Medical Circular* will make the only atonement now in its power—viz., will apologise to this JOURNAL for thus transgressing the laws of propriety—for having accused us of making "positive misstatements, wilful exaggerations, perhaps intended to mislead the readers," etc., when we were simply stating a positive fact, and what, as we have said, we have no doubt the *Medical Circular* has by this time learnt to be a positive fact.

WHY DID GARIBALDI LEAVE ENGLAND?

THE unfortunate public discussions which still continue touching the departure of Garibaldi from England have fully confirmed the views originally expressed in this JOURNAL upon the medical aspects of the subject. Our profession (as we then stated) has been placed in a wrong position in reference to this matter: and evidently in consequence of a departure from the ordinary rules of medical etiquette. Of course, we have to deal with the matter solely in its medical aspects; but we are perfectly ready to admit that common sense dictated the departure of Garibaldi at the time when he left the country.

We need hardly tell our readers, that Mr. Fergusson's name has been again and again brought before the public in reference to the letter which he wrote concerning Garibaldi's health; and that the opinion therein given has been freely canvassed.

It is, of course, of importance, that the medical opinion of any man holding a high position amongst us should pass unquestioned, because the character of the whole profession is more or less concerned in the correctness of that opinion. It, therefore, becomes our duty to inquire why the medical opinion given in this case has been thus questioned.

Now, we do not hesitate to say, that whatever has occurred disagreeable to the profession in this matter has been brought about solely through a neglect of the ordinary rules of etiquette established by the profession. Mr. Fergusson is in attendance on Garibaldi; and in attendance also upon Garibaldi is Dr. Basile, his intimate friend and personal medical attendant. Now, we will not stop to inquire whether a rigid adherence to high professional etiquette would not have required that Mr. Partridge should have been summoned, in the first instance, to attend the consultation with Mr. Fergusson; but we will follow the subsequent steps of the proceeding. Mr. Fergusson issues a first report, describing the condition of Garibaldi's limb, etc. In the *Times* of April 18, appears a letter from Mr. Partridge informing the public

> "That Garibaldi's visit to this country is quite unconnected with any seeking or necessity for medical or surgical opinion or treatment." "The general looks and declares himself to be in excellent condition."

In the very next day's *Times*, Mr. Fergusson publishes a medical opinion (without any previous consultation with his colleague in the case, Dr. Basile) to the effect, that Garibaldi's health is not equal to the journeys cut out for him. To this announcement, Dr. Basile, in the journals of the following day, gives a flat contradiction.

The public, therefore, and naturally enough, do not accept Mr. Fergusson's opinion as final and unanswerable, but draw their own conclusions as to the value to be attached to the opposite opinions of the medical attendants. Of course, the criticisms of the medical opinion by the public naturally, more or less, affect the whole profession; and, in so far as the opinion is defective, the profession suffers.

Now, had the rules of etiquette been properly followed in this case, our profession could not have suffered; and no possible doubts would have been raised by the public, in reference to the medical opinion which might then have been given. If Mr. Fergusson, for example, had consulted with Dr. Basile, as he manifestly ought to have done, before issuing his opinion, their differences would have been at once apparent; and, of course, under such circumstances—and especially in a matter of so great public interest—other medical men would have been called into the consultation. Need we add that, if this plain and proper course had been pursued, the ordinary attention shewn to Dr. Basile which he had a right to demand from Mr. Fergusson—that if the names of Dr. Watson, Dr. Williams, and other heads of the profession, had been appended to the results of a solemn consultation so held—the public at large would have accepted the decision without question, and our profession would not have been injured by the canvassing of the opinion of any gentleman occupying a prominent position in it.

Truly, we may say, that our profession has been unlucky in its dealings with Garibaldi. Even since these lines were written, we find another letter in the public prints from Colonel Chambers, in which he speaks of the boils on Garibaldi's arm. Mr. Fergusson, in the *Times*, says that he saw Garibaldi on April 23rd, just before he left London.

> "The general," he writes, "declared himself as well as he had ever been since he arrived in England; but on close inquiry admitted fatigue both of body and mind, etc." "Your grace will be sorry to learn that he has lately suffered from boils on his left forearm, one of which alone might have made another man give up all his ordinary occupations for a time."

Colonel Chambers, in the letter referred to, speaks as follows of these boils.

> "On the evening of the 22nd, I saw the boils on the general's arm; I considered them trifling. On the 23rd, about 5 P.M., he was pulling bow-oar in a four-oared boat, at Cliefden, for at least an hour, and

the observation made to me by Signor Guerzoni was, 'Look at the sick man; see, how ill he looks!' General Garibaldi appeared to be enjoying himself very much. The 23rd of April is the date of Mr. Fergusson's last letter to the Duke of Sutherland respecting the health of General Garibaldi."

Of course, Mr. Fergusson's report must be taken before Colonel Chambers's in such a case; but we are satisfied the profession will agree with us, that all this unseemly contradiction would have been spared to the profession had the ordinary rules of etiquette not been transgressed.

A NON-REGISTERED PRACTITIONER.

Any man or woman in this country, registered or unregistered, may practise medicine or surgery with impunity, provided he does not maim or kill his patient; and, in the matter of malpraxis, the advantage, in the eyes of judge and jury, is invariably on the side of the non-registered quack. Should a medical man, accused of unskilfulness, fall into the hands of a jury, ten to one the case will go hard against him; but let a quack kill his man, and the jury will pity and absolve him, and the public cheer the acquittal. On the 11th inst., a man—a "quack doctor"—is charged with manslaughter, that he had

> "Undertaken to act as a medical practitioner, and had prescribed for the deceased in that capacity; but that he had caused his death by negligently and ignorantly administering improper medicines to him."

The accused was an agent for the sale of the pills of the ominous-named Dr. Coffin. Cayenne pepper seems to have been the chief medicine given in the case.

> "Dr. Letheby said that Cayenne pepper was used to a considerable extent among the lower orders, and that it was considered a remedy for various diseases. He added, however, that he derived this knowledge from the fact of five inquests having taken place at the London Hospital, where the deaths arose from poisoning by lobelia and Cayenne pepper."

We need hardly say that "the jury immediately returned a verdict of not guilty", and that the public shouted "applause, which was repressed".

Mr. Justice Williams's words in summing up are worth putting on record.

> "It was very important it should be known that any person who undertook to act in the capacity of a medical man, and prescribed for another in that capacity, was bound to exercise a reasonable amount of skill and knowledge; and that, if death resulted from his gross ignorance or negligence, he was criminally responsible. *In the eye of the law, it made no difference whether the party was a regular medical practitioner or not; and the only question for the jury, in a case like the present, was whether the death was the result of gross negligence or ignorance.*"

La Pommerais, the homœopathic doctor, has been convicted of the murder of Madame De Pauw, and sentenced to death. The evidence of his guilt seems conclusive. The report of the expert, M. Tardieu, is remarkable, and a model of what such a report should be, and brings the force of science to bear strongly in favour of the guilt of the prisoner. Digitaline was, in all probability, the instrument used in the commission of the murder. Animals were destroyed by the administration of an extract of the matters vomited by De Pauw before her death, these matters having been collected from the floor of the room. The animals died exhibiting the same symptoms as those from which De Pauw fatally suffered. Also extracts made from the viscera of De Pauw produced similar symptoms in animals. The possession of digitaline was traced into the hands of La Pommerais. The absence of all mineral poisons was clearly proved in the viscera of De Pauw and in the vomited matters; and it was also shown that none of the internal organs or external parts showed any signs of violence or of disease. There was, therefore, demonstrated to be in this case absence of any of the ordinary signs of disease such as destroys life; and there was positive proof that De Pauw had vomited some highly poisonous matters of a vegetable nature. The conclusion, therefore, that she was poisoned, was inevitable.

Mr. Paget is about, we understand, to resign the office of Examiner in Surgery to the Army Medical Department; and, it is said, will be replaced by Mr. Prescott Hewett.

The twelfth anniversary dinner of the Royal Medical Benevolent College took place at Willis's Rooms on Saturday last. The chair was occupied by Sir Charles Locock; and there were present about one hundred and forty gentlemen, including, besides numerous members of the medical profession, the Master of the Temple, Sir Walter Stirling, Mr. Du Pré, M.P., Mr. Angerstein, M.P., Mr. Lyall, M.P., the Rev. Dr. Thornton, Colonel Palmer, Mr. W. Gilpin, Colonel Walker, etc. Everything passed off well; and the attendance was, we believe, the greater from the fact of a member of the medical profession so eminent as Sir Charles Locock being in the chair, which had on most if not all previous similar occasions been occupied by laymen. The collection made during the evening amounted to above £1100. In responding for the army, Colonel Walker made some remarks on the dissatisfaction which, he had heard, was felt with its medical service. He thought the present proceedings of the authorities a very short-sighted policy; and trusted that the government would do justice to the army medical officers. Such observations from a combatant officer, shew that it is not in our profession alone that the sense of injustice towards the medical officers of the public services is felt.

The Medical Council.

REPORT OF PROCEEDINGS, April 1864.

Saturday, May 7th.

The Council met this day at 12 o'clock; Mr. **Arnott**, in the absence of the President, in the Chair.

The minutes of the last meeting were read and confirmed.

The Apothecaries' Hall in Ireland. A letter from the King and Queen's College of Physicians, respecting the licence granted by the Apothecaries' Hall of Ireland, accompanied by other voluminous correspondence on the subject, was read.

Dr. A. **Smith** moved, and Dr. **Corrigan** seconded:

"That the letter from the King and Queen's College of Physicians, respecting the licence granted by the Apothecaries' Hall of Ireland, along with the letters Nos. 2 and 3, referred to in that letter, be entered on the minutes."

The motion was supported by Dr. **Andrew Wood**; but was objected to by Dr. **Leet**, Dr. **Storrar**, Dr. **Thomson**, and other members, principally on the ground that the Council had already decided that the Licentiates of the Irish Apothecaries' Company were entitled to practise medicine in Great Britain and Ireland. The motion for the insertion of the correspondence having been put to the vote, the numbers for and against were equal. The Chairman declared the motion not carried, and declined to give his casting vote. Some discussion then took place as to whether the President under such circumstances was obliged to give a casting vote; and Dr. **Andrew Wood** expressed his intention of bringing forward a motion on the subject at a later period of the proceedings.

Dr. **Storrar** required that the numbers of those who voted for and against the motion, and of those who did not vote, be entered on the minutes. The numbers were:—for, 6; against, 6; declined to vote, 1.

Dr. A. **Smith** then moved, and Dr. **Corrigan** seconded:

"That when the General Medical Council expressed its opinion, in the resolution of the 2nd June, 1863, 'that registered licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise medicine in Great Britain and Ireland', it did not intend to convey that the licence of the Apothecaries' Company of Ireland should be considered for the public service as a medical qualification to be recognised as equivalent to a degree in medicine, or to a licence from a College of Physicians; or to express an opinion on the claim of the Apothecaries' Hall of Ireland to give a licence in medicine, the question being one involving the legal interpretation of an Act of Parliament, which the Council is not competent to decide."

Dr. **Storrar** moved, and Dr. **Acland** seconded, the "previous question".

Dr. **Stokes** said that, in consequence of the proceeding of the Council in 1863, the War Office had recognised the license of the Apothecaries' Hall of Ireland as a qualification for candidates for the medical service of the army.

Dr. **Corrigan** said that he did not ask the Council to rescind the resolution of last year, but to explain what it meant. At present, licentiates of the Apothecaries' Hall of Ireland were placed on the same footing as the graduates of Universities: and, to make greater confusion, an opinion had been given since the last meeting of the Council, that they were not qualified to practise medicine. Since last year, the Apothecaries of Dublin had introduced into their licence the phrase "to practise medicine". The resolution of 1863 seemed to express a legal opinion; and if it had misled, it ought to be explained. The function of the Apothecaries' Hall of Ireland was the trade in drugs—a duty which it performed in an admirable manner; but not to give licences in medicine.

Dr. **Leet** said that the army warrant did not specify any class of practitioners, but merely required that candidates should possess qualifications to practise medicine and surgery. As to the argument that the Irish Apothecaries' Hall was a trading company, it applied equally well to the Apothecaries' Society of London. Moreover, a sound knowledge of pharmacy rendered a man the more fit for the medical service of the army. He would remind the Council of an opinion expressed on a previous day by Dr. Corrigan, in which he agreed; that the important point to be ascertained was, what a man knew, and not where he had learned it.

Dr. **Andrew Wood** thought the Council had done wrong last year in giving what was in fact a legal opinion. The Apothecaries' Hall of Ireland ought not to insert in their licence a word which was not in their charter. The Council should shew that it did not wish to give to the licensing bodies any powers, which were not already possessed by them.

Dr. **Acland** and Dr. A. **Smith** made some remarks; after which, the "previous question" was put to the vote, and carried by a majority of 8 to 6.

Dr. **Burrows** now took the Chair as President.

The President's Casting Vote. Dr. **Andrew Wood** proposed, and Dr. **Embleton** seconded:

"That the Executive Committee be directed to take the opinion of counsel on the question, whether or not, in the case of an equality of votes upon a division, the President or Chairman of the Council for the time being is bound to decide the matter in hand by giving his casting vote."

The motion was agreed to.

Catholic University of Ireland. A reply to the letter addressed to this body (see **Journal**, May 7, p. 504) was read. In it the Secretary stated that he was "directed by the Rector and Council of this University to say, that they were not aware that the General Medical Council was in any way bound by Act of Parliament or otherwise not to recognise the examinations of other than chartered or incorporated educational bodies. The University believed and still believes that the Council was at liberty to admit the preliminary examinations of any public body of recognised literary and scientific merit. Being aware that the Council possesses no coercive power for enforcing its regulations regarding general studies, the Rector and Council of this University were of opinion that they were acting in conformity with the wishes of the Council and with the Act of Parliament in offering their aid to carry out the enlightened views of the General Medical Council, with respect to the general education of Catholic medical students."

Dr. **Andrew Wood** moved, Dr. **Storrar** seconded, and it was resolved:

"That the Registrar be directed to inform the Catholic University of Ireland, that the Council cannot acknowledge its entrance examination, as long as it has no Charter of Incorporation."

Dr. **Andrew Wood** observed, that it was solely on account of the want of a charter or other act of incorporation, that the desire of the Catholic University could not be complied with. Its scheme of study and examination, as submitted to the Council, was one to which no objection could be made.

Regulation of Pharmacy. Dr. Andrew Wood proposed a motion of which notice had been given by Dr. Christison, who had been obliged to return to Edinburgh; viz.:

"That a memorial be presented to the Secretary of State for the Home Department, praying that the Government will introduce a Bill into Parliament for regulating the practice of pharmacy in the British dominions; the administration of the Act, in case the Bill pass into law, to be entrusted to a Board consisting of the pharmaceutic chemists of the United Kingdom."

It was very important that the Council should do something in regard to the pharmacy question. During the discussion on the amendments of the Medical Act, it was evidently the general feeling of the Council that the sale of drugs should be put under some kind of legal management. Most of the members were, he believed, opposed to the introduction of a pharmacy clause into the Medical Act; nevertheless, the Council was much indebted to Dr. Corrigan for having brought the subject forward. Although he proposed the resolution, he thought that the latter clause of it, pointing out to whom the administration of the Act should be entrusted, was objectionable, as it referred to a matter beyond the province of the Council. The Council should point out to Parliament the necessity for the regulation of pharmacy; but it should be left to the Government to decide how the means must be carried out.

Dr. Embleton seconded the motion.

Dr. Corrigan proposed as an amendment:

"That a communication be addressed to the Secretary of State for the Home Department, drawing his attention to the present defective state of the law regarding the practice of pharmacy, under which any person, however ignorant, may undertake it; and expressing the opinion of the General Medical Council, that some legislative enactment is urgently called for, to ensure competency in persons keeping open shops for dispensing medicines and for the compounding of physicians' and surgeons' prescriptions."

He objected especially to the concluding part of Dr. Christison's proposal. If the carrying out of the Act were entrusted to the pharmaceutic chemists, they would be forming another corporation and would be perhaps raising themselves into the rank of medical practitioners; and the competition thereby excited might prove seriously detrimental to the Apothecaries' Company.

Dr. Quain seconded the amendment. Dr. Andrew Wood, by leave, withdrew his resolution; whereupon the amendment was put as a substantive motion and carried.

Army and Navy Medical Examinations. Dr. Apjohn moved:

"That the Army and Navy Medical Boards be requested to furnish the Medical Council annually with information on the following points:—*a.* The total number of candidates for medical commissions who have presented themselves for examination. *b.* The number of those who passed, and of those who did not pass, the examinations of such boards, distinguishing the number of successful and of unsuccessful candidates under the respective heads of the several licensing bodies mentioned in Schedule (A) to the Medical Act, and specifying their qualifications, medical and surgical, and whether they had failed in medicine or surgery. *c.* The general nature and scope of the examinations conducted by the said boards, together with a list of the questions proposed by the examiners."

He said that his object was to shew the results of the examinations of the licensing boards.

Dr. Corrigan seconded the motion.

Dr. Alderson thought that the second proposal, if carried out, would be the means of bringing undeserved censure on some of the licensing boards.

Mr. Arnott said that many presented themselves to the Army and Navy Boards with double qualifications; and it would be important to know whether they were rejected in medicine or in surgery. He believed that the tendency of the returns would be to effect an improvement in the examinations of the licensing boards.

After some remarks from the President and Dr. Corrigan, the motion was carried.

Registration of British Practitioners in Foreign Countries. A letter was read from Mr. John Gason, a gentleman residing in Rome, wherein he suggested:

"1. That the General Council take into consideration the advisability of calling the attention of Her Majesty's Government to the justice of placing those medical men residing abroad, who conform to the laws of their country, on the same footing as medical men residing in the United Kingdom. 2. That registers be supplied to Her Majesty's ministers and consuls, for the furtherance of that object."

Dr. Andrew Wood proposed, Dr. Embleton seconded, and it was resolved:

"That the Registrar be directed to write to Mr. Gason, informing him that the Medical Council have no power to comply with his proposals."

Recovery from Apparent Death by Drowning. A letter was read from the Secretary of the Royal National Life Boat Institution, enclosing circulars, copies of which were being circulated amongst members of the medical profession, with the view of eliciting their opinions on the relative merits of the plans of Dr. Marshall Hall and Dr. Silvester, for the restoration of the apparently dead from drowning; and asking that the same might be laid before the General Medical Council, with the view to their obliging the Society with their opinion on the subject.

Dr. Andrew Wood moved, Dr. Embleton seconded, and it was resolved:

"That the Registrar be directed to write to the National Life Boat Institution, acknowledging their communication, and stating that the question proposed in it does not come within the sphere of the duties of the Council."

Uncertified Deaths. The following letter was read from Mr. J. I. Riches, the Assistant-Clerk of the parish of Bermondsey.

"Vestry Offices, Maltby Street, S.E.,
October 27th, 1863.

"Gentlemen,—I am directed by the vestry of this parish to call your attention to the number of deaths which are registered in this district 'Uncertified', to apprise you that they have reason to believe that the persons who attend the cases during illness are unregistered and unqualified practitioners, and to express a hope that you will direct inquiry to be made into the circumstances, with the view of remedying such an unsatisfactory proceeding, and also of protecting the public against unqualified practitioners.

"I am, gentlemen,
"Your most obedient servant,
"J. I. Riches, *Assistant Clerk.*"

It was moved by Dr. Andrew Wood, seconded by Dr. Embleton, and agreed to:

"That the Registrar be requested to write to Mr. J. I. Riches, and to state that the matter referred to in his letter to the Medical Council does not lie within the province of the Council."

Report of the Finance Committee. Dr. Sharpey read the following Report.

"The Finance Committee beg leave to present, in the table subjoined, a statement of the estimated and actual income and expenditure of the year 1863; also an estimate of the income from ordinary sources, and of the expenditure, as far as the Committee are able to judge, for the year 1864. Appended is a statement of the *Pharmacopœia* account, exhibiting the expense incurred in the preparation and publication of the *British Pharmacopœia*, from the commencement of the undertaking up to April 19th, 1864, except some incidental charges, estimated not to exceed £10; also the number of copies printed, and the present state of the sale of the work, with the proceeds of the sale up to the same date.

"The sums advanced in former years on account of the *Pharmacopœia* have been included in the annual accounts laid before parliament, and defrayed, along with the ordinary expenses of those years, by a percentage rate on the income of the three Branch Councils, as directed by the Medical Act. The Committee recommend that, when all the expenses of the publication shall have been defrayed out of the proceeds of the sale of the work, the surplus be reserved for investment as a special fund, available for the purposes of the *Pharmacopœia.*

"The Committee further recommend that £50 be presented to Dr. Garrod in acknowledgment of special services rendered in the publication of the *Pharmacopœia*, which were undertaken by him at the request of the Executive Committee; also that gratuities be given of £30 to Mr. Bell and £20 to Mr. Roope, the clerks, for extra trouble and efficient service in conducting the sale, by which the charge for publishers' commission is saved to the Council.

"The Committee have examined into Messrs. Spottiswoode's account referred to them by the Council. It appears that in February 1862, Messrs. Spottiswoode laid in a stock of new type and the requisite supply of paper for the work, by direction of the *Pharmacopœia* Committee, on the understanding that the printing would be immediately proceeded with; but that in consequence of the delay which subsequently took place these materials lay long unemployed. Messrs. Spottiswoode estimate at £75 their loss occasioned thereby, and also from the printing being deferred to the busy season of 1863, instead of being done in the summer, as expected. They do not press this charge as a claim, but submit it for equitable consideration, and the Committee recommend that it should be paid. With regard to an extra claim for binding, submitted by Messrs. Spottiswoode, the Committee regret that, after giving it their careful consideration, they do not feel themselves justified in recommending that it should be allowed.

"In conclusion, the Committee recommend that two members of the Executive Committee be annually appointed to audit the accounts of the General Council. "W. Sharpey, *Chairman.*"

[Subjoined are extracts containing the most important parts of the statements referred to in the report.]

Actual Income for the Year 1863.

	£	s.	d.	£	s.	d.
Fees received by—						
Branch Council for England	2729	10	0			
,, ,, Scotland	824	10	0			
,, ,, Ireland	832	15	0			
				4386	15	0
Dividends received by—						
Branch Council for England	609	0	0			
,, ,, Scotland	74	1	10			
,, ,, Ireland	69	17	4			
				752	19	2
Sale of Registers				317	14	0
Penalties				9	13	5
				5467	1	7

Actual Expenditure for the Year 1863.

	£	s.	d.	£	s.	d.
Expenses of—						
General Council				*3338	9	11
Branch Council for England	†660	11	4			
,, ,, Scotland	259	2	3			
,, ,, Ireland	290	14	1			
				1210	7	8
				4549	7	7
Balance in favour of Medical Council				917	14	0
				5467	1	7

British Pharmacopœia.—Statement.

EXPENDITURE.	£	s.	d.	£	s.	d.
Paper, Printing, and Binding 13,000 copies, 8vo., and 15,000 copies, 32mo.				2049	2	6
Meeting of General Council, October 28th, 1862, on account of the Pharmacopœia				106	7	0
Amounts voted by the General Council, on account of the Pharmacopœia	1600	0	0			
Dr. Apjohn	94	10	0			
Dr. Maclagan	154	7	0			
London Secretary	150	0	0			
Edinburgh Secretary	100	0	0			
Dublin Secretary	100	0	0			
London Editor	75	0	0			
Edinburgh Editor	50	0	0			
Dublin Editor	50	0	0			
Subcommittees, £500 each	1500	0	0			
				3873	17	0
				6329	6	6
Deduct Balance returned by Dr. Garrod				100	0	1
				6229	6	5
INCOME.						
Produce of 8vo. edition				4469	3	0
Produce of 32mo. edition				553	11	0
				5022	14	0
Balance				1206	12	5
				6229	6	5

Dr. Sharpey moved, and Dr. Alderson seconded, the adoption of the report, which was agreed to.

Dr. Sharpey then moved, and Dr. Alderson seconded, the following resolutions, which were carried unanimously without discussion.

"That £50 be presented to Dr. Garrod, in acknowledgment of special services rendered in the publication of the *Pharmacopœia*, at the request of the Executive Committee."

"That gratuities be given, of £30 to Mr. Bell, and £20 to Mr. Roope, the clerks, for extra trouble and efficient service in conducting the sale of the *Pharmacopœia.*"

"That Messrs. Spottiswoode's extra claim of £75 be allowed and paid." [Dr. Sharpey explained that the disallowance of the extra claim for binding, made by Messrs. Spottiswoode and Company, was founded solely on a technical objection, and was not intended to cast any reflection on the conduct of the firm.]

"That two members of the Executive Committee be annually appointed to audit the accounts of the Council."

The Report on Medical Education. Dr. Andrew Wood moved, and Dr. Embleton seconded:

"That the Council now proceed further to consider the report of the Select Committee on education."

Dr. Acland moved as an amendment:

"That in the absence of the chairman of the Educational Committee (Dr. Christison), of the representative of the University of Edinburgh (Mr. Syme), of the representative of the University of Cambridge (Dr. Paget), and at the twelfth day of the session of the Council, it is inexpedient to enter upon the consideration of the details of professional study and examination; but instead thereof—

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* This includes £160:11:6 for printing two thousand copies of the *Register*, to be supplied to Her Majesty's Government.

† This increase is on account of £200 of the registrar's salary being now charged to the Branch Council for England.

"That a Committee be appointed to draw up and report to the Council of 1865, what are the subjects of examination which should be required of all students prior to their prescribed course of professional study;

"That a Committee be appointed to draw up in detail a scheme of the scientific and professional subjects of which knowledge should, in the judgment of the Medical Council, be required from every person before he receives a diploma or qualification testifying that he possesses the requisite knowledge and skill for the efficient practice of his profession; and that the Committee report at the next meeting of the Medical Council;

"That a Committee be appointed to report in detail at the commencement of the next session of Council, as to the best mode of organising an efficient inspection of all examinations conducted by the several licensing bodies, in conformity with Sect. XVIII of the Medical Act;

"That the Committees (if appointed) be requested to correspond with each other, to obtain information from such persons unconnected with the Council as they may see fit, and to prepare in type, in such form as may be agreed on with the Registrar, their respective reports, if possible, before Easter of 1865, or at an earlier period if required by the President."

He had more than once endeavoured to call the attention of the Council to the only way of bringing the matter to a satisfactory conclusion. When Dr. Storrar took up the subject of professional education, he adopted a definite course of bringing forward each resolution in order; and this course, if followed, would probably have brought the matter to a successful issue. And, notwithstanding any objections that might be made, he thought that a great merit of the former series of recommendations, the discussion of which was interrupted, lay in their definiteness. Dr. Storrar's plan, however, had been departed from; and a most ample discussion of the whole subject had been elicited. Did not this shew that time was required for reflection before adopting a new code, with some of the provisions of which he agreed, while he dissented from others? With regard to the first of the resolutions which he proposed, he assigned 1865 as the time for making the report; because, as had been shewn in the discussion, the question was a very difficult one, as to what scientific subjects should be included in the preliminary examination. He had found the subject a difficult one to deal with at Oxford; he had there endeavoured to make improvements in scientific education—but no one there could determine which subjects should be imported into the curriculum and which should be omitted. In the next resolution, he had used the simple words of the Medical Act in preference to expressions which it might be difficult to define. Some years ago, he had at Oxford required from candidates a knowledge of diseases of women and children and of the principles of surgery; but had been called to account for demanding this, on the ground that it was foreign to the medical degrees conferred by the University. The question as to what was to be demanded was in such a confused conditiou, that he really did not know what to put into his examination papers, lest he should require from candidates too much surgery, or chemistry, or botany. The Council would have, at some time, to follow the example of the University of London, and determine the extent of knowledge required in regard to certain subjects. It was not right hat a candidate for a simple qualification to practise should be rejected on minutiæ demanded from those seeking the higher degrees. Then, as to Clause XVIII, if any one would examine into the power given thereby to the Council, and the means of efficiently carrying it out, it would be found that it would not be possible to carry it into effect without careful inquiry. If the Council decided to undertake any system of inspection, it ought, in justice to the licensing bodies which had discharged their duties, to come to a conclusion as to the plan of examination, and the minimum qualification to be required. He believed it would be most useful to the public, and fair both to the present and absent members of the Council, to endeavour to obtain reports on the various subjects referred to in his amendment.

Dr. STOKES seconded the amendment.

Dr. ANDREW WOOD said that a Committee had been formed, for the purpose of laying something tangible before the Council, so that some progress might be made. He feared, however, that the Council would not be able to do as he would have wished; but he entreated the members to pause before shelving the subject for another year. The suggestions in the report, for obtaining information on various points, would also be shelved by the course proposed by Dr. Acland. He believed that Dr. Christison himself would be astonished and vexed that the Council did not proceed with the discussion of the report; and Dr. Acland must take the responsibility of the delay. He did not say that the Council would assent to all the recommendations; but in many points they might agree. And if these were agreed to, as far as might be possible, he was quite prepared to vote for the Committees proposed by Dr. Acland. He would rather sit a day or two longer in the Council than not come to some agreement on the report.

Dr. CORRIGAN would vote against both the resolution and the amendment. He would be well pleased to go on with the discussion of the report; but there were still more than nineteen propositions to be considered.

Dr. A. SMITH thought that the discussion should go on as far as possible.

After some observations in reply from Dr. Acland, the amendment was put to the vote and lost; 4 voting for and 8 against it. The original motion was also lost, the numbers being, for, 5; against, 7.

Letters from the Bodies mentioned in Schedule A. Dr. ANDREW WOOD proposed, Dr. A. SMITH seconded, and it was resolved:

"That the various letters from the bodies mentioned in Schedule A of the Medical Act, explanatory of their regulations, which have already been printed in proof, be laid on the table of the Council, and entered on the minutes."

Returns from the Licensing Bodies. Dr. EMBLETON presented the following report of the Committee on the returns from the licensing bodies:

"The Council having direced that the table of returns under the 23rd Recommendation of the Council, viz:—'That returns from the licensing bodies in Schedule (A) be made annually on January 1st, and in the subjoined form, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned, in due time,' shall be the only table at present prepared by the Committee on account of the revision and alteration of the recommendations of the Council on medical education, your Committee beg to lay that table, with an explanatory note appended, before the Council.

"D. EMBLETON, *Chairman.*"

Table of Returns under Recommendation 23.

Licensing Bodies.	PASSED.		REJECTED.	
	1st Ex.	2nd Ex.	1st Ex.	2nd Ex.
R. Coll. Phys., London	73	74	17	20
R. Coll. Phys., Edin...	151	146	22	14
K. Q. Coll. Phys., Irel.	..	66	..	17
R. Coll. Surg., Eng. ..	465	495	128	55
R. Coll. Surg., Edin...	142	121	34	11
Fac. Phys. Surg., Glasg.	17	76	2	25
R. Coll. Surg., Ireland	138	138	36	36
Soc. Apoth., London..	323	305	34	8
Apoth. Hall, Dublin ..	23	20	5	3
Univer. of Oxford	3	..	1	..
,, Cambridge	4	5	..	..
,, Durham ..	..	..	..	..
,, *London....	21	24	16	..
,, Edinburgh	(1st) 67	..	(1st) 32	..
	(2nd) 82	(3rd) 82	(2nd) 6	(3rd) 2
,, Aberdeen	(1st) 39	..	(1st) 3	..
	(2nd) 37	(3rd) 32	(2nd) 11	(3rd) 9
,, Glasgow ..	59	70	12	8
,, St. Andrews	10	..	1	..
,, Dublin	12	37	2	8
Queen's Univ., Ireland	42	26	13	8
	1708	1687	375	224

[* By the regulations of the University of London (see *Calendar*, 1864, page 106), the first examination for the degree of M.B. includes four subjects, viz.: Anatomy, Physiology, Materia Medica and Pharmaceutical Chemistry, and Organic Chemistry; but candidates for this examination are permitted to defer the subject of physiology to a following year. The list headed "Entire" contains the names of those undergraduates who elected to pass the examination in all four subjects at once in 1863. That headed "Exclusive of Physiology" contains the names of those who elected to be examined in three subjects in 1863, and to defer the fourth, viz.: Physiology, to a future year. That headed "Physiology only" contains the names of those who, having elected to pass in a former year in three subjects, passed in 1863 in Physiology.]

Standing Orders. Dr. EMBLETON presented the report of the Committee appointed to revise the standing orders. The Committee on the standing orders and regulations having arranged and numbered them, laid them before the Council, and recommended that they be printed. An alteration had been made in the "scale of travelling expenses," substituting for Leeds £4 : 4 : 0, and Worcester £4 : 4 : 0, the following: Cheltenham £4 : 4 : 0, and Southampton £2 : 2 : 0.

It was moved by Dr. EMBLETON, seconded by Dr. APJOHN, and agreed to:

"That the report of the Committee on the standing orders be received and adopted."

The "Previous Question." Dr. A. SMITH moved, and Dr. CORRIGAN seconded:

"That the decision on the resolution moved by Dr. Smith, and seconded by Dr. Corrigan, in the early part of this day, was informal; inasmuch as the 'previous question' was put without the amendments on such resolution being permitted to be considered."

The motion was negatived.

The Pharmacopœia Committee. Dr. SHARPEY moved, Dr. AQUILLA SMITH seconded, and it was resolved:

"That the *Pharmacopœia* Committee be authorised to draw on the Treasurers, to an extent not exceeding £100, for expenses which may be incurred in carrying out the objects of its appointment."

Testimonial to Dr. Hawkins. Dr. SHARPEY moved: "That the cordial thanks of the Council be tendered to Dr. Hawkins, for the unremitting care and attention he has bestowed on the business of the Council for the five years he has discharged the duties of Secretary; and that £105 be now presented to him in acknowledgment of the sense which the Council entertains of his valuable services."

The work which Dr. Hawkins had done during the meeting of the Council was a very small part of his entire work. For five years he had devoted his attention to the duties required of him as Registrar and Secretary, and for some time these duties had been very arduous.

Dr. STORRAR seconded the resolution with great pleasure. He had not voted for Dr. Hawkins' election; but had, on his being appointed, determined to cooperate with him in every way in his power; and he had found him a most excellent officer.

Dr. ANDREW WOOD, as a chairman of the Business Committee, had been constantly brought into contact with Dr. Hawkins; and he would say that no one except the possessor of a clear head and business habits could so satisfactorily perform his duties.

Dr. CORRIGAN cordially approved of the proposal that had been made.

The PRESIDENT said that, before his election to the chair, he had been treasurer and a member of the Executive Committee; and had had opportunities of observing the zeal and the able manner with which Dr. Hawkins performed his duties. If by any misfortune the Council should be deprived of his services, it would be difficult to replace him.

The motion was carried unanimously.

Dr. HAWKINS said that nothing could be more pleasing to him than such a resolution; and it gratified him much to be able to fulfil his duties to the satisfaction of the Council.

Report of the Committee on Education. Dr. ACLAND moved, Dr. ANDREW WOOD seconded, and it was resolved:

"That the report of the Select Committee on education be forwarded to the various bodies in Schedule (A), with a letter from the Registrar, to the effect that the report is under the consideration of the Council, and calling their attention to the suggestions of the report, and soliciting their observations thereon; also, distinguishing the resolutions which have been adopted by the Council from those which have not yet been considered; and that it be referred to the Executive Committee to carry this resolution into effect."

The standing order as to the hour of adjournment was suspended.

The Executive Committee. Dr. ANDREW WOOD moved, Dr. A. SMITH seconded, and it was resolved:

"That the powers and duties delegated to the Executive Committee, in accordance with Sect. IX of the Medical Act, shall be vested in the Committee until the next meeting of the General Medical Council."

Votes of Thanks, etc. It was moved by Dr. ANDREW WOOD, seconded by Dr. AQUILLA SMITH, and agreed to:

"That the thanks of the Council are due, and are hereby tendered, to the treasurers, Dr. Sharpey and Dr. Quain, for their important services."

Dr. ANDREW WOOD moved, Dr. AQUILLA SMITH seconded, and it was resolved:

"That the thanks of the Council are eminently due, and are hereby offered, to the Royal College of Physicians of London, for their obliging and courteous accommodation during the present session of the Medical Council."

Dr. ANDREW WOOD moved, Dr. AQUILLA SMITH seconded, and it was agreed:

"That a gratuity of fifteen guineas be given to the resident officials of the College of Physicians, for services rendered to the Council."

It was moved by Dr. A. Smith, seconded by Dr. Andrew Wood, and resolved:

"That a gratuity of ten guineas be given to Mr. Bell, and the same to Mr. Roope, the clerks, in consideration of their extra services during the present lengthened session of the General Medical Council."

Dr. Andrew Wood moved, Mr. Arnott seconded, and it was agreed:

"That the thanks of the Council are cordially tendered to the President for his kind, courteous, and efficient services during the present session of the General Medical Council."

The minutes of the meeting were then read and confirmed; and the seventh session of the Medical Council, having lasted twelve days, came to an end.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary*.

13, Newhall Street, Birmingham. May 10th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
East Anglian. [Annual.]	Guildhall, Bury St. Edmunds.	Friday, June 17th, 2 P.M.

SOUTH MIDLAND BRANCH.

The Annual Meeting of the South Midland Branch will be held at Woburn on Thursday, the 23rd of June, at 1 P.M.; H. Veasey, Esq., President.

Gentlemen intending to read papers or cases are requested to forward the titles of same to Dr. Bryan, Northampton, not later than the 9th of June.

John M. Bryan, M.D., *Secretary*.

Correspondence.

IRIDECTOMY.

Letter from William Bowman, Esq., F.R.S.

Sir,—Ere the present discussion on iridectomy closes, a few words remain to be said. I refer to points raised in Mr. Dixon's letters, and which ought not to be left doubtful.

1. As to *the scientific points* (*ante* p. 376).

a. That form of cupping of the optic nerve which depends on, and indicates, glaucomatous intraocular pressure, has precisely definable characters, enabling us at once to distinguish it from the depressions of other kinds, as, for example, the slight occasional sinking in of the optic disc when the nerve-tissue has become atrophied; and what is called the physiological cup, which is a variety in the form of the disc implying no disease. These characters have been much studied abroad, as well as here; and I have already referred to them (*ante* p. 105) as among our most valuable aids to diagnosis. When, therefore, "cupping of the optic disc" is spoken of as one of the indications for iridectomy, it is the glaucomatous cupping that is intended, and not any other. Mr. Dixon declines to admit this distinction; thus virtually refusing to accept the ophthalmoscopic pathognomonic sign of glaucoma, and enabling us to understand his non-recognition of the disease under some of its commoner forms.

b. Mr. Dixon argues that cupping cannot be due to intraocular pressure, if the lens and iris are not pressed forwards—a condition, he says, "which could hardly fail to be the result of any eccentric force acting upon the walls of the eyeball with power sufficient to compress the very tissue of the optic nerve backwards into its sheath." This is, as before, to put an erroneous conception of his own mind in the place of observation of facts. There are many instances of glaucoma—especially simple glaucoma, and in myopic eyes—in which intraocular pressure and its effect, glaucomatous cupping, co-exist with a normal position of the lens and iris. And, indeed, it is plain, from physical laws, and from the anatomical arrangements of the parts, that there is no such fancied necessity for the forcing forward of these structures in all cases of intraocular pressure. The source of augmented pressure within the corneo-sclerotic capsule, whatever its nature or seat, may act on the anterior chamber as well as on the vitreous humour, without necessary displacement of the structures that intervene. Conversely, there are very numerous examples in which the lens and iris are unnaturally advanced, where there is no augmented tension, no glaucomatous affection whatever.

Mr. Dixon refers us to "cases mentioned by himself at a much earlier stage of the glaucoma controversy; in which, while the optic nerve examined with the ophthalmoscope presented a depressed extremity, the lens and iris were not pressed forwards." (*Ante* p. 376.) In the second edition of his *Guide*, published in 1859, p. 249, *note*, he says: "Surely any intraocular pressure, sufficient to thrust the fixed fibres of the optic nerve backwards into their sheath, must, *à fortiori*, thrust the moveable lens and iris forwards against the cornea; and yet, in the most strongly marked case of concave optic nerve I have ever seen, the iris deviated little, if at all, from the vertical plane. These cases of cupped optic nerve appear to me to depend upon atrophy and consequent shrinking of the nervous tissue, quite unconnected with any mechanical pressure applied to it." And, at p. 242 of the same work, he writes: "The sequence of morbid changes seems to be as follows. First, in the retina and choroid, going on, perhaps, to serous effusion between these two coats, which causes the bulging forwards of the lens and iris, by pressing from behind upon the vitreous body. Then, congestion and inflammation of the iris and cornea. And, last of all, opacity of the lens, as a consequence of its deranged nutrition."

He says (*ante* p. 108) that "an author's opinion should be judged of from his latest publication"; and refers to his essay in Holmes's *Surgery*, published in 1861, for his present views. I find there (p. 850) the above "sequence of morbid changes" ascribed to chronic glaucoma. How completely erroneous it is, I need not here stop to demonstrate. He also records (in Holmes, p. 786, *note*), "the most remarkable instance of the concave optic nerve that has ever come under his observation; the irides were vertical; each optic nerve was concave to such an extent as he had never before witnessed—the white margin of the nerve standing out in relief, like the edge of a cup, over which the central artery and vein passed, with a very marked and abrupt curve." The *ocular tension*, as estimated by touch, a cardinal element in the diagnosis, is not even alluded to. The case was apparently one of simple non-inflammatory glaucoma. He then argues (p. 787) for "the probability that in all cases the indentation is due to atrophy and consequent shrinking of the nerve-tubules."

All this he has hardly correctly described (*ante* page 376), as "combating the notion that cupping of the optic nerve formed, *per se*, a distinctive sign of intraocular pressure." It is rather combating the notion that the sign of cupping has any diagnostic value whatever; it is confusing the incontestable and well marked distinctions between the different varieties of cupping, and attributing them all to mere wasting of the nerve-tissue.

c. Mr. Dixon's references to Von Gräfe's views (both *ante* p. 376, and in his two publications just quoted from) show that that author's opinions have not been at all apprehended by him; as could be conclusively proved, were it worth while to prosecute such a point in detail.

d. Nor has Mr. Dixon even yet quite understood my meaning as to "hardness of the eyeball in cases of severe iritis, keratitis, and other mixed forms of inflammation." He makes me deny that such cases are met with (*ante* p. 376). But, on the contrary, I have all along stated, in the most precise terms, that hardness does occur, under certain circumstances, in the course of such inflammations; and my statement has been that, when hardness does so attend them, this condition has to be watched with solicitude; since, if considerable, or persistent, it indicates the necessity of local surgical relief, though not always by iridectomy. (See *ante* p. 325.)

2. *As to the charges of recklessness, ignorance, heartlessness, and unworthy motives, brought by Mr. Dixon against some of those who have promoted the treatment of glaucoma by iridectomy in England*—charges which, coming from such a quarter, and not having been withdrawn on a remonstrance some time ago privately addressed to him, cannot be allowed to remain on record with their true character unexposed. Had they proceeded from a little known or anonymous writer, the good sense and right feeling of our profession might, indeed, have rendered it unnecessary to notice them at all.

That there may be no mistake as to their serious nature, I shall here reproduce them in his own words. (British Medical Journal, Dec. 26th, 1863; Jan. 16th and 23rd, 1864.)

"My name is associated with the names of several eminent ophthalmic surgeons of the present day, of whom the writer of the article says, 'Their opinion is decidedly adverse to the operation of iridectomy *as at present practised*.' If the writer, instead of the passage I have marked in italics, had employed the words '*as at present abused*', I should probably have still maintained silence; but *while I deplore the reckless manner in which iridectomy is so often resorted to*, etc." "The manner in which iridectomy was first brought under the notice of the profession, without any attempt towards a rational explanation of its action; *the hasty way in which it was taken up by the inexperienced and misinformed; the gross mistakes and consequent ruin of eyes that resulted from it*; all this impelled me, as I happened to be publishing just at the very time of this *furore*" [viz., in the spring of 1859] "to raise a warning voice against the hasty practice of an operation requiring for its safe performance great care and skill, and the indications for which, in the absence of all rational explanation of its *modus operandi*, could hardly be appreciated by those who were in such a hurry to practise it. My little work was specially intended for those commencing the study of the eye; and *for their benefit*, I mentioned some of the instances in which *I had known* iridectomy to be followed by the *most disastrous results*; and I might have cited many more, had my object been simply to decry the new invention. Some time after" [viz., in August 1860] "my friend Mr. Wilde wrote to ask my opinion of the operation, and still anxious to protest against *the reckless way* in which it *was being performed*, I stated what I had seen of its disastrous results. (*Dublin Hospital Gazette*, Sept. 1, 1860.)"

Sir W. R. Wilde's review, entitled "Medical Epidemics—Glaucoma and Iridectomy", appeared in the *Dublin Quarterly Journal of Medicine* for August 1860. In this, amid many allusions to various forms of quackery, he stated his object to be "to arrest the spread of the glaucoma epidemic in England" (p. 88); and running full tilt against the whole array of facts and arguments on which iridectomy then rested, and not having himself tried iridectomy, it was natural that he should put forward as a chief *cheval de bataille*, the strong adverse testimony, publicly given fifteen months before, of "Mr. Dixon, senior surgeon to the London Ophthalmic Hospital, and a thoroughly honest practical man," who had tried iridectomy "in a series of carefully selected and well marked cases" of three classes, and *had found it signally fail in all*, for not even in the acute cases was sight restored ("nor in the third class was sight restored")—of which more anon.

It was *à propos* of this review that Mr. Dixon wrote to Sir William, as referred to by himself above. In that letter (*Dublin Hospital Gazette*, Sept. 1st, 1860), while accusing other operators of recklessness, abuse of the operation, etc., he so far modifies his previous bad opinion of its results, as to give an assent to iridectomy in cases of acute glaucoma, but only *where the previous evacuation of the aqueous humour through a large corneal opening had afforded only temporary benefit, and the acute symptoms had returned*. He had then, in acute glaucoma, "*often found it unnecessary to interfere with the iris.*" This was the extent of his admissions in August 1860, after three years' successful experience in the hands of others, and largely at his own hospital.

Again, Mr. Dixon says: "What I, in plainer terms, asserted as to the *reckless proceedings* of some of the *over-hasty iridectomists*; and I can no more excuse 'young enthusiasts' who, *without manual skill or previous operative experience, undertake iridectomy as a means of notoriety*, than I could pardon an older surgeon, should he habitually operate on cases which were either not threatened with glaucoma at all, or were already in a hopeless condition of confirmed glaucomatous blindness. This is just the question which the public and the lookers-on of the profession are at present so anxious about, and which, in fact, has given rise to the present iridectomy controversy. Sufferers from failing sight exclaim: '*We want, if possible, to save our eyes, not to offer them up as subjects for needless operations.*' *They say to the surgeon, as the frogs in the fable said to the boys—Though sport to you, this is death to us.*'" (*Ante* pp. 80-1.)

I regard these injurious charges as altogether unjust and unmerited, and, in fact, as having no other foundation than Mr. Dixon's own misapprehension of the nature of the cases which he may have heard of or seen in the practice of others; a misapprehension springing from his strong original bias against the new treatment, and from his having failed to master its principles, or the new accessions to our knowledge of glaucoma. He has seen everything through the gloom of dislike. His acceptance of the new views has been tardy, reluctant, and partial. I would it had been otherwise; and that his influence had been given towards the furtherance, rather than the retardation, of progress.

Mr. Dixon at first seemed to think the proposal of iridectomy absurd. His first account of the treatment (in his second edition, 1859) is altogether adverse to it. He only allowed that it relieved pain and inflammation by the evacuation of the aqueous humour. He even thought it so dangerous, that he was induced to suppress mention of his real good results in some of the acute cases in which he had experimentally tried it. Instead of writing, "*nor was sight completely restored*," *as he now says he might more fitly have written*, he considered it his duty to write, "*nor was sight restored*"—*a totally different statement.* I could not have ventured to say this, except on his own express authority (*ante* p. 108). The passage in his second edition (1859, p. 251), and his own recent comment upon it (January 1864, *ante* p. 108), are as follow.

1859. "For myself, I may state that, although I could not recognise as sound the theory upon which the operation was brought forward as a cure for glaucoma, I tried it in a series of carefully selected and well marked cases of the following forms of disease—'amaurosis with excavated optic nerve', as Gräfe has termed a peculiar morbid condition; chronic glaucoma, where the lens had not yet lost its transparency; and in cases of acute glaucoma, characterised by sudden impairment of sight, rapidly followed by inflammation of the eyeball, dilated and fixed pupil, severe neuralgia, and total loss of vision. In neither of the first two classes did I find—nor had I expected to find—any improvement to result. Nor in the third class was sight restored; but the inflammation seemed to be arrested, and the neuralgia was either very much lessened or it wholly ceased. I cannot, however, attribute this result to the removal of a portion of iris; but mainly to the evacuation of the aqueous humour through the large corneal wound."

1864. "An author's opinion on any given subject should be judged of from his latest publication; and if our friend, the 'Country Surgeon', had referred to my essay on Diseases of the Eye in Holmes's *System of Surgery* (vol. ii, p. 855, 1861), he would have found that, in relating my own experience of iridectomy in acute glaucoma, I said, 'As regards vision, the results have varied; in some cases, the improvement has been very great.' I might have used a still stronger expression in reference to the favourable results of the more successful cases; just as, in the passage which the 'Country Surgeon' quotes from my earlier work (1859), 'Nor in the third class (cases of acute glaucoma) was sight restored,' I might more fitly have written 'completely restored'. But most exaggerated accounts had been given of the success of iridectomy as a cure for glaucoma, before the necessary time had elapsed for testing the real value of the operation, and its applicability to certain cases, that I laid most stress on the abuses of the operation, and rather understated than overstated the benefits which, in my own practice, I had seen to follow its performance."

But a very cursory examination of the second edition of his work in 1859; of a case of his in the *Medical Times and Gazette*, August 25th, 1860, p. 196; of his article in Holmes in 1861 (for the most part a *rechauffé* of his second edition); and of the opinions which he has put forward in his recent letters to yourself,—will suffice to show the extremely slow and halting manner in which he has acquainted himself with recent discoveries as to the diagnosis and pathology of the disease; and even that he does not yet recognise as glaucomatous a large and important class of these affections. He ignores the diagnostic points which the rest of the world admits. Hence he has interpreted amiss, and in a sense adverse to the integrity and ability of some of his colleagues, much of what he has seen or heard of in their practice; and this, in one of his high position and honourable character, is indeed much to be deplored.

I made an admission in a former letter (*ante*, p. 54), which, I should have thought, hardly admitted of misconstruction, and which I do not in any sense retract. But I must now state without any reservation, that having been very conversant with the subject from the first, I have not myself seen or heard of anything whatever to justify these charges of recklessness, ignorance, and cruel disregard of the feelings of humanity, on the part of any operators—anything to warrant the remark as to "young enthusiasts, without manual skill or previous operative experience, undertaking iridectomy as a means of notoriety." I fully believe that those who have accepted this new treatment, and those who have not, have been alike influenced by motives worthy of their honourable calling.

I desire to add, that I have adverted in the present letter to Mr. Dixon's imperfect acquaintance with the modern views of glaucoma, not to blame him for errors of opinion on matters of science, but only in the way of defence against attack, and in order to render evident to all his incompetency as a witness on this particular subject, when he was not only conceiving in his own mind, but publishing and reiterating, harsh and even cruel inculpations of the conduct and motives of some of his associates—inculpations wanting in the preciseness which would have admitted of categorical denials, yet so couched as to appear to be directed indefinitely against any of those who were known to have practised iridectomy.

The individual testimony I have now given may or may not be supported by that of others who have had opportunities, in various degrees, of forming conclusions on the subject. I can only speak for myself, and of what has fallen within my own range of observation. I believe, however, that no single person among my colleagues at Moorfields sympathises with Mr. Dixon in the aspersions which he has now, at different times within five years, been casting on the fair fame of our profession. The occasion seems to be one when additional testimony from them and others would hardly be superfluous.

Meanwhile, few things would give me greater pleasure than to find Mr. Dixon, on further examination, spontaneously withdrawing imputations which, I feel sure, cannot be sustained, and which, until he himself retracts them, must still, perhaps, however widely and truthfully they may be repelled, leave some stain upon our character as surgeons in Great Britain.

And now, sir, reviewing for a moment the recent controversy in your pages, let me thank you for having originated it; for it appears to have been much needed. I think you have done an important subject essential service by inviting attention to it. It is, indeed, one of the most important in ophthalmology, and so eminently one which should interest practical men, that much of human happiness or misery depends on its right or wrong appreciation by that very large class of practitioners on whom, in the first instance, the responsibility generally rests of advising in cases of failing sight, from whatever cause arising.

And their responsibility in regard to this disease is not an ordinary one, on account of its peculiar type; for many affections, grave and threatening at first aspect—as, for example, various inflammations and cataract—do not terminate of themselves, if untreated or badly treated, in blindness that cannot be recovered from; and some others would so end, even in spite of the most skilful treatment. In such, therefore, a want of knowledge on the part of him who first sees the patient is less disastrous. But it is otherwise with glaucoma. This, as it proceeds, manifests no tendency to a favourable termination; nor does it subside of itself, leaving the sight simply imperfect, but capable of being eventually restored. Glaucomatous diseases, as they advance, more and more destroy, rather than obscure, the vision. If untreated, or treated by remedies which do not profit, they lead by various degrees to blindness, from which there is then *no recovery*.

How thankful, therefore, should we be that their characters have been discriminated, their diagnosis made comparatively easy; and, above all, that the genius of an eminent man has given us a method of controlling that hardness of the eyeball which constitutes their element of danger.

How much is it to be wished that practitioners at large should have their attention awakened to the detection of these diseases, so that in each instance it may at least be considered in time whether the remedy be applicable or not. How desirable, particularly, that all those who devote themselves in any special degree to ophthalmic practice should study and adopt this treatment, and take their part in working out the details of its efficacy. Some of these may perchance prove themselves competent to promote further progress hereafter, possibly to devise something different from iridectomy, and better. Doubtless, we do not yet know all, either of the nature of glaucoma, or the mode of action of iridectomy; and improvements are still to be striven for and expected. But, meanwhile, it seems much to be wished that, at all events, ophthalmic surgeons should master the diagnosis, and experimentally test and apply the remedy we already possess.

I am painfully aware, indeed, of the inherent and unavoidable difficulties of the subject of glaucoma, and of the special anxiety under which the operation for its relief must be occasionally undertaken. Cases present themselves at every stage, and, of course, under a great variety of conditions and complications, in some of which we cannot promise with absolute certainty the recovery or even the maintenance of sight; and the perplexity and hesitation of the patient, originating, perhaps, in the natural dread of any operation whatever, are not diminished when he finds that the remedy recommended by one adviser is strongly condemned by another, whose opinion he holds in equal estimation.

I have from the first done my best to make the remedy widely known, and to explain what seemed to me to be misconceptions regarding both the operation and the disease. If, in recent letters, written amid pressing occupations, I have given a moment's unnecessary pain to any one, I again express my regret. I hope, however, that my words, fairly understood, cannot be regarded as wanting in courtesy towards any fellow-worker. There still remain many questions respecting glaucoma on which future research may be expended with advantage. The field is open, the inquiries difficult; and a charitable construction of the conduct and motives of each other is surely incumbent on us all. I am, etc.,

W. Bowman.

5, Clifford Street, May 6th, 1864.

PAYMENT FOR RE-VACCINATION.

Letter from T. Jackson, Esq.

Sir,—You will allow me to remark on your kind and well meant appendings to my letter on Re-vaccination in the Journal of April 30th, that to yield the points in question (even as to the payment for services rendered) so readily as you advise, is not the way, I take it, to obtain our just rights. Because the opinion of an eminent counsel is given in favour of isolated questions, I do not feel quite certain that such is the correct view of the law on the subject; at all events, it will bear discussion.

The Privy Council—a power of no mean authority—issue regulations and instructions for our guidance; these are plain, explicit, and easily understood. The original Act may not even mention re-vaccination; but the Privy Council have the power to make what regulations they deem necessary to produce the desired results contemplated by the Act; and we, as vaccinators, are bound, in due submission to their law, to obey.

It cannot be assigned as a reason against this Act of the Council, that it is not consonant with the original Act of Parliament, when it is plainly but an extension; a more complete carrying out of the express intention of the legislature; viz., the full prevention of small-pox.

The Privy Council not merely advise, they order (and it seems clear to me that they have the power, or they would not so exercise it), and require from Guardians that their contracts with their vaccinators shall be made in conformity with their rules. If public bodies set at defiance orders issued by such an authority, it becomes a matter of no slight moment—a licence taken not even reputable, and which must yield its result.

The Sculcoates Board, in my case, do not advise me to ignore these orders of the Privy Council; they even write me, "The directions of the Privy Council you refer to, you acted very properly in obeying"; yet, to be more than inconsistent, they themselves treat them as powerless. I am further warned by the Board, that the Privy Council have no power to order the payment of moneys out of the poor-rate, highway-rate, or any other rate; that can only be done by Act of Parliament, and there is no Act of Parliament authorising or directing guardians to pay for repeated vaccinations. Doubtless, this is quite correct; but I will remark that the Privy Council do not pretend to order payment out of any rate, poor or otherwise, but they do order, most emphatically, guardians to make the necessary provision for carrying out their rules; and I cannot imagine that they will be allowed to be violated with impunity.

Through the kindness of a medical brother, I am favoured with the practice of another union, and in which a proper and full provision is framed in obedience to the before mentioned orders of the Privy Council. I have also received a letter from the Poor-law Board, Whitehall, informing me that the subject will receive their attention. I am, etc.,

T. Jackson.

Welton, near Brough, East Yorkshire, May, 1864.

PAYMENT OF SURGEONS IN CHARGE OF TROOPS.

Letter from Henry Terry, jun., Esq.

Sir,—I am very sorry to have so greatly offended your two anonymous correspondents by my letter in the Journal of March 26th; and I do not think that it is fairly open to the construction which they have put upon it. My sole object in writing was to defend the Army Medical Department from one or two of the many charges which have been brought against it in various publications. I did not desire or pretend to defend the entire system, as "Fortis est Veritas" seems to imagine; and my acquaintance with these matters is not either slender or temporary, for I may say that I have had medical charge of troops on very many occasions for about twenty years past. I am perfectly aware that there may be grievances affecting military surgeons which do not concern me as a civil surgeon. Several of these he has enumerated in his letter to you; and, of course, I have no wish to contradict him, not being in a position to do so. I imagine, therefore, that, on the whole, "Fortis est Veritas" and myself do not disagree in any important point; and, I trust, if he favour me with a reply to this note, he will not conceal his name.

"A Civil Surgeon" complains of the rate of pay to private practitioners in charge of troops. Whilst he is substantially correct in his statement, I do not consider that he has stated the whole truth; for instance, first, he does not state that women and children are included in the contract; whilst, in a large detachment, women add considerably to the total amount; and while I know of several "civil surgeons" who attend and provide medicine for clubs, whose members are scattered over a large district, at 2s. 6d. or 3s. per head, I think we need not grumble at the 6s. 6d. or 8s. 8d, per head, for attending at a military hospital, where the patients are collected together and under strict military discipline (or 4s. 4d. to 6s. 6d. without medicine. I do not remember ever hearing any complaint on this matter previously. Secondly; in most towns promising recruits, various recruiting parties are stationed; and I believe the examination of recruits invariably falls to the lot of the surgeon "in charge of troops." I do not defend all the regulations in force affecting the medical examination of recruits—indeed, I complain of many of them; but it is undeniable that, in many towns, a considerable amount of money is paid to "civil surgeons" in charge from this source, and with but little trouble to him. On the whole, therefore, I think "A Civil Surgeon" has not much to complain of; but if he differ from me, or thinks that any alteration for the better can be brought about by practicable means, and will kindly communicate with me privately, I shall be too happy to co-operate with him.

I am, etc., H. Terry, jun.

Northampton, April 13th, 1864.

HEMIPLEGIA ON THE RIGHT SIDE, WITH LOSS OF SPEECH.

Letter from J. Hughlings Jackson, M.D.

Sir,—The case reported in the last number of the British Medical Journal by Dr. Ransome, and commented on by Dr. Fletcher, is one of very great interest. I have noticed that, when defect of speech occurs with hemiplegia, the hemiplegia is, so far as my experience goes, invariably on the right side. Dr. Fletcher's case is another instance of this. I have now seen thirty-one patients who have these two curiously associated symptoms; and, as about half of them have valvular disease of the heart, it seems plausible that plugging of the left middle cerebral artery is a frequent cause of the two symptoms when they occur together *suddenly*, as they did in Dr. Fletcher's patient, and in all my cases. This artery supplies the left corpus striatum—hence the paralysis of the limbs on the right side; and part of the left hemisphere—hence, I suppose, the mental defect. I say *left* advisedly, as I know of very few cases on record of loss of speech from plugging of the *right* middle cerebral artery, as proved *post mortem*; nor have I met, amongst my patients at the Hospital for Epilepsy and Paralysis, a single case of hemiplegia on the *left* side in which there was defect of speech.

M. Broca believes that disease of the brain *on the left side only* produces loss of speech; and, if I were to judge from the cases under my own care, I should think so too. My friend Dr. Haydon of Bovey Tracey has, however, given me particulars of a case in which the hemiplegia was on the left side, indicating, of course, disease of the right side of the brain; and a similar case has been mentioned to me by my friend Mr. F. M. Corner of Poplar. Yet, admitting that disease on the right side *may* cause loss of speech, there is something singular in the much greater frequency of the disease on the left side of the brain when speech is lost. I write this letter in a great measure to draw attention to this singularity, in order to try to induce members of the British Medical Association to look up cases of hemiplegia with loss of speech, in order to see if there be not something more than a coincidence in the one-sidedness of the cases I have had under my care. The admitted fact that a vegetation, detached from one of the valves of the heart. is more likely to get into the left than into the right carotid, will certainly not account for a run of thirty-one cases. Then, too, according to the cases recorded in the case-books of Dr. Brown-Séquard, my late colleague, at the Hospital for Epilepsy and Paralysis before I was attached to it, taking all cases of hemiplegia together, the paralysis is oftener on the left than on the right side.

I think that I can shew by records of numerous cases that when, in severe epileptiform seizures, convulsions affect the right side of the body, there is, after the paroxysm, greater mental defect, and a greater loss of speech, than when the left side is convulsed. In the former—temporary spasm of the branches of the left middle cerebral artery—there are the symptoms faintly marked, which are, as it were, more permanently written down in the defect of speech and hemiplegia which follow complete blocking up of the artery. Indeed, I think there are good reasons for believing that epileptiform seizures are due not to general spasm of the blood-vessels of the brain, but to spasm in certain definite arterial regions, or possibly in regions mapped out by vasomotor nerves. I have observed several cases of chronic epileptiform seizures which seemed to have had their origin in an attack of embolism of one of the middle cerebral arteries. Chorea has a suspicious resemblance to such cases; and I think it will be found, clinically, that when chorea affects the right side only, the mind and speech are worse than when it affects the left. This is, I think, the rule; but I have seen several exceptions; and I am now attending at the London Hospital two cases in which, with chorea on the left side, speech is considerably affected.

M. Broca points out a particular part of the brain, where, he believes, the faculty of speech resides; but I can only surmise that it is in some part of the brain supplied by the left middle cerebral artery. Of course, a clot or a tumour in this region would produce the same results as plugging of the artery which supplies it with blood.

I may briefly say, that by defect of speech I mean, not difficulty of articulation, but want of brain-power either to form ideas or to find words. In Dr. Fletcher's case, the patient could on the second day put out her tongue, but she could not speak until the fifth. Dr. Ransome, in his report, uses sometimes the word "articulation", sometimes the word "speech"; but I suppose he considers the defect to have been a mental one, and not a mere paralysis of the tongue and lips; for, when his patient could write, she could not express herself, making mistakes in the words she wrote on her slate. This mental symptom has been described by Trousseau under the name of *aphasia*. I have heard Dr. Brown-Séquard describe it many times at the Hospital for Epilepsy and Paralysis.

In several cases of the kind that I have seen early, the patients did not put out the tongue when asked; so that, at first glance, it seemed as if there was paralysis of the tongue itself, rather than a mental defect; that the dumbness was a loss of power of articulation, rather than of language. But it will be observed, in such cases, that the patients can eat and swallow well, which, of course, they could not do, if the tongue were really paralysed. Again, in all such cases, the patient after a time puts out his tongue well, although he does not regain the power of speech. For instance, in a case I saw lately, the patient could only say the word "awful". When I first saw him, he did not put out his tongue, although I tried hard to get him to do it. At the next visit he did, and has done ever since; but he can still, a month later, only say the one word "awful", as at first.

The loss of smell is another physiological symptom of very great interest. Part of the olfactory bulb is supplied by the middle cerebral artery, but most of it by the anterior. Now, if the patient had lost smell *altogether*, it would be difficult to understand how it followed from cutting off the supply of blood to *one* bulb, granting that the anterior as well as the middle cerebral artery had been plugged. In an article in a recent number of the *Natural History Review*, by Dr. Rorie of Dundee, a decussation between the two olfactory bulbs in some of the mammalia is described. If this be so in man too, we can more easily understand how disease of one bulb should affect smell on both sides. Dr. Fletcher's case is the only one I know of in which this symptom has been noticed in embolism of the arteries of the brain. I had omitted to inquire about it in all my cases, but have now done so in four. In two it was nearly lost; in the other two, not affected. I have noted cases in which slight epileptiform seizures began by an alteration of smell, and have suggested that such attacks may be due to contraction of the blood-vessels in the range of one anterior cerebral artery.

Besides the great physiological value and clinical importance of Dr. Fletcher's case, it has great pathological interest, as showing one of the conditions in which plugging of arteries occurs. Again, Dr. Fletcher is to be congratulated on his therapeutics, as such cases have, I believe, rarely so favourable a termination. I am, etc.,

J. Hughlings Jackson, M.D., M.R.C.P.

5, Queen Square, Bloomsbury, May 2nd, 1864.

DIAGNOSIS OF OVARIAN AND UTERINE TUMOURS.

Letter from C. H. F. Routh, M.D.

Sir,—Mr. Spencer Wells acknowledges his obligation to M. Nélaton for having taught him to diagnose "between associated and transmitted movements in cases where it is doubtful how far an abdominal tumour is or is not independent of the uterus." But I surely cannot be in any way held responsible for what M. Nélaton said either to Mr. Wells or to Dr. Savage. I examined the patient for a long time at my house, and concluded that she was affected with ovarian dropsy, chiefly—1, because the tumour was distinct from the uterus; 2, because I at least could neither by the stethoscope nor the vaginoscope hear the cardiac sounds transmitted through the tumour, although the impulse might be; 3, because, on examination *per vaginam*, I distinctly found the tumour in one part to have a *semi-elastic*, not a *solid* feel. This it was that led to my conversation with M. Nélaton. I told him the grounds upon which I concluded pretty certainly that the disease was ovarian; and I distinctly understood him to express the opinion, in reply, that it was a fibroid tumour unconnected with the uterus. If I am wrong, and M. Nélaton says so, then, and not till then, I am ready to admit and correct the error.

In so difficult a case, I think Mr. Wells's omission of my name, in giving the account, when I made a correct diagnosis, was scarcely courteous; more especially as, to the last, he was uncertain whether it was a "*semi-solid tumour of the right ovary, or a fibroid outgrowth from the uterus*". (*Medical Times and Gazette*, July 26th, 1862.)

The statement made by me, that the patient had been to several hospitals, I gathered from herself, and have it so recorded in my notes taken at the time. If her language or my account were not sufficiently explicit, I am at most only open to courteous correction. Moreover, to avoid offence, I omitted all names.

As to Mr. Wells's limitation of the meaning of the term "exploratory incisions" to incisions made where it is doubtful if the tumour can be removed, this is not generally admitted. Such a distinction may be useful in a statistical return, to determine more exclusively the percentage of mortality in cases of ovariotomy, when the operation is either not completed, or the tumour turns out to be extraovarian; but, I apprehend, in every case of ovariotomy, the first incision must be exploratory. But in this case the play on words can only be excused by a faulty memory. He was uncertain as to the nature of the tumour; and, besides, I learn from a late colleague, who distinctly remembers the circumstance, that the summons to the medical officers was, not to witness a case of ovariotomy, but to see Mr. Wells make an "exploratory incision".

Such, then, is my explanation, which I trust may be deemed satisfactory. I am, etc.

C. H. F. Routh.

52, Montague Square, W., May 1864.

[We can publish nothing further on this subject. Editor.]

ARMY MEDICAL DEPARTMENT.

Sir,—Allow me to make a few remarks upon a letter which appeared in the *Army and Navy Gazette* of the 30th April, and apparently written by a *retired* medical officer of the Indian army.

That gentleman evidently is most grossly ignorant of the present state of affairs, and it is not to be expected that he should be well acquainted with it; but it is to be regretted that he should endeavour to deny the validity of the grievances of the department. When he states that there are men who "labour to be out of their own sphere", who are "aping to be field-officers", and "to put all things under their feet", his remarks may *possibly* apply to a very small number of medical officers, but they certainly do not in the slightest degree apply to the vast majority of the department; and it is an indisputable fact, that ninety-nine out of every hundred medical officers now serving are dissatisfied with the state of affairs. Is it to be credited that the medical officers of the present day are all "factious persons of weak understanding"? and that only the *retired* medical officers are endowed with wisdom?

Assuming that the discontent of the army medical officers is general, and not confined to a few (and that fact is sufficiently notorious), we are invited by the correspondent of the *Army and Navy Gazette* to believe that all the cardinal virtues were possessed by the *retired* medical officers, and that the present men are worthless "malcontents"; but this is not credible. Refer to the list of *resignations* during the past five years, and then say whether it is probable that so large a number of gentlemen would have resigned on account of mere *shadowy* grievances.

The retired medical officers are quite welcome to offer their services, and the authorities are free to accept them; but that measure would only serve to lessen the present urgent necessities, and would not in the least degree render the service more popular. It was the existence of such a spirit of "abject submission" on the part of the medical officers of previous times, as evidently influences the *retired* officer to whom I have alluded, that has induced the present crisis.

The thanks of the army medical officers are due to you, sir, for your consistent advocacy of their cause; and, so long as the *medical* journals stand fast to their cause, they need not fear the malicious or ignorant letters which from time to time appear in the *Army and Navy Gazette*, which is apparently the organ of the Horse Guards. I am, etc.,

A SURGEON.

MERCURY IN SYPHILIS.

LETTER FROM G. GASKOIN, ESQ.

SIR,—In your number of April 9th I perceive the details of an instructive case related by Mr. Henry Lee, which, taken in connexion with your editorial comments, may appear to render unnecessary a reply to Dr. Drysdale's letter contained in the same number. Not to be wanting, however, in courtesy to Dr. Drysdale, I will answer as I can, and I will say he cannot be ignorant that the term "ulcers on the organs of generation" includes more than one kind of disorder; and, besides, it is an induration, rather than an ulcer, which characterises syphilitic disease, in some cases of which there is no ulceration at all. Brodie and Lawrence, as British surgeons, knew pretty well the difference between local and infecting sores; but it was reserved for Henry Lee to define in an exact manner the boundaries of each, and to render diagnosis accurate. As far as I am aware, the clever and precise ideas of this observer are not fully apprehended on the continent, where attention has been chiefly occupied with the local inoculable ulcer; and it is entirely through the medium of this kind of ulcer that their mistaken or miscalled "syphilisation" has been effected. The Hunterian chancre—the constitutionally infecting sore—is not inoculable on the integument of the patient. That this latter form of disease and its sequelæ require mercury for their cure is a maxim of English surgery from which its best exponents have never swerved. If Boeck has found that venereal ulcers heal up more speedily without mercury, that is certainly interesting; he is not single in entertaining such an opinion. If Ricord is reputed to be unsuccessful in the employment or adaptation of his novel therapeutical means, this does not affect the question that sooner or later, in true pox, you must have recourse to mercury. The medicine, as Vidal has said, must be given with "method and art". In combating so virulent a disorder, it is no wonder we do not always obtain satisfactory and rapid results; but at least mitigation is pretty constant, and perfect cures very common.

Not to speak of approved methods, I should have thought Dr. Drysdale's attention would have been drawn to the very gentle and efficacious means by which, in some hands lately, mercury has been applied to the treatment of the disease. I cannot conceal my opinion that at no time in the history of syphilis has the expression of the doctrine that it can be very well cured without mercury been inoperative for mischief. One must be very indifferent to what is going on in the present day not to perceive the existing tendency to treat all diseases without the employment of any important remedies whatever. With many this is the form invention takes—to rest on no received ideas, to begin all over again. But, with men wh have found themselves in contact with striking cases, there are certain arguments which are in their very nature superfluous. With them, faith in certain remedies becomes confirmed; and, to say the truth, the attempt to discredit mercury in the present day seems rather like mustard after dinner. I can recollect when those who "ruled the town" gave truly enormous doses of calomel, long and frequently repeated, for all sorts of inflammation, and in many kinds of constitution; yet I must say that the evil consequences to the patients have been far less apparent than might reasonably have been expected. Very different are the results of syphilitic disease. It is very common now to treat serous inflammations, and notably pericarditis, without mercury; and perhaps, by and by, as in America, quinine is destined to usurp its place. Pericarditis, indeed, gets well under many kinds of treatment—guaiacum, alkalies, salines. Nevertheless, I believe that mercury has an influence in controlling inflammation both in serous and mucous membranes, and in improving some pyrexial and chronic conditions. Guided by my experience, I confess that, in a case of severe idiopathic pericarditis, I should be disinclined to omit it. The valuable remarks of Dr. Nelson in the July number of the *British and Foreign Medico-Chirurgical Review* for the past year tend, I believe, to show that, in the treatment of dysentery in the Eastern seas and coasts, the mortality has increased since the use of mercury has been discontinued. What I wish to point out is, that this remedial agent, in its general applications, does not deserve to be so entirely discredited.

I am, etc., G. GASKOIN.

3, Westbourne Park, April 21st, 1864.

NEW PHARMACY BILL. The following are the principal provisions of the bill proposed by the Council of the Pharmaceutical Society. The preamble recites that it is expedient for the safety of the public that such a bill should pass. Clause 1 enacts that after January 1, 1864, all chemists and druggists, not members of the Pharmaceutical Society, who compound prescriptions, shall be examined, unless, as after appears, they be already established in business. Clauses 2 and 3 relate to the appointments of examiners and registrar. Clause 4 permits the registration of chemists and druggists actually in business on payment of a fee not exceeding one guinea. Clause 5 allows the registration of assistants engaged as such before January 1, 1865, on payment of five shillings. Clause 6 allows such assistants and associates (before the above date) of the Pharmaceutical Society to become registered when commencing business on payment of one guinea. Clauses 7, 8, 9, 10, and 11 relate to the evidence required before registration, and the duties of the registrar. Clause 12 imposes a penalty for obtaining registration on false pretences, and Clause 13 imposes a penalty for falsely pretending to be registered. Clause 14 directs the fees payable under the Act to be paid to the treasurer of the Pharmaceutical Society. Clause 15 allows registered chemists and druggists *who have passed the minor examination* to vote at the meetings of the Pharmaceutical Society. Clause 16 legalises the application of the funds of the Benevolent Society to the relief of the newly registered chemists and druggists, and their widows and orphans. (*Chemical News.*)

Medical News.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 10th.

Bertin, Henri Victor, St. John's Wood (St. Mary's)
Brewer, Chas. C., Newport, Monmouthshire (St. Bartholomew's)
Broughton, Henry T., Bradford, Yorkshire (Guy's)
Burrell, Edwin, Westley, near Bury St. Edmunds (Guy's)
Coates, G. A. A., Sirhowy, Monmouthshire (St. Bartholomew's)
Drust, John, Gainsborough (Middlesex)
Earle, Robert C., Totnes, Devon (Guy's)
Goodfellow, William R., Commercial Road (London)
Grewcock, George, Folkingham, Lincolnshire (University Coll.)
Hawken, Charles St. Aubyn, Redruth (Westminster)
Hayes, Thomas E. D., Liverpool (Guy's)
Hume, Frederick H., Angell Terrace, Islington (St. Thomas's)
Jackson, Henry G., Leeds
Knight, Charles F., Brill, Bucks (Charing Cross)
Mann, William S., Birmingham
Masser, Herbert C. P., Longford, near Coventry
Morris, Joseph, Studley, Warwickshire
Paddon, George, Hitchin, Herts (Guy's)
Saltus, James, Conyers, Demarara, West Indies
Smith, Henry Richard, Newark, Notts (Guy's)
Spurgin, Herbert B., Thrapston, Northamptonshire (Guy's)
Thibou, Jesse W., Antigua, West Indies (St. Bartholomew's)
Ward, Martindale C., Markham Square, Chelsea (St. George's)

Admitted on May 11th—

Allen, Robert Francis, Cloughjordan, co. Tipperary
Barrett, Joseph W., Eton (Guy's)
Busby, Ralph A., Leamington (University College)
Caldwell, John Thomas, Knutsford, Cheshire
Colthurst, James Bunter, Bristol (King's College)
Cronin, Eugene Francis, Clapham (Westminster)
Dykes, William Astly Sherratt, Hull
Eatock. John Albert, Rivington, near Bolton
Flint, William Henry, Buxton, Derbyshire
Foster, Charles Wm. E., Aldershot
Harding, Peter, Shrewsbury (University College)
Martin, James H., Tregony, Cornwall (University College)
Milburn, F. Le Fevre. Leiston, Saxmundham (Charing Cross)
Miller, Andrew, Highbury (King's College)
Oxley, Charles Fox, Pontefract, Yorkshire (St. George's)
Peacock, Albert Louis, Huntingdon (Westminster)
Rudd, William Arkwith, Hull
Smith, Walter, Bognor, Sussex (University College)
Sparling, William Augustus, Norwich (London)
Williams, John, Anglesey
Woodgates, Samuel Henry, Hereford (Guy's)

At the same meeting of the Court—

Anderson, William (*a*), Royal Marine Artillery, Portsmouth, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the Edinburgh College of Surgeons: his diploma bearing date July 17th, 1855.

Apothecaries' Hall. On May 12th, the following Licentiates were admitted:—

Ashton, John Henry, 10, Upper Barnsbury Street
Gibson, Robert Chapman, Fyfield, Ongar, Essex
Jones, William, Trewalter, Brecon
Kiernander, William Coleridge, 2, Brunswick Square
Marshall, William Norris, Upper Northgate Street, Chester

At the same Court, the following passed the first examination:—

Birtwell, Henry Hargreaves, St. Thomas's Hospital
Spooner, Edward Monroe, London Hospital

DEATHS.

Browne, Robert, Esq., Surgeon-Major 25th Regiment, at Killiglan, Ballinglass, Ireland, on May 9.

Capper. On April 30th, at Mentone, Elizabeth Ada, infant daughter of Joseph Capper, M.D., late of Ipswich.

Clarkson. On May 5th, at Vertus, near Dieppe, aged 6, the only daughter of J. Clarkson, M.D., of Lancaster.

Cocke, Thomas G., Esq., Surgeon, at the Elms, Chapel, Essex, aged 57, on May 9.

Cooper, George F., M.D., at Brentwood, aged 37, on May 8.

Curtis, John W., M.D., at Alton, Hants, aged 50, on April 27.

Emanuel, Leonard, M.D., Assistant-Surgeon Bengal Army, at 21, Inverness Road, aged 29, lately.

Hawkins. On April 30th, at 36, Colet Place, aged 17, Anne, daughter of James Hawkins, Esq., Surgeon.

Howell, Thomas, Esq., Surgeon, of New Kent Road, aged 49, on May 8.

Johns, Robert, M.D., at Dublin, aged 49, lately.

Kelly, John, M.D., at Notting Hill, on April 30.

Lewer, John Richard, Esq., Surgeon, at Whampoa, China, aged 43, on March 7.

Madden. On April 23rd. at Torquay, aged 13, Elizabeth, third daughter of W. H. Madden, M.D.

Martin. At Oundle, on April 15th, aged 79, the wife of *J. C. Martin, Esq.

Riach, John, M.D., formerly Surgeon H.M. 67th Foot, at Allanbank, near Perth, aged 73, on May 14.

Ridge. On May 16th, at 35, Thomas Street, Southwark, aged 46, Emma Annette, wife of John J. Ridge, M.D.

Seaman. On April 30th, at Teignmouth, Catherine, widow of W. B. Seaman, M.D., of Vere, Jamaica.

Sinclair. On February 15th, at Sydney, aged 20, Samuel F., younger son of *Duncan Sinclair, Esq., of Halstead, Essex.

Stutter. On May 5th, at Upper Sydenham, Emily M. M., infant daughter of Frederick A. Stutter, M.D.

Thornton. On March 15th. at Port Elizabeth, Cape of Good Hope, Arthur M., youngest child of Robt. Thornton, Esq., Staff-Surgeon.

University of Cambridge. The examination for the degree of Master in Surgery will take place on the 24th of this month, instead of the 30th, as before announced.

Another Sewage Commission. Lord Robert Montague has obtained a committee of the House of Commons to consider the plans for utilising the sewage of large towns.

Causes of Death in London. In London during the past week scarlatina was fatal in fifty-one cases. Six deaths were caused by horses or vehicles in the streets. A boy was suffocated by the fumes of a brick kiln.

The War in New Zealand. General Cameron thus speaks of the medical services in his last despatch: "The wounded were promptly attended to by the officers of the medical department, under the superintendence of Deputy Inspector-General Mouat, C.B., who was present in the field."

Death of Dr. Robert Johns of Dublin. The *Dublin Medical Press* of last Wednesday announces the death, at the early age of 49, of Dr. Robert Johns, a distinguished obstetric practitioner in Dublin, and the author of many important papers on obstetric science in the *Dublin Quarterly Journal of Medical Science*, and elsewhere. His death arose from peritonitis, occurring while he was in weak state of health from the shock produced by a gas-explosion which burned him severely.

Bequests. The following bequests have been made to different hospitals by G. Wheelhouse, who died at Deptford on the 28th ult. The Westminster Hospital, £500; the Middlesex Hospital, £500; the Charing Cross Hospital, £500; the Royal Free Hospital £500; University College Hospital, £500; St. Mary's Hospital, £500; the Metropolitan Free Hospital, £500; the Seamen's Hospital Society, £500; the Royal Hospital for Incurables, £500; the Royal Infirmary for Children and Women, £500; the Great Northern Hospital, £300; the Scarborough Dispensary (to be expended in annual sums of £10 for each year until exhausted), £200.

Health of Scotland. The Registrar-General of Scotland has issued his usual monthly return for the eight principal towns. It shows that since the establishment of the Register-office, nine years ago, there never were so many marriages or so many births in any April as in that of 1864, and only once (in the cold April of 1860) so many deaths. Births, marriages, and deaths have all been above the average; life seems to be going on at a rather fast rate. Greenock, Aberdeen, and Glasgow continued to suffer from typhus; and throughout the town populations one death in every four was caused by the zymotic class of diseases.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M. -Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern. 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY....... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations. 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY. Royal Medical and Chirurgical Society, 8.30 P.M. Mr. B Hill, "On the Occurrence of an Additional Muscle to the Subclavius"; Dr. Dickinson, "On Albuminuria in Children"; Dr. Wm. Murray, "On Abdominal Aneurism"; Dr. Greenhow, "On Congenital Imperfection of the Mammæ, etc."—Zoological.—Ethnological.

WEDNESDAY. Geological.

THURSDAY. Royal Society.

FRIDAY. Royal Institution.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

THE PRESCRIBER'S COMPANION.—SIR: I find the following mistakes on a cursory perusal of *The Prescriber's Companion* by Dr. Meadows, noticed in your JOURNAL. At p. 135 are Potassi*um* Bromidum and Potassi*um* Iodidum; I was thence referred to p. 29, where I found Potass*æ* Bromidum. At page 27, I found Lithi*a* Carbonas; at p. 28, Lithi*a* Citras; at p. 31, Potass*ii* Sulphureta; at p. 33, Sodii Iodid*i* Effervescens; at p. 35, *Iodum* Sulphuris; at p. 42, Aconit*ium*. With such palpable errors staring me in the face, how can I recommend it to my class?

I am, etc., A LECTURER ON MATERIA MEDICA.

COMMUNICATIONS have been received from:—Mr. CHARLES HUNTER; Dr. J. R. WARDELL; Dr. MERRIMAN; Dr. J. HUGHLINGS JACKSON; Mr. T. SOMERVILLE; Dr. GRAMSHAW; Dr. R. WOLLASTON; Mr. J. N. RADCLIFFE; Mr. MARTIN; Mr. LAWSON; THE HONORARY SECRETARY OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY; Dr. HARLEY; Dr. HARDIE; Mr. GRIFFITHS; Mr. EDWIN CHESSHIRE; Dr. THOMPSON; Mr. J. C. MARTIN; Mr. RICHARD GRIFFIN; Dr. SANKEY; Dr. HUMPHRY; EQUITAS; Mr. JAMES ROBERTSON; Mr. T. M. STONE; Mr. W. M. CLARKE; and Mr. F. J. WILSON.

ADVERTISEMENTS.

Clock Making.—"Benson's great piece of Clock Work is certainly a marvellous achievement in clock-making, both as regards the workmanship, and its capacity under difficult circumstances for time measuring." —*Mechanics' Magazine*, Sept. 15, 1862. Clocks by the first artists of the day for the drawing room, dining room, bed room, library, hall, staircase, bracket, carriage, church, turret, railways, warehouse, counting house, musical, and astronomical. Church and turret clocks specially estimated for. Benson's illustrated pamphlet on clocks (free by post for two stamps) with descriptions and prices, enables those who live in any part of the world, to select a clock. Also a short pamphlet on Cathedral and public clocks, free for one stamp. Prize Medal and honourable mention in classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

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Lectures
ON
ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XIII.
ON TALIPES, OR CLUB-FOOT.
(*Continued.*)

Talipes Varus. It has already been said that this and every other form of distortion may be both congenital and non-congenital. But, as it was said of talipes equinus that it is essentially a non-congenital distortion, so it may be said of talipes varus that it is essentially a congenital affection. Not only is this especially a congenital distortion, but it is the most common form of congenital club-foot that is met with.

One foot only, or both, may be distorted. Double club-foot is, perhaps, somewhat more frequent than is distortion of one foot only; the male sex is more frequently affected than the female, and the right foot than the left.

The *external characters* of this distortion are essentially inversion of the foot. To this principal characteristic, may be added others which are scarcely less important. Contraction of the tibialis anticus muscle alone, however, and without contraction of other muscles, as the tibialis posticus and the gastrocnemius, is known as varus.

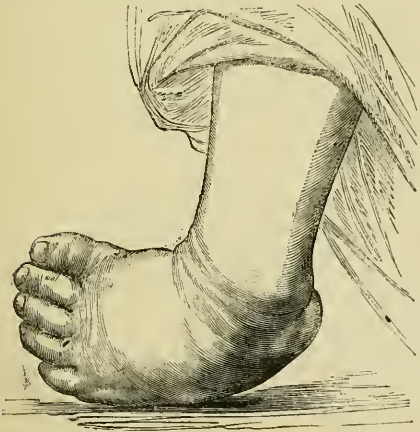

Fig. 35.

In the ordinary form of congenital varus, as it is represented in Fig. 35, the plantar surface of the foot presents backwards; the inner margin is turned upwards, while the outer edge is directed downwards; the sole of the foot is shortened; the dorsum is irregular on its surface, and presents outwardly; and the heel is raised.

But, although the inner margin may, in some instances, alone be raised, as in Fig. 36, the muscles may, in other cases, be so much contracted, that the inner edge of the foot shall be in contact with the inner side of the leg, as in Fig. 37.

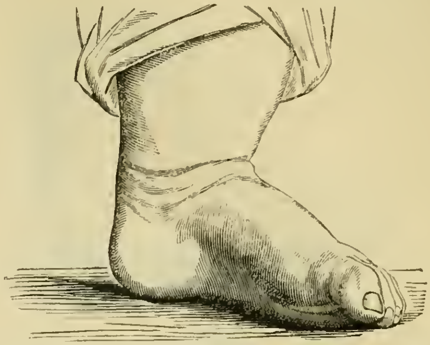

Fig. 36.

Again, contraction of the plantar fascia and of the muscles in the sole of the foot, together with contraction of the abductor pollicis muscle and the muscles of the calf of the leg, but without contraction of the tibial muscles, is another and a very rare form of varus. During the last week, I operated, together with my friend Mr. Leigh, on the worst instance of this form of distortion that I have yet seen.

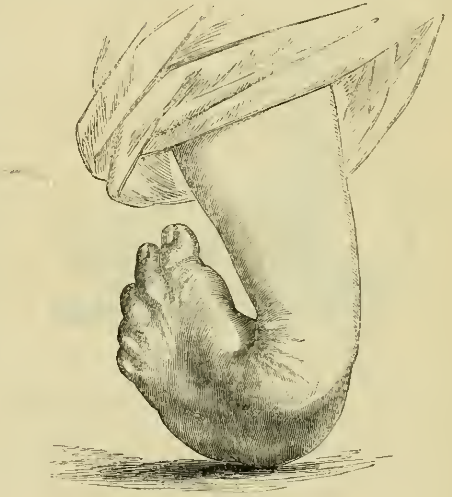

Fig. 37.

When the child begins to walk, and to bear the weight of the body on the feet, important changes take place, which are necessary to be understood before the treatment can be efficiently undertaken. Instead of the superincumbent weight being transmitted to the ground through the arch of the foot, it is received on the outer margin of the foot, or on the fifth metatarsal bone. This bone then, receiving the weight, becomes rotated inwards towards the sole of the foot, as is shown in Fig. 38. In the same figure, also, is well shown the cushion, or callosity which, through pressure, and to protect the skin, is developed over the cuboid bone and the extremity of the fifth metatarsal bone. It is composed of cellular tissue and fat; and a bursa frequently is developed between the cushion and the bones, which is sometimes considerably distended with fluid. This cushion is of great importance in walking; it enables the weight of the body to be borne almost as easily as on the heel. In non-congenital varus, the cushion is only imperfectly developed, and consequently the use of the feet is always painful.

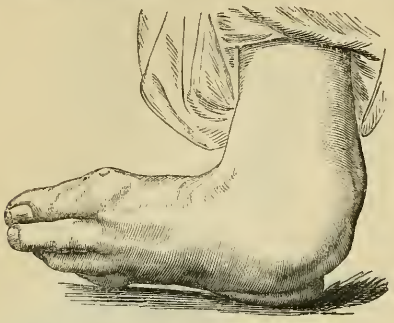

Fig. 38.

Not only does the fifth metatarsal bone thus become changed in position, but the fourth also is in turn rotated with it; so that, at length, the weight of the body is no longer transmitted to the ground through the outer margin of the foot, but through the dorsum. This is well illustrated in Fig. 39. Here, also, is displayed a characteristic longitudinal furrow, which occupies the centre of the sole of the foot, and which is produced by the folding of the metatarsal bones, above alluded to, into the sole of the foot—through the compression of the transverse arch of the foot, and the consequent approach of the fourth and fifth metatarsal bones to the first metatarsal bone.

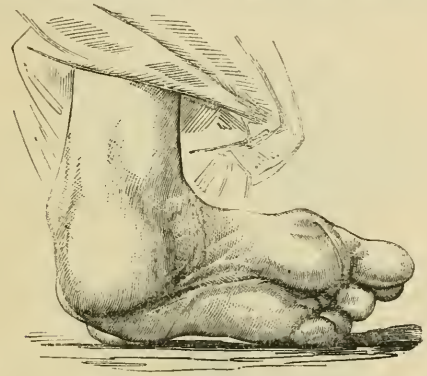

Fig. 39.

Rotation of the foot itself may also take place, until a portion of the superincumbent weight is borne on the head of the astragalus, as was the case in the very rare example from which Fig. 40 was taken.

Morbid Anatomy. In the infant, when the distortion is not excessive, some slight rotation of the tarsal bones is found; but it is easily overcome, and the foot is restored to its normal shape by careful and gentle treatment. Malformation may exist, together with excessive distortion; but it is rare and exceptional. And even dislocation of a tarsal bone may occur. In the Museum at Strasburg, there is a very curious specimen of varus, where the astragalus is dislocated inwards and forwards. When malformations of the tarsal bones exist, some abnormality, such as spina bifida or other affection of the spine or the nervous centres, may also, for the most part, be remarked.

Except in severe forms of distortion, the ligaments are not affected in an important manner: and, indeed, their shortening never prevents the limb being restored to its normal form. Also, the muscles of the limb are perfectly healthy in structure, and, for the most part, they are well developed at birth.

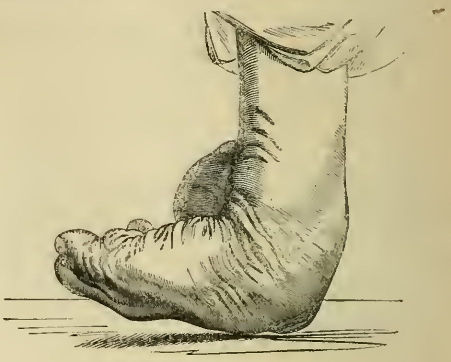

Fig. 40.

The muscles which are principally concerned in this affection are those of the calf of the leg; the tibialis posticus, and the flexor longus digitorum; the tibialis anticus, and the extensor proprius pollicis. These muscles may even be somewhat hypertrophied, while the extensor longus and brevis digitorum muscles and the peronei are occasionally found to be weak and attenuated.

In the sole of the foot, the muscles and the plantar fascia are seldom so much contracted that they do not readily yield to extension.

In the adult, every structure forming the limb may have undergone some amount of degeneration. The bones of the leg and foot may have become light and their walls thin. These changes are to be expected much earlier and with much more certainty in non-congenital than in congenital varus. In the latter, all the structures remain healthy and convertible to use to a much more advanced period of life, as indeed would be expected, than is the case with non-congenital distortions.

Through pressure, the tarsal bones become somewhat altered in their forms; the head of the astragalus is slightly misshapen; and the cuboid bone becomes somewhat wedge-shaped. These changes are, however, much less than is generally supposed. Very exaggerated notions with regard to this part of the subject prevail. The restoration of the limb is without doubt difficult, and perhaps, in some instances, it has been until lately impossible. The muscles of the limb become atrophied through inaction; and, after the restoration of the limb to its normal form, they remain small; but, notwithstanding, their functions are restored.

In the sole of the foot, also, the muscles arising from the os calcis frequently are much contracted; and the plantar fascia may be so tense as to require complete division. The plantar ligaments, also, are shortened to accommodate themselves to the altered positions of the bones; and in advanced age, these may present a serious impediment to the removal of distortion. The improved mechanism which is now employed, however, renders, not only this, but almost every other form of distortion, removable.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY
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LECTURE II (*continued*).

ON SOME POINTS HAVING REFERENCE TO THE DIFFERENTIAL DIAGNOSIS OF FIBROUS TUMOURS OF THE UTERUS.

II. The symptoms of fibrous tumour most dwelt upon in speaking of the disease, are an enlarged abdomen, with a hard rounded and solid tumour to be felt through the abdominal parietes in and about the uterine region, extending sometimes as high as the epigastric region, both lumbar regions being clear on percussion, and the umbilicus sunken in, not projecting. The tumour is also to be felt *per vaginam*, involving the uterus; an occasional loud and systolic souffle is to be heard over the tumour; menorrhagia is more or less intense; there is absence of fluctuation; the length of the uterine cavity is increased; and, lastly, owing to the close union of the uterus and bladder, the growth is drawn so near the abdominal walls, that it precludes the passage of the hand low down between the tumour and the walls of the abdomen. I will speak of these symptoms as I go on, to test their relative value.

1. *Physical Hardness, Roundness, and Solidity of the Tumour.* The feel of a fibrous tumour has been considered by many as almost pathognomonic. This, in connection with its rounded and lobulated character, is such, that the combination of the two characteristics would seem to make error almost an impossibility. Any one, however, accustomed to examine cases of cellulitis and hæmatocele, must know the contrary. I know that the same thing has been observed in cases of ovarian dropsy; and it may be laid down as a general proposition, that a *thin* fluid, and *à fortiori* a *viscid* one, may be included in an inelastic bag, and convey to the touch the impression of a solid.

I will illustrate this law by an experiment; and then mention a remarkable example in the living subject. Here is an ox's bladder contained within a calico bag. This bladder has been kept in spirit for a week, and is quite inelastic. The calico bag I put around it lest the bladder should burst. This bladder is now full of water, and fluctuation is quite evident everywhere. At its opening, however, you see I have affixed a tube connected with this pump, by which I can force in water *ad libitum*, securing its retention by this stop-cock in the connecting tube. As I pump in water, you will find that fluctuation will gradually cease, till none of you shall be able to detect it; on the contrary, it will feel quite like a solid. If this be so with so thin a covering as this membrane and piece of calico, *à fortiori* will it be difficult in many cases to recognise fluctuation through the abdominal parietes; for I am quite sure fluids are contained within cavities of the body quite as tensely as in this bladder.

The following case, however, is so satisfactory on this point that I cannot but mention it.

An inmate of Bedlam Hospital, about 35, declared herself pregnant; and Mr. Lawrence requested Dr. Greenhalgh to see her. Dr. Greenhalgh kindly allowed me to accompany him in his visit. We found a woman with a large tumour extending to above the umbilicus, very hard, nodulated, and giving altogether the impression of a solid tumour. The breasts, however, gave no indication of pregnancy. An examination *per vaginam* conveyed the same impression. The os, however, was hard; evidently that of an unimpregnated woman, and high up. The enlargement was chiefly in front of the uterus; and conveyed generally the same fibrous sensation. She passed urine freely; and indeed some was shown to us. On more carefully examining the tumour *per vaginam*, we thought that at one part we could detect some very obscure fluctuation, or at least a part less hard than others. It was thought wise that the bladder should be emptied of its contents. This was done; and about a chamber-pot and a half of thickish urine was drawn. On examining the abdomen after the operation, the tumour was gone; and yet, had we trusted to mere manipulation, both Dr. Greenhalgh and I would almost have positively asserted that, if ever we had before felt a fibrous tumour, this was one.

2. *The Auscultatory Signs of an Uterine Fibrous Tumour* are four in number: *a.* Two souffles, one a tubular, another a vesicular murmur; *b.* A thrill; *c.* A single or double cardiac sound; *d.* Absence of multilocular arrangement indicated on percussion.

a. Fibrous tumours are sometimes the seat of a souffle. Most writers do not discriminate between the two, and appear to refer them to the same cause. Thus, it is described by Dr. M'Clintock as always

> "Synchronous with the pulse; sometimes short and abrupt, a mere whiff accompanying each arterial pulsation; at other times, prolonged and musical, and not to be distinguished by the most acute and practical ear from the *bruit placentaire*. Like it, it is occasionally loud and intense for some pulsations; then becoming feeble and almost inaudible. Again, it can be diminished and suppressed by moderate pressure of the stethoscope over the spot. It is present in those who have sustained no loss of blood, as well as in the anæmic." He adds that, "although a very interesting phenomenon, it is not one of any special diagnostic value, being common to pregnancy and ovarian disease, which are the two conditions most likely to be mistaken for fibrous tumour of the uterus." (McClintock's *Diseases of Women*, p. 131.)

However unwilling to differ from so high an authority, I cannot but take exception to the sweeping conclusion drawn. Nothing can be more graphic and true than the greater part of this description; but I think the fact is, that two very different souffles are here spoken off. The true *tubular* souffles are, so far as I know, very rarely, if ever, heard in pregnancy and ovarian disease. The *bruit placentaire*, or one very like it, may be, perhaps often is.

Now, I believe that these two souffles are produced by two different causes. The first, or *vesicular*, *bruit placentaire*, if you like, is produced by the combined action of the large vessels immediately coming into and supplying the organ. The latest writer on the uterine appendages, Dr. Savage, believes these to be the only cause of souffle in fibroids, which are supplied largely by veins and arteries, usually at each side.

But, I imagine, these produce only the vesicular murmur. The same cause produces them in pregnant uteri; and it is not due to placenta, since it is heard after delivery, as long as the vessels supplying it are in the hypertrophied condition. It was long since shown by Nægelé (*On Obstetric Auscultation*, 1838), that, in aneurismal varix, where a direct communication for the blood exists, so that it passes from the artery to the vein, the opposed or interfering currents gave rise to a sound which may exactly resemble the *bruit placentaire*. This sound is also heard loudest at the point where the uterine arteries, reaching the broad ligament, become thicker in diameter, more tortuous, and sink into the uterus. How far the connexion between the arteries and veins in the pregnant or hypertrophied uterus may assist in the production of this sound, or whether the general circulation throughout the uterus must be taken into account, because so extensive, is a point for future inquiry. If we consider, however, that the arteries in the hypertrophied organ directly communicate with the large uterine veins; either, according to the Hunters, through the cavernous structure of the placenta; or, according to Weber, through the network of colossal capillaries; or, according to Goodsir, through a great cavity, which is everywhere traversed or intersected by filamentous prolongations of the uterine veins—we see how, physically, a sound like that of aneurismal varix could be produced by causes somewhat analogous. The later researches of Dr. Savage will rather explain the production of the the sound from an extended circulation, if we assume the same structure to be present in the impregnated organ, only more extended in the hypertrophied or pregnant uterus. Now, it is unquestionable that, in many cases of fibrous tumours at their connection with the uterus, we have, as in pregnant uteri, elephantine venous sinuses. Such was found to be the case at the *post mortem* examination of Dr. Matthews Duncan's example of fibrous tumour, to be hereafter noticed.

This uterine murmur, or *bruit placentaire*, in either case originating from the same cause, is destroyed by pressure, if this be sufficiently strong; it may be by the stethoscope; it may be by intense uterine contraction, particularly in the vicinity and all around the *locale* of its production, exactly as it is abolished at the height of an uterine pain. Auscultation proves, then, that the souffle, after gradually rising in pitch up to the moment of greatest uterine contraction, becomes at last inaudible, except at the groins, where it is still heard, though more feebly so. For the same reasons, also, it is not heard immediately after delivery, when the uterus is firmly contracted, but again becomes audible in twenty minutes or half an hour afterwards, when, the uterine muscles having somewhat relaxed, the vessels again enlarge; a state which persists, except at intervals, for forty-eight hours or so, till such time as, in the process of involution, the vessels become permanently smaller. This, then, is one souffle which is occasionally heard in fibroids, and in every way resembles the placental souffle; and it is heard loudest at the groins, or over the entrance of the uterine arteries.

The *tubular* souffle, however, is different. It bears the same relation to the former as bronchial respiration does to vesicular; and is, I believe, due to pressure upon the aorta, and direct transmission of the aortal sounds through the fibrous growth. It needs only the continuity of a solid body between the aorta and abdominal parietes, and the aorta to be slightly compressed thereby, to give rise to these sounds.

A remarkable case, illustrative of this explanation, is given by M. Hérard (*Bull. Soc. Anat.*, xxv, p. 148), where a very thin woman complained much of epigastric pulsations. There was no tumour; but auscultation revealed a souffle and a thrill. The case was diagnosed as one of aneurism. She died shortly of phthisis. The *post mortem* examination revealed a voluminous and also indurated left lobe of the liver. This it was that transmitted the aortic beats, and, by compression, produced the souffle.

We have, doubtless, all met with analogous cases, particularly in weak females, and especially where the middle lobe of the liver was indurated. Pressure over any large artery by a stethoscope will give rise to the same sound.

The position in which this sound is heard loudest also varies from that where the vesicular murmur is most audible. This is strongest at the inguinal region; the tubular souffle is generally heard loudest at some prominent point of the tumour, or within the vagina upon the inferior portions of the growth. It requires also some strength to compress the aorta through a large fibrous tumour; and hence one reason why it is rarely, if ever, destroyed by pressure of the stethoscope.

b. This tubular souffle is occasionally accompanied by a *thrill*. This thrill is very similar to that which is communicated to the ear in the case of an aneurism of the aorta, as M. Hérard's case proves. Indeed, in well marked cases, the musical note which accompanies the souffle and thrill are so exactly like the sounds heard in cases of aneurism in the neighbourhood of the heart, that it would seem impossible to detect a difference. Now, so far as I am aware, a thrill is never felt either in ovarian disease or in pregnancy. This is also the case in regard to the musical note. Once only have I heard this sound in the case of pregnancy. Then it was heard with the stethoscope upon the sacral region, the patient lying on her abdomen; and we can understand this. The aorta was pressed upon by the enlarged uterus, and the musical note, which could not be transmitted through the liquor amnii, was not heard in front. Behind, through the solid sacrum, it was readily heard. So far, this exceptional instance is a good explanation of its occurrence in fibroids.

c. Closely related to the tubular souffle is the *single* and *double* cardiac sound. This one sign, revealed by auscultation, I think most important; the more so, as it has not been hitherto sufficiently dwelt upon.

Let us remember that a fibrous tumour is, in most cases, a solid tumour. If it be of moderate size, and in any way can be or is compressed against the aorta directly or through the uterus—if the fibroid be placed in front of the organ—then the sounds of the aorta should be transmitted through the tumour. I do not know why it is; but these sounds are observed in practice to be of two kinds: first, a *single* sound synchronous with the systole of the heart; secondly, two sounds synchronous with and representing the double sound of that organ. I believe that, wherever either of these sounds occur, you have a solid tumour between your stethoscope and the aorta; and so that it is a favourable argument, *cæteris paribus*, for believing the tumour to be fibrous. It may occur in scirrhus of the uterus also. This sound is very distinct from *impulse.* I have seen and felt impulse in ovarian dropsy; but then the sound is not heard. This is especially true in regard to the *double* cardiac sound. Ovarian tumours, except in very exceptional cases, and only where they are solid, if at all, do not transmit the cardiac sounds; fluids being generally non-conductors of sound.

I have said that the tubular souffle is often heard loudest within the vagina. Occasionally it may be heard here with a common straight stethoscope; and if this be long, and made of glass, it is very easily applied. The patient is put on her left side; the nates are brought to the edge of the bed; and the thighs are well flexed on the body. If the woman be not too fat, and have a good perinæum, and pressure be made on this part by the stethoscope, the instrument impinges the wall of the vagina against the tumour, and the souffle may be heard through it. In stout women, the stethoscope may be safely introduced *per vaginam* and made to press upon the tumour; and, because made of glass, the rubbing of the clothes upon it is scarcely heard, so that no exposure is needed.

I have also used a curved stethoscope made of glass with advantage. It may then be passed when the patient lies on her back.

As a rule, however, I prefer the instrument I now show you, which I call a *vaginoscope.* It consists of the ordinary double stethoscope, to the distal end of which is attached a wooden speculum. This may be introduced as a speculum; and the ear-pieces being applied to the ear convey any sounds heard in that region. At any rate, in obscure cases, you will find it useful.

I cannot better exemplify the truth of the preceding statements than by quoting the following remarkable case.

Miss C., aged 42, had pretty good health up to five years ago, since which period she had not felt so strong. The catamenia had always been regular; but until lately rather under time than over, and lasted five or six days. For the last two years, she had been more unwell; the period had lasted a week altogether, lingering a little for the succeeding week; recurring every three weeks or twenty-three days. This increase was due, not to clots, but to an unusual quantity of water, which obliged her to use two napkins at the same time. The function began at the age of 17 or 18. Before 22, she had had dysmenorrhœa for one day, not since.

About three years and a half ago, on her lifting up a heavy weight, she felt something give way in her side as if she had twisted herself there; and she could not raise herself erect for the pain for a few minutes. Three years ago, while rubbing herself for a stomach-ache she felt a round tumour in the left iliac region. Even before this she had felt some bearing down in front. There was no alteration in the breasts at the time.

The *breasts* presented no areola. There were some small follicles around, whitish; becoming whiter on tightening sideways.

The *tumour* had enlarged, because formerly she could not feel it in the erect position; while now she could. At times it was very painful; always more so before a period. She thought she could connect the enlargement with the increased catamenial flow, and the colour was less dark than it was now.

On *external palpation,* there was dulness for four inches above the pubes. There was a projection half way between the pubes and umbilicus, of the size of an apple, quite pushing forward the abdominal parietes at this point. This was rounded, and the hand could grasp it superiorly. The dulness extended on a level with this quite to the left side. On the right side, about two inches beyond the tumour, the cæcal region was clear, as well as the two lumbar regions. All the dull parts were hard to the feel. The central projection was, however, movable upon the growth below it. It could be moved on the right side, quite near to Poupart's ligament; on the left side only half an inch. In either case, when so stretched, tight bands might be felt uniting it to the posterior growth.

Auscultation. On the front of the first growth, extending to the right side, there was quite a musical murmur, with a thrill, ceasing on deep inspiration. Over the projection superiorly, there was no sound; just below it, however, and over the pubes, there was distinct *tubular* souffle. There was a less loud sound on the left part of the posterior growth, and *vesicular.*

Vaginal and Rectal Examination. The os was small, high up behind the pubes; the lips were small. The whole pelvic cavity behind the vagina was filled by a large hard mass, smooth, somewhat lobulated; at the lower part, it was semielastic. Cystic sounding proved that the bladder was rather to the right side. The uterine sound penetrated to its normal length; an anteverted uterus, and turned rather to the right side. The finger in the rectum detected the tumour between it and the vagina, in the posterior *cul-de-sac.*

The *Vaginoscope* gave no indication of murmur. An exploratory puncture made at the inferior portion gave exit to about half an ounce of serum. This proved to be so on microscopical examination. The puncture afterwards bled freely; but the bleeding was arrested by the actual cautery.

The diagnosis was, extrauterine fibrous tumour, with a pedicle attached to the posterior wall of the uterus, inferiorly infiltrated with serum.

[*To be continued.*]

Use of Sulphuric Ether. Sulphuric ether is a most valuable remedy in detecting various diseases simulated by soldiers. Its slow and insidious action enables the surgeon to easily detect the feigned deformity or sickness. In aphonia, chronic rheumatism, anchylosis, incontinence of urine, and numerous other complaints the soldier selects often to deceive his medical officer, the exposition under its influence is complete, and hence its advantage over chloroform, the action of which is too sudden and dangerous to be employed with impunity. (*American Med. Times.*)

Formation of Cell-Wall.—Vegetable histology attracted of late years considerable notice. Herr Schacht has been examining into the formation of the primordial utricle, with a view to discover what light they might throw upon the formation of the cell-wall. At an early stage in the development of the embryo, numerous currents were observed in the protoplasm, and afterwards a network of threads of cellulose, corresponding to these currents, are found, resulting from the gradual change of the protoplasm itself; these continue to increase in thickness. This formation is considered analogous to that of the outer layer of the primordial utricle from the inner layer of the same; the various modifications are also explained by the supposition of the existence of currents. The gradual formation of cellulose threads in this manner is considered conclusive against the theory that the cellulose wall is a secretion of the primordial utricle. (*Chemical News.*)

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. MARY'S HOSPITAL.

CLINICAL REPORTS ON THE PAPULAR DISEASES OF THE SKIN.

By Geo. Nayler, F.R.C.S., Assistant-Surgeon to the Royal Orthopædic Hospital; Pathological Curator of the Museum of St. Mary's Medical School.

LICHEN.

The distinctive characters of the papular eruptions first recognised and classified by Willan have been acknowledged by most subsequent writers on diseases of the skin. They comprise lichen and prurigo; and include under the former, strophulus or gum-rash.

As a rule, the papular eruptions are characterised by pruritus, and by an elevated state of the papules of the skin, which undergo no further change. They are also devoid of any kind of moisture, and in no way contagious.

Several varieties are assigned to lichen, which, as an ordinary eruption, is met with in a simple or in a chronic state; the terms lichen simplex and lichen agrius being employed respectively to designate these two classes. The other, but less common, forms of lichen, as lichen tropicus, lichen urticatus, lichen circumscriptus, lichen pilaris, and lichen lividus, may be said to depend rather for their nomenclature upon some such causes as situation, colour, or climate. Two kinds described by Hebra remain to be mentioned, lichen scrofulosus and lichen ruber.

Lichen is generally characterised by successive developments of fresh papules, although Duparc and Alibert relate instances of the eruption being simultaneous and complete. It spreads gradually; but not often by continuity of surface. Thus originating in the lower, it may then proceed to the upper extremities, and afterwards appear on the chest and loins, or *vice versâ;* or, on the other hand, it may be quite local. The pimples of lichen are solid and firm, seldom larger than a millet-seed, and the intermediate tissue is of its natural colour; but in the chronic stage of lichen it is disposed to become thickened, and hypertrophied, and of a darker or yellowish-brown tint.

Lichen most frequently occurs in early or adult life; and men are more liable to it than women. Rayer speaks of lichen as being now and then hereditary, and Devergie lends his authority in support of this statement; but its rarity as an hereditary complaint, properly so called, may be inferred from the latter author, notwithstanding his large experience, being able to record it in only ten cases. Without entering into further discussion on this point, it may nevertheless be affirmed, that some individuals are much predisposed to it, and in them the disease is both obstinate and very liable to relapse.

There is no one character more constant in the papular eruptions than pruritus; and although this may vary in degree in different cases, yet, where it has been excessive, it will often linger after the eruption has entirely disappeared. Sometimes it assumes a periodic or an intermittent form, recurring at regular intervals; or, what more frequently happens, it returns on the least error in diet, or exposure, or any excitement. The amount of pruritus bears, however, no proportion to the number or development of the papules.

Since there is hardly any period of life at which lichen may not occur, its causes are numerous. Whatever tends to determine the capillary circulation towards the surface, may be ranked as a predisposing agent. Cases of that kind, which are so common in the South of Europe, and still more in the East, under the name of "prickly heat", are entirely due to a high range of temperature; or lichen may result from artificial causes, and is a frequent complaint in persons exposed to alternations of heat and cold, particularly if dust or any similar irritant be superadded. It will sometimes appear on the legs from the friction occasioned by the use of worsted stockings, or on the forehead from the pressure of a tight hat. Severe mental emotion has also been known to give rise to it.

Diagnosis. The papular eruptions will sometimes co-exist with other diseases of the skin, as scabies, eczema, and impetigo, and in debilitated subjects with ecthyma; or may succeed to them. It is not unfrequent to find in some hereditary affection, as in any of the squamous order, one member of a family the subject of psoriasis, another of lichen, and so on; and the difficulty of diagnosis is greatly increased, when the papular eruptions are thus complicated. It is important, however, to reflect, that lichen itself contains no vesicles, nor do its papules acquire a pustular character—conditions which are constantly observed in eczema and scabies; and, moreover, the outer aspect of the limbs and the back are the localities generally selected by the papular diseases. Certain cases of chronic lepra may resemble lichen circumscriptus; but the more or less raised circumference of lepra, and its freedom, in most cases, from itching, will seldom fail in enabling us to distinguish between them.

Lichen commonly terminates in resolution, with or without cuticular desquamation. In some exceptional cases, superficial ulcerations follow, which are tedious in healing.

Varieties of Lichen. Strophulus is a disease of infancy, and occurs shortly after birth, or about the period of dentition. In some cases, the eruption is of a vivid red colour, interspersed with erythematous patches; or it approaches the natural colour of the skin; or, what is rare, the papules are perfectly white. This last variety has been called lichen albicans; while, to the first, has been given the name of lichen intertinctus. These varieties of strophulus, which may be intermingled one with the other, are generally to be found on the face, neck, and hands, or they may spread from these parts to the trunk. Strophulus is a trivial complaint, unattended with danger, and seldom lasts beyond a few days. Lichen simplex is also a mild form of the disease; and runs an average course of three or four weeks. Some febrile disturbance occasionally attends it. The eruption is indicated by a number of small red pimples, occupying a like situation to the last, followed by a sensation of itching and tingling. After some days, the pimples fade, or are succeeded by a new crop, and sometimes a slight desquamation is seen.

Lichen agrius is of a severer, as well as a more chronic kind than the last, to which it sometimes succeeds; or it may commence primarily. I shall take it as the type of the rest. The eruption consists of small florid conical pimples, irregularly scattered over the face, back, or outer aspect of the extremities. To the touch, the pimples are hard, scarcely exceeding a pin's-head in size, and mostly distinct. They may be found either in clusters, or more widely distributed over the body. On passing the hand over the part, a peculiar rough sensation is perceived, which has been not inaptly compared to that of a nutmeg-grater. When on the face, the integuments are usually more or less swollen, and considerable disfigurement ensues. It is seldom that any constitutional disturbance ushers in an attack, and the general health remains unaffected. The pruritus is often so great, that the patient cannot refrain from scratching; and hence are to be seen small dark crusts of dry blood on the summits of the papules, or a slight serous fluid exudes from their forcible abrasion. The complaint is very variable in its duration, and likely to become protracted in those who have previously suffered from its effects.

Lichen tropicus, or "prickly heat", is common in most warm countries. Indeed, there are few who have resided any length of time in tropical climates that escape from this annoying complaint. It generally shows itself as the hot season sets in, and continues with greater or less interruption until the approach of the rains, or the advent of cooler weather. The chest, back, and extremities, are attacked together or successively; the eruption not differing from that observed in lichen agrius, and sometimes scarcely apparent. It is always increased by food, and becomes aggravated generally towards night. A cold bath may afford temporary relief; but the itching soon returns, and in no way abated. The eruption sometimes vanishes altogether for a time; and is less felt in the morning than at any other period of the day. It is most severe where the extreme of heat is found. It has fallen to my lot to witness many instances of this kind of lichen, when doing duty as an assistant-surgeon in Upper Scinde, or on board one of the late Hon. East India Company's vessels of war in the Red Sea and Persian Gulf—climes which may be reckoned among the hottest in the globe. "Prickly heat", it may be added, occurs at that time of the year when sickness is least prevalent, and is usually associated with excellent health. The danger, supposed by some to arise, of repelling suddenly the eruption by plunging into cold water, has no real existence. No class of men, from their habits, or the exposure to which they are frequently subjected, as when engaged on survey duty, are more liable to "prickly heat" than sailors; and yet they continually bathe in the sea in this state, with no ill consequences resulting therefrom, as far as I have seen or heard.

Lichen urticatus is usually met with in children of a few months old. Sometimes it occurs at a later age, especially when the skin is fair. It is attended with the same degree of restlessness that marks the other forms of lichen, but which generally abates towards the early morning. The part attacked seems as if it had been stung by a nettle or bitten by a gnat. It is subject to exacerbations and remissions; and follows mostly the line of extension of the limbs on their outer surface, and also the back. It is oftentimes very intractable.

[*To be continued.*]

Homœopathic Literature.—"I lately met with a retired writer for the periodical press, who stated that one of the things with which he most reproached himself, was the getting up a work for a homœopathic practitioner, whom he characterised as a man of good address and plausible manners, but excessively ignorant professionally, and who, in a literary point of view, was scarcely able to string half-a-dozen sentences together. All the cases of cure were pure inventions, yet the work procured the supposed author a large amount of practice for some years; he got introduced to the Queen Dowager, to whom he presented a copy, which was duly noted in the papers." (*Dr. E. Lee's Pamphlet.*)

Original Communications.

ILLUSTRATIONS OF THE DIFFERENT FORMS OF INSANITY.

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Hanwell Asylum.

[*Continued from page* 341.]

In the last paper, typical cases of acute mania were described; and the intimate connexion that exists between mania and melancholy was illustrated. The difference between these forms of insanity is scarcely sufficient, in my opinion, to separate them into distinct species. Indeed, a separation of the cases is almost impracticable; so much does one form merge into the other.

In all primary cases of what is called acute mania there is, as a rule, a premonitory stage of melancholy. In some cases, this stage is quite transient; in others, it is of longer duration. And, on the other hand, many of the cases which are called melancholic pass into a stage of maniacal excitement after a certain period; and often such stage is of favourable augury.

In one of the cases of mania narrated, the stage of depression was doubtful; and this was not the primary attack of insanity, and the patient was melancholic in the first attack. In the second case, the depression existed, but was scarcely heeded by the parents. In the following case, the melancholic stage was more evident, and became gradually mixed up with maniacal excitement towards the latter period of the attack.

Case xiii. B. E. was admitted in December 1861. The following history was narrated by the mother. B. E. was the wife of a coach-painter, and worked at shoe-binding. There was hereditary tendency to insanity in the family. The mother's sister was considered to be a lunatic, but was never in confinement. B. E. had had delicate health. She had rheumatic fever in her childhood, and had been subject to headache since. She was of irritable disposition; "the least thing preyed upon her mind." She had always been an industrious, sober, thrifty wife, and a perfectly respectable person.

About two months prior to admission, the patient was walking home with her mother, when they were stopped in the street by a man who accused B. E. of having robbed him. He said that she accompanied him home one night, and passed the night with him; that she rose early on the following morning, robbed him of all his clothes, and then locked him in to prevent pursuit. The man attempted to give her in charge, but the policeman, to whom she appealed, refused to arrest the patient. The man then demanded her address, which she gave; and from that moment she began to be greatly distressed in mind, and was "in a constant state of terror". She soon became very desponding; had numerous fears and apprehensions; began to neglect her house and children; was confused, forgetful, and abstracted in mind; "would often forget to dress the dinner". Her state of alarm increased daily. She next began to say that she saw "the man" (meaning her accuser). She saw him at all times of the day. Then followed illusions of the other senses. She complained of various smells—of the fumes of sulphur; said that the house was full of gas; that poison was in her food. By the end of the second month, she became unmanageable. One day she rushed at the window, and endeavoured to precipitate herself out of it. She broke the window-sash; and it was as much as they could do to hold her. She became very noisy; raved; screamed "murder"; became very excited and very violent. She was always much worse at night. For one week prior to her admission, she never slept at all—"never closed her eyes". For six days she refused all food, declaring that "they wanted to poison her". During the daytime she was quieter and more morose.

She was admitted on the sixtieth day, and remained under observation till the 150th day. In this period, she improved in the state of both mind and body. The prominent features of her case exhibited in the asylum were, briefly, depression, illusions respecting smells, irritability of temper, and occasional outbreaks of violent conduct or language; but nothing that would remove the case from the category of melancholia. The patient's well-doing was much interfered with by her very ignorant husband. Nothing would make this man believe she was not quite well, because she talked coherently, and her memory was unaffected. At his visits, he repeatedly raised the question with her of unjust detention, etc., in madhouses. She was so much irritated, that it became necessary, for the poor woman's sake, to make choice between absolutely forbidding his visits to her, or risking her condition by a premature discharge. She was so far improved, that the latter alternative was adopted; and she was allowed to leave the asylum for one month, on trial, on the 150th day of treatment. At the expiration of the month, she refused to return. She was sent for, and resisted at first, but soon yielded; and on the following day she expressed regret at having refused. After her return, a marked alteration was observable in her state. She now had an illusion connected with the sense of hearing. She said that she heard voices under her bed. She continued to have occasional outbreaks of violence. Several times she used very threatening language to myself, demanding her liberty, and working herself into violent paroxysms of rage, which terminated usually by fits of crying. There was now nothing which could be called depression of spirits about her, as formerly. There existed no morbid fear or dread. On the 196th day, the husband again interfered, and removed his wife out of the asylum, by giving an undertaking, as provided by the Lunacy Act, that she should no longer be chargeable to the parish, and that she should be prevented from doing injury to herself or others. He was strongly advised by me against this course. The magistrates exercised their privilege, and discharged the patient, which they are fully empowered to do. This occurred in July. On June 22nd of the following year, she was, notwithstanding the undertaking, readmitted; and the following information was given by the husband.

On leaving the asylum, they went to live in the same house as her sister. She was very well, according to his estimate, for the first month; after that, she began to say that there were people on the top of the house, and that she would shoot them—she heard them talking. She endeavoured to get out on to the roof. She attended to her housekeeping, but was a little forgetful; would place things in wrong places; would put wearing apparel, knives, forks, saucepans, etc., together. She frequently went into her sister's apartments, and accused her of various things, and often abused her. She became pregnant in September. At first she ate and drank well, and improved in health. She wanted extravagant dishes, and wasted her money foolishly. She for some time wanted to assault the street-criers. She said that they were "crying things about her". One night, she rose and endeavoured to batter down the partition-wall, saying that there were people concealed there. She gradually became worse and worse. She took offence at the pictures hanging on the wall. She became violent towards her husband, and threatened his life. She took a poker to him on one occasion, and on another attacked him with a knife. For about the last three or four months her dangerous attacks increased, and were directed against every one. She accused her child—a little girl of seven years—of going with debauched characters. "She knocked the children about" frequently. They (the husband and wife) were turned out of lodging after lodging, on account of her violence. Her mother was at last afraid to come near her; and the husband was in constant fear of his life. She accused her family of wishing to poison her; took her food to the chemist to be analysed; and frequently refused to eat. She continually complained of bad smells, as of sulphur or gas; and frequently would not go to bed, unless the windows were left open. On several occasions, she wanted to go elsewhere to sleep. Lately she became erotic, and had illusions or delusions that she was ravished in her sleep, and accused her husband of conniving at it. In May, or in the tenth month after her removal from the asylum, she was delivered of a child, and became still more excited and violent. She threw the infant on the floor. She attacked the nurse, and at length was removed to the workhouse, and was very shortly brought back to the asylum.

Her condition on admission was that of a very dangerous and violent lunatic. She was very abusive, using also obscene language. She frequently struck; scolded, stormed, raved, and had become very incoherent in her language. She slept little. Her bodily health has improved since her return to the asylum.

This case is selected as an illustration of the transition of melancholy into mania. The symptoms followed each other in the order which I have pointed out in previous papers; viz.: 1. Symptoms connected with the feelings, and especially a stage of depression of spirits, apprehensions, fears, etc.; 2. Anomalies of the perception, or illusions; as foul smells, tastes, then hearing of voices; 3. Alteration of the intellect, as delusions, or false belief in the existence of persons concealed; the case terminating in confusion of ideas and incoherence. The motility was, for the most part, actively excited throughout; even in the state of depression, she was disposed to be violent.

The last point worthy of note is the passing of the case into what would be called by most physicians in England chronic mania, from a state which no one would have hesitated to call melancholy in its first stage.

[*To be continued.*]

ON DIPHTHERIA.

By J. West Walker, M.B.Lond., Spilsby, Lincolnshire.

[*Continued from page* 553.]

Treatment. I now approach the last and most important test, by which the truth or otherwise of the proposed theory of the nature of diphtheria is to be tried. Having endeavoured to show how the various questions arising on the subjects of diagnosis, prognosis, etiology, and contagion, admit of more satisfactory solution, all that remains to me is, to inquire whether, by adopting such a theory, treatment can be placed on more rational bases. Since unity of disease naturally tends to uniformity of treatment, while diversity suggests diversity of remedies, at the first blush, we appear somewhat as losers by the change proposed. If, however, in any particular epidemic, diversity of disease be once established, it is vain any longer to hope, satisfactorily, to carry out treatment by uniformity of remedy. Treatment of complex epidemics of miasmatic diseases, especially when extensive and malignant, if to be conducted with credit to ourselves, demands a close acquaintance with all that pertains to the principles and practice of treatment applicable to diseases generally. All that experience, judgment, and vigilance, can effect will be required at our hands. Symptoms must be watched for and detected by every available means, and their significance fully recognised; while every weapon which can, in any, even the slightest, manner, be made to influence our dread enemy, must be brought into action. In this warfare, let us ever be mindful of our true position; let us remember, we are but allies—it may be powerful and necessary allies—and that the heat and brunt of the fight has to be borne by the reparative powers of the constitution. Still, by coming vigorously to the rescue—by knowing when to strike and when to forbear—by breaking down impediments *à fronte* and by imparting *vis à tergo*—we may often so assist Dame Nature, that many a conflict, otherwise doubtful, shall be decided in her favour. Above all things, time must be gained; for, in such case, it may often be said with truth, "time is life." The type of the epidemic must be closely studied; and when, as in the recent prevalence of diphtheritic diseases, that shall prove to be asthenic, special heed must be taken, and any indications in that direction promptly assailed. Local complications are to be attended to; disordered secretions to be rectified. Sustenance, most concentrated in form and nutritious in kind, is to be regularly administered by the mouth, and, if necessary, by the rectum; while stimulants, alcoholic and ammoniacal, are to be unsparingly supplied on demand. Animal heat must be husbanded as far as possible by attending to the temperature of the apartment and to the clothing of the patient. No sanitary defect can be safely left unrectified; especially must concentration of poison, either by crowding together affected patients or by neglecting proper ventilation, be guarded against.

It is needless further to extend these remarks; for, in a word, these terrible visitations require of us all that is implied in the term "skilful treatment"—that difficult accomplishment which can only be the resultant of a mind well stored with knowledge, received by the twofold avenues of study and observation; a judgment educated to draw correct inferences; and a will ready to carry out decisions.

Having thus far indulged in generals, I will now descend to particulars; and endeavour to show how, by adopting the views advocated, "treatment, having more reliable indications, becomes less empirical, more rational, more successful"; and, in order to accomplish this, it will be well to tabulate the various diphtheritic diseases, and then, following the usual plan, to consider cursorily the treatment applicable: 1, to the external complication; 2, to the general symptoms. Under the second heading, rather than go into a description of the numerous states of system, and descanting on the remedies for each, I propose to consider *seriatim* the various therapeutical agents which have been brought forward as beneficial in diphtheria, viewed as a distinct disease, and to endeavour to point out the applicability of each to particular conditions.

Diphtheritic diseases may be arranged, according to locality, as follows.

Skin.

Conjunctiva.

Mucous Membrane of the Female Genital Organs.

Cavity of the Mouth. Thrush; stomatitis; noma; canker; etc.

Nose. Chiefly catarrhal, or extending from below.

Throat. Strumous or other enlargements of the tonsils; chronic pharyngitis—relaxed throat; the phthisical throat, or analogous conditions in other chronic exhausting diseases; syphilis; epidemic sore-throat, benign or malignant; quinsy*; influenza; scarlet fever; measles (?); small-pox; fever—typhus, typhoid, relapsing, remittent, intermittent, puerperal, etc.; erysipelas.

Air-passages. Epidemic croup; measles; extending from above.†

The term influenza requires a word of explanation. It expresses, in my opinion, rather than one acute specific disease, a class containing many, and perhaps widely different, general diseases, which, owing to close analogies and to absence of positive symptoms, are incapable of isolation, or of reference to their proper place in our nosology. These diseases, always remarkably epidemic, and manifesting that disturbance of the general system to which we apply the term "low fever," are, like other febrile disorders, capable of existing in a mild or in a malignant form. The name simply expresses an influence; and that, during the recent epidemic of diphtheritic diseases, an influence or influences have been at work, other than those which produce the well known specific diseases, may perhaps be conceded. If there be a somewhat new disease during such epidemics, it must, I take it, for the present, remain hidden in this class. If there be cases which admit not of arrangement, *quoad* their general symptoms, as instances of common epidemic sore-throat, of one of the specific fevers, or of some other recognisable disorder, such cases, until furnished with diagnostic signs sufficient to enable us to remove them, must be received into that common category of miasmatic diseases, which embraces the analogous effects of unknown influences. Under this heading, I would, for the present, include "febricula", and all the many "doubtful and anomalous" cases of fevers. Severity, being a relative property, has no bearing on the question of kind. Let me repeat it, I dare not altogether deny the existence of such a general disease as diphtheria; all I contend for is that, in the present state of our knowledge, we have no means of distinguishing it; and, more especially, that it bears no special relation to the formation, other than contemporaneous existence.

The word *catarrhal*, applied to diphtheritic affections of the nose, is used in its etymological sense, as expressing simply a condition, without the slightest reference to the cause or causes upon which that condition depends.

Local Treatment. From what has been advanced, it follows, that the treatment necessary for the local symptom ought to be such as will have a tendency to bring about healthy action in the part undergoing disease, and thus render it no longer amenable to the influence of the external agent. In furtherance of this object, local remedies are of unquestionable service. Their value, however, will differ greatly, according as the case shall be one of local disease, *pur et simple*, or of general disease with local complication; for while, in the former case, they may be looked upon as curative, and all that is required in the shape of treatment, in the latter, they can be esteemed only as adjuvants, capable of restraining and moderating the local complication.

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* "More rarely the tonsils suppurate." (Dr. H. Greenhow, *On Diphtheria*, page 8.)

† "It should be borne in mind also, that cynanche tonsillaris does sometimes, by extension of the inflammation to the neighbouring parts, superinduce that very formidable species of cynanche—cynanche laryngea." (Dr. Watson's *Lectures*, vol. i, page 808.)

All strong remedies—especially if frequently applied—are greatly to be deprecated, as liable to produce those very pathological conditions which it should be our constant endeavour to prevent; and in this opinion, I believe, I am supported by modern experience generally, though the *rationale* has not, so far as I am aware, been previously given.

Diphtheritic affections of the *skin*, do not seem to require any special treatment. They are not in themselves dangerous; and all we have to do is to insure cleanliness, rest, mechanical and physiological, and to employ mild stimulating applications.

Conjunctivitis, when diphtheritic, is to be treated in like manner, as when not so complicated; the principal local means consisting of applications of solutions of nitrate of silver, the use of suitable collyria, and protection from light.

In affections of the *female genital organs*, it is important to ascertain whether the foundation disease be simple or syphilitic in character; for while, in the former case, simple remedies suffice, in the latter, such special remedies as dusting with calomel, black wash, etc., must be resorted to.

When the disease presents itself on the parts within the *cavity of the mouth*, the solid nitrate of silver, not too frequently applied, becomes the most convenient and efficacious of topical remedies; as assistants, we have borax, myrrh, honey, cream, etc.

In the *nose*, not having the same facilities for inspection, while principles remain the same, other modes of practice must be had recourse to. The syringe comes to our aid in the application of liquids, while powdered alum, calomel snuff, etc., may be received by insufflation.

To enumerate half the remedies which have been applied in diphtheritic affections of the *throat* would be a tedious and profitless task. Founded on Trousseau's view, that "by interposing energetically to combat the first manifestations of diphtherite, we may sometimes arrest the progress, and prevent ulterior manifestations," every possible medicament, no matter how potent its action, deemed capable of attaining the end, has found advocates for its employment. It is a view about which I am happy to say, with Dr. Jenner, "that the doctrine taught in the text, founded on my own experience, is quite opposed to it." All that I find it necessary to resort to in practice, are applications from time to time of moderately strong solutions of nitrate of silver or of sulphate of copper. Of the two, the copper is, perhaps, the preferable remedy; for not only is it more cleanly, but also its emetic action, especially at the commencement of the case, is often of signal service. When the patches are distinct and isolated, a large camel-hair pencil becomes the most convenient instrument of application. The membrane around, and especially below, requires the effect of the remedy; for the diseased action has a particular tendency to spread downwards; and it is in that direction that danger is most to be dreaded. When the morbid product is more extensive, especially when of the soft variety with much infiltration—and this, according to my experience, particularly occurs in erysipelatous cases—the swab will unquestionably be found to answer better.

Next to the astringents, I believe the most useful topical remedy to be glycerine. It seems to afford protection to the inflamed surface, to allay irritation, and to expedite recovery. If, however, we keep clearly in view the indication, to carry out which local remedies are applied, the actual mode and frequency of application, and agent to be chosen, may be safely left to the judgment of the practitioner.

Gargles answer two indications: 1, assisting the local remedies in their stimulating tonic effects; 2, washing away and deodorising detached particles. For the first purpose, we employ astringents such as the mineral acids, tincture of perchloride of iron, alum, etc.; for the second, chlorinated preparations and permanganate solutions.

Ice, cold water, solutions of nitrate of potash, etc., have a cooling antiphlogistic effect upon the parched and inflamed surfaces, and especially when grateful to the patient, are to be recommended. On the other hand, inhalation of steam, either of water or of vinegar and water, will, in some cases, especially of epidemic sore throat, with tendency to suppuration (quinsy), be found to afford greater relief.

Counterirritation, though not generally of much service, is to be employed on the same principle as if the epidemic had no diphtheritic complication. Blisters, owing to liability to cutaneous diphtherite, had better be avoided; but a mustard poultice applied early has often appeared to me to act beneficially. When it is desirable to keep the external skin in a state of more or less congestion, stimulating embrocations may be resorted to; and for this end, too, warmth, after the manner of poultices, becomes an useful adjuvant—linseed meal, bread, bags of heated oats, bran, or potatoes, according to choice.

In *laryngeal* cases, our direct means of local treatment becomes more difficult of application, and less efficacious. Blisters here, too, had best be avoided; and, perhaps, the most useful external application is the hot moist sponge, as recommended by Dr. Graves, over the neck and upper part of the chest; for not only does it act beneficially as a direct fomentation to the affected parts, but, also, by imparting warmth and moisture to the inspired air. Of tracheotomy, having no experience, I forbear to speak.

Disinfecting Vapours. It may be as well here to mention certain agents employed chiefly as disinfectants; for, although primarily intended to destroy noxious emanations, they admit, in one sense, of being considered as local remedies. An atmosphere more or less charged with chlorine, iodine, or ammonia, impinging on the diseased mucous membrane, acts as topically as the fluid applications of Beaufoy or Condy, and assists in furthering a like end.

Iodine has recently been brought forward with great commendation by Dr. Richardson, who believes that by it, "in one of the worst cases of small-pox he ever saw, he was enabled to deodorise the air of the patient's apartment with a facility and comfort never before experienced, and that the process contributed largely to the recovery of the case"; and also, "that iodine thus used affords a good practical index as to the purity of the air in the apartment. If, on volatilisation, the odour of the metalloid be long in being developed, the evidence is clear that the air is proportionately charged with organic matters."

[*To be continued.*]

THE THIRD APHORISM OF HIPPOCRATES. Among gymnasts, development of body carried to its utmost extent, is dangerous, for it cannot continue; and since it cannot continue, nor be increased, it must fall off; therefore it is expedient to resolve it, not by slow degrees, in order that the body may acquire a new commencement of growth; neither should the reduction be carried to its farthest point, for this also is dangerous, but it should be brought to that degree which is suitable to the nature of each gymnast. (*Rev. Dr. Haughton.*)

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THE MEDICAL COUNCIL: ITS CONSTITUTION, ACTION, AND CHARACTER.

WHETHER, and to what extent, the admission of public reporters to the meetings of the Medical Council will be productive of good, is a question which time and experience alone can solve. At present, the experiment is a new one; and one of its first and most prominent results has been to increase the number and length of the speeches delivered by members, and, consequently, the duration of the session. Subjects that would, under other circumstances, have been referred to committees in order that something definite might be laid before the Council, have been discussed by the whole body, because the members felt themselves bound to carry out their engagement of allowing the public to become acquainted with their deliberations; and thus theoretical eloquence has, for this year at least, prevailed to the detriment of action.

On the other hand, there is one advantage which has come out of the adoption of publicity by the Medical Council. Hitherto, little or nothing has been known of its proceedings beyond the information contained in the printed minutes of each day's work. Now, however, persons outside are enabled to observe more closely the *modus operandi* of the Council, to take stock of its collective mind, and, perhaps, to form a prognosis as to the probability of its bringing about those reforms which are so much needed in the medical profession.

Taking, then, the rendering public of the proceedings of the Medical Council simply as a *fait accompli*, we will offer a few observations which have suggested themselves to us.

First, it must be apparent to all who have had an opportunity of noticing the attendance at the meetings of the Council, that no exception can be taken to the manner in which its members perform their duty, so far at least as presence is concerned. On one or two occasions only during the recent session—except on the last day—was a member absent when the roll was called at the commencement of the meeting; and it was apparently only the pressure of professional duties that occasionally caused some to leave the room during the sittings.

As to the order of business, this is placed under the direction of a special Committee, which had, during the recent session, a very efficient chairman in Dr. Andrew Wood. Printed programmes, containing the notices of motion, and a list of all other business matters of which the Council has to take cognisance, are daily laid before the members; so that, *primâ facie*, every facility is given for knowing what is to be brought forward.

But, among these and other favourable circumstances in things external—that is to say, not necessarily connected with the constitution of the Council and its mental characteristics, of which we shall presently have something to say—there are certain occurrences which, as we think, somewhat materially impede the progress of business, and occupy time to the exclusion of valuable work.

One of these impeding causes is an inordinate propensity on the part of some members to make themselves prominent in debate. We do not allude to the speeches on medical education, medical reform, and other important matters, although much of what was said might have been condensed, and theoretical eloquence might have been advantageously replaced by practical decision; but to the manner in which some members impede the business, not only by frequent speaking and by repetition of things already said, but by raising objections in the course of the business, and thereby often necessitating replies and personal or general explanations, which must occupy minutes that might be more profitably spent. Among these must be specially mentioned Dr. Corrigan, a man evidently possessing much sound sense, and capable of giving excellent counsel; but who mars his worth and his influence in the Council by adopting the course—we do not say always intentionally—of impeding business in the manner to which we have referred. We would venture to suggest to Dr. Corrigan, and any other members who may have similar propensities, that, while it would of course be wrong to pass without notice any inopportune deviation from the proper line of proceeding, it is unadvisable to make any objections which are not necessary; and that the conduct of business may in general be safely left to the judgment of so able a president as Dr. Burrows. To arrive soon at a sound result is an object of more importance than a rigid attention to forms.

Another impediment is one which must be laid to the account of our Irish friends. Year after year the Medical Council is made, or attempted to be made, the arena of dispute on such matters as the privileges of the Apothecaries' Hall of Ireland; and each year the representative of that body and the representatives of the King and Queen's College of Physicians—for Dr. Corrigan decidedly acts in this capacity, equally with Dr. Aquilla Smith—are prepared to occupy the time of the Council—and, indeed, do occupy it—with questions which have been debated over and over again, and on which, we believe, the Council has at different times arrived at different decisions, none of which have apparently given satisfaction. We have the greatest respect for the representatives of the Irish corporate bodies, as well as for all the other members of the Council; and of course we recognise the principle, that the Council ought to take cognisance of any dereliction of duty or grave offence on the part of the licensing bodies; but we cannot seen why matters evidently arising out of a state of chronic disagreement should be constantly inflicted on the Council by the Irish, any more than by the English or Scottish representatives. If such matters must be laid before the Council, cannot they be referred for consideration to a Committee, with instruction to obtain sound legal opinion, if necessary?

We have now to look a little more closely into the Council, and its fitness for its duties. It consists of a President and twenty-three members, of whom seventeen are appointed by the various licensing bodies, and six by the Queen, with the advice of the Privy Council. The following is the present constitution of the Medical Council.

Dr. Burrows	President.
Dr. Alderson	Royal College of Physicians of London.
J. M. Arnott, Esq.	Royal College of Surgeons of England.
G. Cooper, Esq.	Society of Apothecaries, London.
Dr. Acland	University of Oxford.
Dr. Paget	University of Cambridge.
Dr. Embleton	University of Durham.
Dr. Storrar	University of London.
Dr. Alexander Wood	Royal College of Physicians, Edinburgh.
Dr. Andrew Wood	Royal College of Surgeons, Edinburgh.
Dr. Fleming	Faculty of Phys. and Surg., Glasgow.
J. Syme, Esq.	Universities of Edinburgh and Aberdeen.
Dr. Allen Thomson	Universities of Glasgow and St. Andrews.
Dr. Aquilla Smith	King and Queen's Coll. of Phys., Ireland.
W. Hargrave, Esq.	Royal College of Surgeons, Ireland.
Dr. Leet	Apothecaries' Hall, Dublin.
Dr. Apjohn	University of Dublin.
Dr. Corrigan	Queen's University in Ireland.
Dr. Sharpey	Appointed by the Queen, with the advice of the Privy Council; viz., four for England; one (Dr. Christison) for Scotland; and one (Dr. Stokes) for Ireland.
Dr. Parkes	
Dr. Quain	
H. W. Rumsey, Esq.	
Dr. Christison	
Dr. Stokes	

The Medical Council is thus constituted of men regarding whom it might be, at first sight, supposed that none could be brought together better fitted for the duties which they have to perform. Many of them have been long distinguished, not only as members of the Universities and Colleges to which they severally belong, but also as teachers of medicine and the medical sciences; and several at least are known to have made medical education and medical legislation subjects of careful study. In a conclave of such men, one would think, something practical might have been arrived at.

Yet, as has been seen, the case is otherwise. Why is this? Why is this chosen body of the medico-legal wisdom of the United Kingdom to sit year after year for ten or twelve days in the College of Physicians as a mere *talking* body, uttering words of eloquence and delivering arguments, sound and unsound, by the hour together, and in the end *doing* little or nothing? Why have the members so great a propensity for moving round important questions in a sort of Indian file, and seldom or never concentrating their action on any point where amendment is demanded? How is it, in a word, that the Medical Council has placed itself in danger of being considered the Circumlocution Office of the profession, where the great object to be arrived at is "how not to do it"?

Perhaps one cause of this lies in the fact to which we have adverted: that the majority of the Council are men who have deeply studied the subject brought under notice, and have formed more or less independent ideas thereon. With a natural tenacity, each man holds to his own opinions; so that, while there is a certain amount of agreement as to some points, each member (perhaps too often) feels it incumbent on him to endeavour to bring his colleagues to his own way of thinking. In this way, members of the Council seem, at times at least, to lose sight of that consideration for the common good, in which individual opinions and shades of opinion ought to be merged.

It is apparent, also, that action is impeded by the reluctance which members of the Council have to dealing harshly with the corporate bodies, of which the most of them are representatives; and, consequently, to laying down plans, the non-adoption of which must either bring the Council and some of the licensing boards into unpleasant collision, or must render manifest an absence of power on the part of the Council to enforce their regulations. We know quite well, as was expressed in the Council by more than one member, that the duty imposed on that body by the Medical Act, in regard to refractory corporations, is a delicate one; and one which men of such character as those who form the present Council would naturally be slow to perform. But we would remind them, that the medical profession and the public have the first claim on them; and that, while undue interference with personal feelings or corporate interests is to be deprecated, these must be postponed to the higher considerations to which we have referred.

Again, it seems to us that there is too great a tendency, on the part of some members of the Council, to regard as formidable obstacles the difficulties that stand in their way. Thus, one member imagines that the Privy Council would not be ready to attend to any complaints against corporate bodies, unless the Council were unanimous in such complaints—a condition, for obvious reasons, very unlikely to be arrived at. Another fears that, if the Council apply for an amended Medical Act, the powers which the Council already possesses may be curtailed, instead of being increased and rendered definite. The English Branch Council regards the differences of opinion existing in the profession as a ground for not engaging in fresh legislation; and Dr. Storrar, who is generally noted as one of the most valuable business-men in the Council, actually brings forward a resolution embodying this idea. In discussing medical education, too, difficulties in carrying out this or that plan, whatever it may be, arise at every turn. And, what is worse, the counsels of these over-cautious members have evident weight, and too often decide the turn which a debate is about to take. But the members of the Council should remember—and they must know well—that to stand still or retreat at the sight of danger (which after all may be but problematical), is not the way to carry out great undertakings. If there be doubts as to the power of the Council to do certain things, their duty is plainly not to stand on such doubts; but, having decided on doing that which seems to them just and right, to challenge opponents to contest their powers. The profession, we are sure, would stand by the Council if it adopted such a course; and, if the Council, in an honest desire to do that which was good and just and expedient for the profession and the public. sometimes committed errors of judgment, these would be far more readily pardoned than want of action arising out of an inordinate appreciation of difficulties and dangers.

We have thus openly, and we trust fairly, pointed out what appear to us to be the principal impediments which prevent the Medical Council from doing more than it has done. A mere display of eloquence, and a resultless exhibition of the *suaviter in modo* towards each other and to the corporate bodies, without making any advance, is not altogether what is wanted. The Council has just risen, after a twelve days' sitting, of which the expense may be moderately estimated at £1500; and at what result has it arrived in regard to Medical Education—the subject on which, beyond all others, it was expected at least to bring forth something definite? Simply this; that it has done this year just what it did last year. It has drawn up a series of recommendations, and ordered them to be referred to the licensing boards for their considerations; and this it has done, notwithstanding the fact, that the representatives in Council of the licensing bodies must have already been well acquainted with the views of their constituents on the very matters regarding which questions are asked. If the Council proceed in this way year after year, men will naturally ask whether it is not a mere farce that is enacted, and whether a Council is of any worth that goes on—as Mr. Syme is reported to have expressed it—"doing actually nothing, except deceiving the public by publishing year after year a list of persons supposed to be qualified, many of whom are not so qualified." Those outside will, too, think there is reality in the insinuation that the Council, made up mainly of men connected with and delegated by corporate bodies, has more regard to the interests of these bodies than of the profession and of the public; and that the members are fettered in action by this consideration, and by the dread of doing any thing which those who sent them to the Council may not fully approve. That such feelings may arise, is no exaggerated idea. Members of the Council themselves—as we have already seen—have in their places said things very much to the same purpose.

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Much credit is due to the Edinburgh College of Physicians for the spirit which it has of late shown in protecting the interests of the profession at large. We wish the Medical Council were worthy of similar praise. The Edinburgh College has now taken in hand the affairs of the army medical service; and, in a memorial to Lord Palmerston, defines the grievances of the army surgeons, points out the causes of the present disgraceful state of the army medical service, and suggests the remedy. After detailing the history of the affair, the memorial winds up as follows.

"Your memorialists, viewing with great anxiety this very unsatisfactory state of an important branch of Her Majesty's service, would beg respectfully to urge upon your lordship the necessity for a reform of the following grievances, to which military medical officers are subject:

"1. In consequence of vacancies not having been filled up, promotion has become so slow that no assistant-surgeon now entering the service can expect to become a surgeon in less than fifteen years.

"2. In consequence of the deficient number of medical officers in the army, it is with great difficulty that leave of absence can be obtained.

"3. In consequence of the appointment for home service of acting assistant-surgeons, the commissioned assistant-surgeons will be almost exclusively employed on foreign service, and will be deprived of their proper turn of serving in this country.

"4. The system of confidential reports, of an inquisitorial character, is felt as a degradation, both by those who are required to draw them up, and by those to whose conduct they refer.

"5. Medical officers are required to superintend the branding of deserters, and are thereby placed in a position which no professional gentleman should be called upon to occupy."

Memorials of this kind cannot fail to have an indirectly beneficial influence at the Horse Guards. It is evident that our profession has no medical representative at head-quarters who is able to appreciate the interests of his medical brethren, or who has the courage to defend them. The Edinburgh College of Physicians, therefore, does well in thus taking into its own hands the direction of the army medical service.

In the form of declaration to be signed by candidates for the newly invented army appointment of acting assistant-surgeon, we see that, amongst other things, the candidate enters into an agreement to "discharge all the duties of assistant-surgeon in Her Majesty's Army to the entire satisfaction of the Director-General of the Army Medical Department, and *for so long a period as my services are required.*" We beg the numerous gentlemen who, as we understand, are seeking the honour of these appointments, to reflect twice and consult their lawyer once before they sign an agreement containing the words above italicised by us. They may be signing themselves into perpetual bondage to the Director-General. The bargain appears of a most one-sided kind. The Director-General kicks out his servant at a moment's notice. He treats his professional brethren very differently from his household servants—in fact, much worse; for to his menials he must give a month's wages or a month's warning. His professional brother he keeps just as long as he wants him. There is no reciprocity. We will give the agreement in full; and we must venture to ask, Can any gentleman, who properly respects himself, sign such an unjust and (coming from a Medical Army Director) so insolent an agreement as the following, which, moreover, is curious as a specimen of a Director-General's composition?

"I hereby declare that I am ready and willing to serve Her Majesty in the capacity of acting assistant-surgeon in the Medical Department of Her Majesty's Forces, and to discharge all the duties of assistant-surgeon in Her Majesty's Army to the entire satisfaction of the Director-General of the Army Medical Department, and for so long a period as my services are required, under the following conditions.

"1st. To receive the pay of ten shillings *per diem*, and allowances equal to those of a staff assistant-surgeon.

"2nd. Upon a notification from the Director-General, to proceed immediately for duty to any station in any part of the United Kingdom, and from time to time to proceed to and serve at any other station therein.

"3rd. I understand that my employment is of a temporary nature, and that my services may (without previous notice or compensation) be dispensed with at any time; but if the Director-General shall certify to Her Majesty's Principal Secretary of State for the War Department, that my services as acting assistant-surgeon have hitherto been rendered to his entire satisfaction, then two months' pay without allowances shall be issued to me as a gratuity from the Secretary of State.

Signature at full length.
Place of residence.
Date."

In the Department of the Seine there are 582 duly diplomatised *pharmaciens*. In Paris alone there are 523.

M. Flourens has presented to his Academy of Medicine a series of photographs of well-known engravings of celebrated medical men.

A Medical Congress is announced to come off in Lyons during the month of next September.

L'Union Médicale persists in calling the republican Yankee Hammond *Sir William Hammond.*

Dr. Chierici has started a Temperance Society at Turin.

The French journals announce the appearance of a new journal, to be called *Les Archives de Médecine Navale*, and published under the auspices of the Minister of the Marine.

M. Ollier says that he removed the carious coccyx of a woman, leaving the periosteum and adjacent fibrinous structures; and that he subsequently observed the formation of a distinctly osseous plate occupying the situation of the removed bone.

An Austrian army doctor, writing from Fredericia, says: "The inhabitants of Denmark are, as a rule, well to do, and accustomed to pay their doctors liberally. Here medical men meet with a golden practice, such as with most physicians in Austria is merely matter of tradition."

Professor Esmarch has received the order of the Iron Crown from the Austrian Emperor, for his great services in the hospitals in Schleswig-Holstein.

Professor Tommasi of Pavia has been raised to the dignity of Senator.

Professor Skoda calls the attention of the Vienna Medical Society to the fact that the City Park is covered with white sand, which is injurious to the eyes. He cannot understand how any gardener can have selected white sand for a park. He proposed to call the attention of the city officials to the fact.

Statistics show that there are 1706 doctors, 1600 of whom are practising their art, in the Department of La Seine. Besides these, there are 270 *officiers de santé*. Hence there is one medical man to every 875 inhabitants.

M. Corvisart has shown that in animals the pancreatic juice has the power of dissolving albuminous foods without the assistance of the gastric juice or the bile; and now he has demonstrated the same thing in man. A hospital patient, in perfect health, having suddenly died from chloroform administered for the reduction of the femur, M. Corvisart removed the pancreas; and, with the prepared juice and ferment of it, operated on albuminous matters. He found that a large quantity of albumen and fibrine was rapidly digested with its assistance.

M. Depaul lately reminded the Academy of Medicine, that M. Gamgee, an English surgeon, had communicated a case of removal of an ovarian cyst, and presented the cyst. He added, that neither the operation nor the cyst presented anything remarkable. What would have been of interest was the cure of the patient; and on this score he had made inquiry, and found that the patient had died. M. Velpeau supported the views of M. Depaul, and expressed a hope that an end might be put to the system of announcing operations before the final result of them was known. Most people will agree with the wish of M. Velpeau; but it will probably occur to some of us, that it would have been more polite if he had made the remark *à propos* of one of his own countrymen, rather than of a stranger.

The patients of the Hôpital St. Louis have petitioned the French Senate, praying that contagious diseases, and especially small-pox, may be confined to a special hospital.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 10th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Midland. [Quarterly.]	Matlock.	Saturday, June 4th, 2 P.M.
East Anglian. [Annual.]	General Hospital, Bury St. Edmund's.	Friday, June 17th, 2 P.M.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 17th, 3.30 P.M.
South Midland. [Annual.]	Woburn.	Thurs., June 23, 1 P.M.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Wednesday, July 6, 2.30 P.M.

SOUTH MIDLAND BRANCH.

The Annual Meeting of the South Midland Branch will be held at Woburn on Thursday, the 23rd of June, at 1 P.M.; H. Veasey, Esq., President.

Gentlemen intending to read papers or cases are requested to forward the titles of same to Dr. Bryan, Northampton, not later than the 9th of June.

John M. Bryan, M.D., *Secretary.*

EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

The eighth annual meeting of this Branch was held at Hull on Wednesday, May 18th, 1864. In the absence of F. B. Anderson, Esq., the President, Dr. Owen Daly, the President for the in-coming year, took the chair. There were also present twenty-two members and visitors.

New Members. The following gentlemen were admitted members of the Branch: Dr. Graham; F. Casson, Esq.; F. M. Foster, M.D.; and D. Gibson, Esq.

Officers and Council. Mr. R. M. Craven was chosen President-elect; and Mr. J. Fearne Holden, Honorary Secretary. Sir Henry Cooper, M.D.; Mr. Locking; Mr. Hardey; Mr. Henry Gibson; Dr. Lunn; Dr. Humphry Sandwith; and Mr. Sleight, were elected committee-men for the ensuing year.

Communications. After the President, Dr. Daly, had delivered his address, the following professional communications were made.

1. Case of Fatal Cystic Hæmorrhage. By W. J. Lunn, M.D.
2. Case of Urethro-Vaginal Fistula. By W. J. Lunn, M.D.
3. Case of Laryngotomy. By R. M. Craven, Esq.
4. Case of Amputation of the Cervix Uteri. By R. M. Craven, Esq.
5. Case of Imperforate Hymen. By R. H. B. Nicholson, Esq.
6. Sequel to a case of Ovariotomy. By J. Dix, Esq.

Dinner. The business of the meeting being over, the members dined together at the Victoria Hotel, where they were joined by several other members who had been prevented from attending earlier. A delightful evening was spent; and the proceedings altogether were of a most encouraging character, the meeting being the largest that the Association has held in Hull for some years.

Reports of Societies.

MANCHESTER ROYAL INSTITUTION: MEDICAL SECTION.

General Meeting, April 6th, 1864.

John Windsor, Esq., in the Chair.

Four new numbers were elected.

Bronchial Casts. Mr. Smart exhibited specimens of bronchial casts expectorated by a man aged 36, suffering from recurrent attacks of subacute bronchitis. Last autumn, he caught a bad cold, with cough; and he then noticed for the first time peculiar solid lumps in the expectoration. He got well, and remained so until shortly after Christmas, when he was again attacked with cough, attended with copious expectoration, containing occasionally what appeared to him solid lumps of flesh, as before. His occupation (that of a night-watchman) was generally not interfered with. He had a sudden dyspnœal seizure on the 10th of last March, when he was first seen by Mr. Smart. He was found sitting up in bed, breathing laboriously, with paroxysms of violent coughing. The cough consisted of a long series of short expiratory succussions, resembling somewhat the "chinks" of hooping-cough, with a shrill sibilant falsetto sound. The physical signs were those of bronchitis, and were almost entirely confined to the infraaxillary region, the rhonchi having a rather "sticky" character. There was no pain. In the course of twenty-four hours, he would sometimes cough up between one and two pints of gelatinous phlegm, with a slight admixture of air-bubbles, but having a "head" of yeasty-looking froth. Mingled with the gelatinous secretion were numerous streaks and small elongated fragments of a *milk-white* substance, and also a few large solid-looking pinkish lumps. Agitated in a basin of water, the latter unfolded themselves into long complex ramifications, consisting of a main trunk and branching offsets, and representing the complete cast of a portion of a bronchial tree, the aggregate being often from four to five inches long. Several of these were found to be solid cylinders, having a soft amorphous centre, coated with a stout surrounding lamina of great toughness. The external surface of the more voluminous casts was generally tinged with blood, as if the casts had adhered to the sides of the bronchial tubes, and had been removed by a violent evulsive effort. There was no other hæmoptysis, nor any symptom of tubercle. The expulsion of the larger masses was generally preceded by a violent and incessant cough, lasting sometimes more than two hours. He would spit from two or three to sixteen or eighteen of these bodies in twenty-four hours; and a washhand-basinful of them might have been collected in the course of a few weeks.

He had been troubled previously with dyspeptic symptoms; and, although his appetite continued good throughout his illness, eating nearly always increased his distress in breathing. The dyspnœa was only occasional, was not accompanied with lividity of the features, and did not cause much after-exhaustion.

The trachea and upper bronchial tubes appeared to be perfectly free from disease. No masses had been expectorated during the last ten days. Prolonged administration of alkalies was the treatment resorted to.

Pneumothorax. Mr. MELLAND communicated the following case of pneumothorax. B. M., aged 38, a reed-maker, had been ill about four months, and was at present (March 1st) suffering from general anasarca, œdema of both lungs, with a good deal of cough, laborious breathing, etc.; and from cardiac disease, probably mitral. The urine was not albuminous; and there was no jaundice. The anasarca disappeared under treatment, as well as the œdema of the lungs; and the patient was able to walk out a little. The pulse, however, continued quick; and the patient remained in a weak state. On March 11th, the patient, having been worse for several days, was suffering a good deal of pain; and there was found a total absence of respiratory murmur on the left side, with increased resonance on percussion, excepting over the scapula, reaching to the lowest ribs and over the whole of the sternum. There was no metallic tinkling. The heart had moved over to the right side, lying from an inch and a half below the right nipple to the edge of the ribs, about an inch to the right of the ensiform cartilage. Under treatment, he again improved, and continued to do so until March 27th, when an exacerbation of the symptoms occurred. The heart's sounds became very loud, and a loud clicking sound was heard over the lower part of the sternum. No succussion or metallic sounds were present, nor dulness on percussion. On March 31st, there was an improvement. The clicking sound could be brought on at pleasure, by the patient turning over on his left side; was close to the ear, over the edge of the ribs; and was double. Symptoms of œdema of the lower part of the right lung were presenting themselves a few days later.

Mr. Melland remarked upon the absence of any very acute symptoms at the commencement of the above case, the absence of metallic phenomena, and the moderate nature of the general symptoms during its progress, so far. The origin was presumed to have been a small tubercular abscess perforating the lung by a small opening, which may have become closed by inflammatory adhesion, and may have reopened when the severe symptoms reappeared. The heart seems to have been the original seat of disease, the œdema of the lungs and anasarca resulting therefrom. The case was considered by Mr. Melland to confirm Dr. Stokes's opinion with respect to pneumothorax, that "it may be so latent that one cannot determine the date of its invasion;" and also that, "in many instances, a period of comparative and often singular tranquillity succeeds the first violent symptoms."

Retrogressive Tubercle. Dr. W. ROBERTS exhibited the lungs of a man aged 20, who had suffered from phthisis, followed by Bright's disease. When first under treatment, the patient presented all the physical signs of phthisis; there being marked dulness, pectoriloquy, expectoration, etc. There were also symptoms of nephritis; viz., albuminuria, anasarca, and ascites. The case improved under treatment by cod-liver oil, steel, and constant rest in bed; the dulness and signs of a cavity remaining. After three months' residence in hospital, he returned home, and the same day became much worse; was readmitted after three days, and died with suppression of urine and ascites. The upper lobe of the right lung was found to be sealed by cicatricial tissue, there being six small cavities in the apex, free from tubercle, and shrunken, and three cavities in the left lung. The kidneys were of the "large white" order.

Dr. Roberts considered this a case of tubercle retrogressive under proper treatment, and chiefly by rest in bed; and as illustrative of the derivative effects produced upon the tubercular disease in the lungs by the morbid action established in the kidneys.

Fœtal Deformity in Twins. Dr. J. O. FLETCHER showed an example of the "sixth type of acephalia", according to Professor Vrolik (vide *Cyclop. Anat.*, vol. iv, p. 962), being a twin monster of seven months' uterine growth, with a common placenta measuring twelve inches in length. Dr. Fletcher did not believe these monsters to be the result of arrested development, because the "*primordial cerebral capsule*", developed in the embryo upon the "*chorda dorsalis*", has no existence, whilst the rest of the body undergoes the proper changes; but must rather be the result of some perverted formative power in the germ-cell itself.

Dr. Fletcher promised a further communication on the subject, after the completion of his dissections.

Scirrhus of Pylorus. Dr. JOHN ROBERTS exhibited, for Dr. DAVIES of Bury, a specimen of this affection. The patient was a male, aged 48, who had ailed for two years before his death. For some weeks before his death, he had suffered from great pain in the epigastric region, and constant vomiting after food. There had been vomiting of quantities of dark "coffee-grounds", with enlarged, tense, and tympanitic abdomen, and difficult deglutition, for a few days preceding death. The pylorus was found to be the seat of a hard tumour; and nodules of the same kind of growth existed on the under surface of the diaphragm. The diseased product encased the pyloric orifice and the adjacent portions of the alimentary tract, on both sides, in the form of a ferule of uniform thickness. The canal in its centre was patent, and of pretty uniform calibre. The growth was composed of nodules, which offered some resistance to the knife, and which, when cut, exuded an abundant juice, composed of cells, fatty granules, and molecules, and glossy structureless fibres. The cells were larger than pus-cells, ovoid in form, uniform in size, and containing each a single nucleus. There was a perforation in the greater curvature of the stomach; and the usual appearances in the abdomen which result from such a lesion.

This case of scirrhus was considered remarkable, on account of the seemingly uniform deposition of the cancerous matter, suggesting simple hypertrophy of the pylorus. The nodular composition of the "ferule," the similarly affected under surface of the diaphragm, and the microscopic characters, were considered to point unequivocally to a malignant growth, and that scirrhus.

Tænia Solium in an Infant. Dr. JOHN ROBERTS showed such a specimen, taken from an infant, aged 13 months. The entire tænia seemed to have been voided spontaneously and without pain. The infant was stated to have been fond of raw herring, beef, or pork. This affection occurring at so early an age is rare, and is confined to the children in metropolitan towns. (*Vide* Wolfius, Legendre, West, Smith, etc.)

Remarks on the Pathology of Strabismus. Mr. HUNT proceeded to communicate a few facts and opinions on this subject, by way, principally, of eliciting a discussion. He defined "true strabismus" to "consist in an obliquity in the position of the affected eye, which prevents its movements from being in accordance with those of the other eye." Normally, "each eye takes the same view of any object." "In true strabismus, there is a diminution, but not a total loss of power; and this diminution renders the failing muscle incapable of overcoming its antagonist muscle sufficiently to keep up that balance of muscular power which is essential to the according movement of the eyes." Mr. Hunt illustrated this by referring to convergent strabismus; the fact of the eye assuming the correct direction as soon as the other eye is closed proving that the affection is owing to diminution, and not loss, of power. Mr. Hunt enumerated Dr. C. R. Hall's list of the causes of strabismus, adding, from his own observation, the following injury of the eye from blows which cause temporary strabismus and strabismus after operations for cataract. Mr. Hunt related a case of a "very rare variety of distortion of the eyeball, which, on a cursory examination, might be mistaken for strabismus, but which is complicated with a condition of the general nervous system of a very serious character." Sir Everard Home's cases, published in the *Philosophical Transactions* for 1797, Mr. Hunt considered to have been of a similar nature, and not owing merely to fatigue of the muscles. Mr. Hunt noticed that, "after a very successful operation for convergent strabismus, there is, to a certain extent, a want of correspondence between the actions of the internal rectus muscle of each eye, which has often been mistaken for convergent strabismus of the unaffected eye." Mr. Hunt concluded by referring to the affections of the eyeball resembling strabismus, which are dependent upon distant functional disturbance, as during convulsions arising from irritation from worms in children, or in other convulsive diseases.

During the discussion which ensued, Dr. Samelson combated Mr. Hunt's definition of strabismus, and alluded to the researches of Donders in the matter.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 12th, 1864.

R. Partridge, Esq., F.R.S., President, in the Chair.

FOUR CASES OF INTESTINAL OBSTRUCTION, IN THREE OF WHICH THE COLON WAS OPENED IN THE LEFT LUMBAR REGION, (AMUSSAT'S OPERATION.) BY SAMUEL SOLLY, F.R.S.

After acknowledging the value of Mr. Cæsar Hawkins's contributions, Mr. Solly detailed his own experience. The operation of opening the colon in the loin, in properly selected cases, he believed to be neither dangerous nor difficult; nor was it contraindicated by the occasional passage of small quantities of fæculent matter. The results, moreover, of the operation were far from unfavourablee, even where the stricture was due to malignant disease; and the relief afforded was instant and decided.

The first case, that of a labourer, aged 28, was one of rectal cancer, advancing with unusual rapidity, and dating only five months from admission. At the onset, diarrhœa, with slimy and bloody motions, was followed by intermittent symptoms of obstruction, which before long became constant. On admission, the abdomen was frightfully distended; the rectum did not admit the passage of even a small elastic catheter. Three days afterwards, the descending colon was opened in the left lumbar region. Much flatus escaped, but hardly any fæces until some hours after the operation. This was followed by rapid improvement in every respect. Sixteen days later the patient left his bed, wearing a tent in the wound. He continued in fair health for three months, when chronic peritonitis set in, probably from extension of the primary disease, and slowly advanced to a fatal termination.

The second case, that of a railway clerk, was of eighteen months' standing. It had been very gradual in its access, and palliated during the last month by the passage of rectum-bougies twice a week. On admission, the symptoms, both local and general, were very severe. At the operation, much fæculent matter was evacuated, and the relief obtained was very decided, lasting for six weeks, when sudden collapse, partially due to mental causes, was very rapidly followed by death. *Post mortem* examination was refused.

The third case had occurred very recently. A bank cashier, aged 54, of active and temperate habits, had begun about a year previously to suffer from constant tenesmus, with from five to seven evacuations daily; these were on three or four occasions accompanied by blood. Seven months later he consulted Mr. Solly, and extensive carcinoma was found, partially occluding the bowel. During the following five months he could evacuate the bowel without much distress; but at the commencement of the present year complete obstruction took place, accompanied by great distension of the abdomen, for which, ten days later, he was admitted into St. Thomas's Hospital. On admission he complained of dyspnœa and retching, but without actual vomiting. A nodular mass could be felt projecting into the rectum, hard and inelastic, almost obliterating the canal. The following day, a horizontal incision with a slight inclination upwards and outwards, from three inches and a half to four inches long, was made midway between the last rib and the iliac crest. The erector spinæ was partially divided, and then the quadratus lumborum inwards, on a director, to the extent of an inch and a half. The abdominal fascia was similarly treated, leaving the bowel exposed; this was fixed by means of two silk sutures to the edges of the wound, and the gut opened transversely by means of scissors. Very little blood was lost, and three pints of liquid fæces came away, with intense relief. During the afternoon more liquid fæcal matter was discharged *per anum.* On the following day the pulse was 86; he had slept well, and eaten a chop for dinner. The wound showed no inclination to close, and slight prolapse of the bowel was easily checked by an oiled sponge-plug. For six days he did very well, except that there was a tendency to the formation of bed-sores. Thirteen days after the operation he sat up two hours daily, and seemed better, fæces passing both by the wound and anus. But on the twenty-first day collapse, vomiting, and swelling of the face came on, followed by great dyspnœa and extensive mucous crepitation in the chest, which increased so rapidly as to carry him off in a few hours. At a *post mortem* examination, tubercle was found in both lungs, which were œdematous, with much injection of the bronchial tubes. The cæcum was distended by gas, and was adherent to the sheath of the right psoas muscle, in which was an abscess extending to its origin, containing several ounces of thin fœtid pus. There was a free opening in the descending colon, where it was uncovered by peritoneum, and its edges were adherent to the wound. The sigmoid flexure contained solid fæcal matter. The rectum was embedded in a firm mass of infiltrated tissues, adherent to the pelvis posteriorly and to the bladder in front. The deposit was firm, fibrous, and juicy. A softer growth projected inwards round the whole circumference of the bowel, so as almost entirely to obstruct it; below the tumour was an ulcerated surface of the intestines, two or more inches across, where the coats of the bowel were entirely destroyed. The scirrhous mass under the microscope showed fibrous tissue, with cells of various sizes, mostly round, and containing minute oil-globules. The liver contained several masses of scirrhus, most of them presenting traces of central degeneration.

The fourth case resembled the preceding up to a certain point, where it diverged in consequence of the operation not having been performed, and the patient dying rapidly from rupture of the bowel. W. C., aged 55, a surgeon, was a ruddy and robust man, of very active habits, subject to no illness except occasional attacks of gout. In April 1863, he had a severe attack of what he termed colic, for which his father-in-law, a retired practitioner, successfully treated him. Even at that period Mr. Solly saw reason to diagnose stricture of the large intestine, though the patient attributed his symptoms to gout, and did not formally request his advice until two months later. On a first visit he was in great pain, and the abdomen was so tender as to preclude close examination. Palliative treatment mitigated the symptoms for a fortnight, and then the author was again hastily summoned to Tunbridge Wells. Examination of the rectum by means of the finger and a soft bougie revealed an obstruction at its upper part. The abdomen was intensely distended with flatus, although small quantities of fæcal matter were once or twice evacuated. It was suggested to open the descending colon in the left lumbar region, but postponed for the opinion of an eminent surgeon, who came to the conclusion that it was not desirable. Accordingly Mr. Solly unwillingly relinquished the proposal under protest. Within twenty-four hours the patient died in great agony, with symptoms of ruptured bowel. On *post mortem* examination, the abdomen was tense, and prominent above the umbilicus. The lower part of the descending colon presented a small perforation, from which half an ounce of fæcal matter had escaped. There were no signs of recent peritonitis; and the intestines were healthy except at the sigmoid flexure, where a mass occupied the interior of the gut, of a scirrhous hardness, measuring over three inches across. Several pulpy lobulated portions of this occupied the calibre of the tube, fitting into each other like cogs of wheels. No other morbid condition was found. Before opening the abdomen a trocar had been introduced at the spot where the proposed operation would have been performed, and its point was found in the intestine an inch and a half above the diseased mass.

In commenting on this case, it was noticed that death had obviously been the result of obstruction, not of any rapid malignant growth, and that life would undoubtedly have been prolonged by the operation for an indefinite period. Moreover, the valvular form of the obstacle was pointed out, and the possibility of the original channel becoming pervious when the accumulation above was removed by operation, as had actually occurred in the third case. Lastly, attention was directed to the fact, already noticed by Mr. Quain in his work on this subject, that obstruction might be complete and prove fatal, even when the autopsy did not exhibit total occlusion of the intestinal canal.

(A drawing of a portion of the intestine in this case was exhibited.)

LIVERPOOL MEDICAL INSTITUTION.

April 14th, 1864.

A. Higginson, Esq., Vice-President, in the Chair.

PUBLIC BUSINESS.

A letter was read from Mr. McGowan, on behalf of the Watch Committee, informing the Society "that that committee have always recognised the value of prompt medical assistance in urgent cases coming under the notice of police; as also the right of the medical profession to be remunerated for their services. The Committee are informed by the head constable that the police never hesitate to call for medical assistance in proper cases, and that the fees are always paid through the head constable's office."

A letter was read from Mr. Hussey of Oxford to the Secretary, approving of the Society's proceedings in relation to the Birkenhead case.

The following resolution was passed:

"That a deputation from the Medical Society do wait upon the Board of Management of the Ladies' Charity, with a view of ascertaining how far it would be practicable to obtain from their institution medical relief in casual or urgent cases of midwifery."

PATHOLOGICAL DEPARTMENT.

Aneurism of the Abdominal Aorta. Dr. Barrett shewed a specimen. A gentleman, aged 65, of active habits and general good health, was suddenly seized with severe pain in the left hypochondriac region and abdomen, whilst walking down some steps. Alarming syncope soon came on. Turpentine externally and by the rectum was ordered by Mr. Long, and the patient gradually rallied, and at his own urgent request was removed some distance to his own home; he was able to walk from his cab to his bedroom. He passed a pretty comfortable night; but about eight o'clock in the morning, he was again seized with severe pain in the left hypochondriac region. Mr. Long and Dr. Barrett saw him, and found him complaining of much pain; he looked faint, and his pulse was at times scarcely perceptible. There was now some fulness and dulness on the side affected, and also in the course of the left inguinal canal, but no pain in the testicle. He had vomited once only, and then directly after taking some beef-tea. He sank and died about thirty hours after the first attack. On opening the abdomen, and putting aside the intestines from the left side, a dark mass of coagulum could be seen behind the smooth surface of the peritoneum, filling the left lumbar region and iliac fossa, and extending into the hypochondriac region above, and inguinal canal in front. On the removal of this clot the aneurism was found burst. It was situated a little above the origin of the two iliacs, and the aorta above it was very much diseased and rigid, and had quite lost its proper form. Dr. Barrett said the peculiarities of the case were the patient's rallying at first, and the prominence in the groin, and the pain simulating the passage of a stone. There was no blood effused into the peritoneum.

Tubercle of the Kidney. Mr. Nash shewed two very well marked specimens of this disease from two different patients who had died in the Royal Infirmary. In the first case, a young girl aged 18, a prostitute, was admitted for slight laceration of the hand. She had symptoms of irritation of the bladder, pain after micturition, etc. A stone was suspected, but none found. The patient was going out when she was seized with apoplectic symptoms, and died in three days. There was a very great deposit of calcified tubercle in both kidneys; no lesion of the brain.

In the second case, a boy aged 14, was admitted with symptoms of irritation of the bladder, passing blood, etc.; no stone was found in the bladder. There was great emaciation and sweating; no hæmoptysis, but dulness over the left lung. Tubercular disease of the kidneys was diagnosed, and sedatives were given. Very extensive tubercular deposit was found in both kidneys.

Imperforate Anus. Dr. Irvine shewed the intestines of a child on whom he had operated for imperforate anus. The child, a male, was born on March 13th, 1864, at 2 A.M. At 4 P.M. he seemed quite well; bowels not yet moved; his urine stained the linen of a yellowish colour. On the morning of the 14th Dr. Irvine was sent for, and found the nurse had given a dose of castor-oil the previous evening, and the child had vomited that morning for the first time. On examination, he found no trace whatever of anus. The abdomen was swollen, but not tender or tympanitic. There was constant straining. He determined to operate; and at 5 P.M. made an incision in the mesial line about half an inch in length, and terminating about half an inch from the coccyx. After dividing the skin and subjacent tissue, he introduced a probe for the purpose of exploring, but did not succeed in finding the gut. He then passed his finger along the hollow of the sacrum, making way with the knife, and at the end of rather more than an inch and a half from the surface he felt a pouch, which he punctured, but no meconium or flatus escaped. He then introduced into the artificial rectum a dossil of lint smeared with castor-oil, and left under the impression the child would die. At noon next day, he found the lint *in situ*, but great straining efforts had been made by the child during the night. The urine had stained the linen as before; vomiting had occurred once after the operation. He removed the lint and found it was tinged with the colour of fæces, and its removal was followed by the expulson of flatus. He did not replace the lint, but ordered a dose of castor-oil to be given, and next morning was delighted to find the child had soiled three napkins with liquid yellow fæces. He again ordered castor-oil to be given, and the dose was continued from day to day, each dose being followed by two or three motions and free passage of flatus. On the 21st, there was a very free motion, and he ceased to attend the child for the present. On April 1st he was again summoned, and found that the urine had continued to stain the linen, and for four days the child had vomited twice or thrice daily, and had had very slight action of the bowels. There was great tenderness over the abdomen. The child gradually became worse, and died on April 16th, exactly one month after his birth. The small intestines were found to be in a natural state, but the large intestines were enormously distended and filled with fæces, which must in part have lodged in the intestines since the child's birth. The rectum measured five inches in circumference, and communicated directly with the bladder, as well as with the canal which Dr. Irvine had made.

The CHAIRMAN said the case was very interesting, particularly from there being such a continuous history of its progress. Possibly an opening in the loin might have been of service.

Dr. BARRETT mentioned a case where there was no anus; the rectum opened into the bladder, the anterior wall of which was wanting.

Mr. H. STEELE had seen a case in Dublin in which the fæces escaped through the bladder from birth.

Sycosis. Dr. BALMAN shewed under the microscope a hair affected with this disease.

Transmission of Secondary Syphilis: with Remarks. By T. SKINNER, M.D. The principal facts of the case were as follows. A lady, perfectly free from syphilis herself, was confined on April 18th, 1863. Within a week of its birth, the skin and mucous surfaces of the child shewed unmistakable symptoms of hereditary syphilis in an exaggerated form. The breast milk disappeared, and every form of artificial food disagreed so, that a wet-nurse was the only alternative, and a healthy one was procured. The child scratched the skin of the nurse's breast beneath the left nipple, leaving an ugly irritable sore, which ultimately healed. Within five weeks from the date of this scratch, the nurse became covered with a roseola and copper-coloured rash, the same as was seen on the child. On examining the husband, he was found to be labouring under chronic syphilitic ulceration of the tongue, the result of a chancre which he had had eight years before, and for which he had been severely salivated more than once. In his remarks upon the case, Dr. Skinner alluded to the responsibility of the medical adviser to the nurse and to the law in recommending or passing a nurse, to oblige the parents, knowing that the child is actually suffering from syphilis. Believing himself liable to an action in this case, he had warned the parents that they must take all risks and protect him from actions at law, and this they agreed to do. He also thought this case went to prove beyond all doubt the *certainty* of the transmissibility of secondary syphilitic symptoms. He was not, however, prepared to believe, as many do, that the poison of constitutional or any other kind of syphilis can be introduced into an uncontaminated system by simple contact of a diseased subject with a healthy and unbroken epidermis.

Some discussion, in which Dr. Barrett, Mr. Walker, Mr. Irvine, and Mr. Hodgson took part, followed the reading of this case.

Correspondence.

THE LORD CHANCELLOR'S COUNTY COURT BILL.

LETTER FROM J. H. GRAMSHAW, M.D.

SIR,—The Lord Chancellor has just brought in a Bill to facilitate the recovery of debts under £20; but, to my mind, it will have the effect of clearing the ledgers of many medical men otherwise than by payment of the amount due to them. Besides other objectionable enactments, it prevents creditors from suing for debts due more than a year. A debtor, whose bill has not reached him till a period of ten months has elapsed since it was contracted, may thus avoid being made to pay at all, by slipping away for the remaining two months of the year. Another clause, which will be objectionable to most masters, is to the effect that, if a county court judge has decreed a certain weekly payment against a servant, a notice to that effect is to be sent to the master by the court, and he is *required* to become accountable for his servant's payments. Now, I am much obliged to anybody who will make those who owe me money a little more prompt in their payments; but I think that, if this bill is to become law as suddenly as is proposed—viz., on the 1st of January next—a very large proportion of medical and other professional men will be very great losers. The bill will be a very great benefit to trade generally; but to professions it seems to me quite the contrary. I think we ought, by public meeting, or by petitions, or both combined, to express our sense of it at once, as it is brought in by a member of the Government, and is very likely, in some shape, to become law.

I am, etc., J. H. GRAMSHAW.

May 1864.

SIR,—The Lord Chancellor's Bill for amending the County Courts Act contains a clause which remits the liability of debtors where the accounts are of more than twelve months' standing. As it now stands, this will bear most injuriously on the medical profession, as it is a rule among the public to take long credit; and, were it not for the legal liability lasting also for a long period, this would too commonly run into repudiation, as the experience of medical men will abundantly testify.

If nothing be said by our profession against the Chancellor's proposal, our acquiescence will be inferred. I only ask the members of the profession to give it their serious consideration; for it is high time that we look to our own interests; and the British Medical Association will give us the means of expressing our views in a manner that will be felt by the legislature. I am, etc., MEDICUS.

May 17th, 1864.

FOREIGN BODIES IN THE EAR.

LETTER FROM JOHN THOMPSON, F.R.C.S.

SIR,—I observed a letter on this subject in your JOURNAL of April 9th, in which reference is made to a variety of instruments of use in removing foreign bodies from the ear. I have had some experience in these cases, and have used the instrument that appeared most suited to each particular case; but the other day a little sufferer was brought to me with a small rounded stone in his ear, which had been in some time. On looking into the ear, the stone seemed so covered with secretion, that I thought I would first well syringe the ear with water, so as to have a better observation of the pebble, and a better hold of it for extraction. On placing the head in a proper position, and using the syringe for a little time with a fair amount of force, to my great satisfaction, not only was the ear cleaned, but the foreign body, larger than a barley-corn, came away in the returning stream of water.

This may seem a very little matter for insertion in the JOURNAL; but I nevertheless think it may not be amiss, in every case of a foreign body in the ear, to try first the effect of well-employed syringing, before resorting to the other more painful modes of extraction. I am, etc., JOHN THOMPSON.

Bideford, May 17th, 1864.

DO LONDON LECTURERS LECTURE FOR PRACTICE OR PAY ONLY?

LETTER FROM LIONEL S. BEALE, M.B., F.R.S.

SIR,—As you have repeated the assertion that London lecturers lecture "for practice or pay, and not for science", I trust that you will permit me to state that, from long personal acquaintance with many London lecturers, I feel quite certain that your conclusions are groundless.

Nor can I allow myself to be instanced as a "glaring exception" to your sweeping assertion, and as "proving the rule." I am confident that there are many more than three lecturers in London, lecturing and working hard, not for pay nor for practice, but to advance medical science, and with the view of diffusing the constantly increasing scientific professional knowledge in the hope that it may be turned to practical account as soon as possible.

Be assured that your estimate of the motives which influence London lecturers is utterly opposed to many facts that could easily be brought forward. I cannot refrain from expressing the opinion, that it is as unfounded and as ungenerous as an assertion which occurs a few lines further on in the same article, to the effect that "gratuitous medical services are a system of *medical advertising*."

Doubtless, your "honest wish and endeavour is to attempt to raise the profession"; but it is not fair to suppose that you alone are working in this direction, or that the only methods of effecting this object are those which you propose. We do not all take so gloomy a view of the present state of the profession as you do; or consider that it really has to be raised "out of this low estate in which it lies bleeding." We are not so prostrate as this; and I am sure that the active members of our Association are by no means so hopelessly despondent as its "organ" appears to be. I am, etc.,

LIONEL S. BEALE.

61, Grosvenor Street, W., May 24th, 1864.

[We are glad to find so high an authority as Dr. Beale differing from our views, and only wish his opinion were backed by some tangible and convincing facts. In the meantime, we must, unfortunately, maintain the correctness of our own opinion. Dr. Beale confuses things, in suggesting that we pretend to be the only one endeavouring to raise the profession. Our remarks in that way were addressed to two medical journals. We simply advised those journals, when they differed from us, not to substitute abusive and ungentlemanly language in the place of argument. EDITOR.]

A SIMPLE OPHTHALMOSCOPE.

LETTER FROM J. Z. LAURENCE, ESQ.

SIR,—I find that, if a convex lens of about two inches focus be placed in close apposition with a concave one of about nine inches focus, and this combination be held before the patient's eye at the distance the object-lens of an ordinary ophthalmoscope usually is, it forms an ophthalmoscope, uniting in itself the reflecting and refracting elements of that instrument. For, whilst the light from a flame is reflected by two surfaces (the outer concave surface of the concave lens and the internal concave surface of the convex one) into the patient's eye, it is also, on its emergence therefrom, refracted by the effective convex element of the combination, so as to form the usual indirect image of the fundus oculi at the focal length. With such a rough combination, I have been able to obtain a distinct image of the optic nerve, retinal vessels, etc.; and I may hence not unreasonably hope a properly constructed meniscus will in itself fulfil the conditions of the mirror and object-lens of an ordinary ophthalmoscope.

I am, etc., J. Z. LAURENCE.

30, Devonshire Street, Portland Place, May 3rd, 1864.

MEDICAL EDUCATION AND MEDICAL PARASITES.

LETTER FROM JOSEPH STEPHENS, M.D.

SIR,—I trust your able articles on medical education will have their due weight with the members of the Medical Council when they next deliberate. It strikes me that, if uniformity were enforced in the curricula of different schools, and also in the examinations at the different boards, and a full correlation were established between them, the necessity for the grinder, whose existence you deprecate, would no longer exist. At present the course of preparation, as it is miscalled, has but little relation to the examinations to be undergone; and the intervention of the grinder with his practical knowledge of the peculiar views and requirements of the examining bodies, is, to the ordinary intellect, absolutely necessary. Without his pilotage, the student will often find that, while he has been directing his chief attention, and devoting his greatest mental energies to the minute acquisition of subjects which the examiners ignore, or glance at cursorily, he has scarcely come into contact at his school with matters which his examiners deem of paramount importance.

By raising and improving the standard of general and professional education, I doubt not that a more healthy tone and a greater vigour will be infused into the body medical, and morbid growths will become more rare. But do you think, Mr. Editor, that this alone will be sufficient to prevent the future implantation and development of the parasites which flourish so luxuriantly on the parent stock? At present, the profession appears to be peculiarly congenial to parasitic growths; and if these do not absolutely sap its strength, they certainly do their utmost to divert and appropriate its nutrition, and to destroy its comeliness. I need not tell you that just now two well-marked varieties of the medical parasite are especially rampant, the advertising variety, and the homœopathic variety. You have, as I well know, done your utmost to check their ravages, and sever them from their connexions; but at the risk of obtruding the subject on your notice *ad nauseam*, I will venture to call your attention to the little book I enclose. I would ask you whether it is fitting or creditable that those who prostitute the name of the most honoured of the profession to sell their "£5 cases" of "Vital Restorative" should continue enrolled in a register of gentlemen, and be able to parade, *ad captandum vulgus*, that they are "duly registered under the New Medical Act?" The book is being sown broadcast in the homes of England. The copy I send you was found on a Clergyman's drawing room table; it had arrived by post, and, on the credit of its external appearance, and of the name so conspicuously emblazoned on the cover, had without internal examination been thus disposed of. You may imagine the disgust of the clergyman, when his attention was drawn to the real nature of the book, and when he found that his wife had read it, and that for several days it had been ostentatiously exposed to the curious inspection of a numerous family and many visitors.

The treatment of parasites who thus pollute private life with their disgusting exuviæ is, I think, sufficiently plain; the remedy is in the hands of the Medical Council, and they ought to apply it effectually.

The homœopathic variety of medical parasite is more insidious in its growth, is more widely spread, and has fastened itself very firmly on the profession and on public credulity; its treatment is, therefore, more difficult. I trust, however, if it cannot be severed and destroyed by a *coup de main*, that something will speedily be done by the Medical Council to check its future ravages.

Medical qualifications are, however, to my knowledge, often obtained under absolutely false pretences. I will give you a case in point. Not long ago I saw the announcement of the appointment to a homœopathic dispensary of a doctor of medicine, who had just taken his degree at an university where I had every reason to believe that orthodox and scientific medicine reigned supreme. I at once wrote to the principal of the university, to know how such a child could be born of such a parent. I was informed that the graduate had been most carefully examined as to the principles and practice of medicine, and that he had most distinctly and specifically expressed his adherence to the commonly received views as to the medicines and their doses proper to be given in particular cases of disease! The diploma so obtained at once became his license to practise homœopathy! Now, if such flagrant breach of faith can continue to be perpetrated with impunity; if men can, by unscrupulous prevarication or gross mendacity, cheat Examining Boards out of their diplomas, and at once belie their avowed principles, it will be a crying disgrace to the profession in general, and to the Medical Council in particular.

I believe that education will never prevent unprincipled men from setting their sails to catch the first gale of popular caprice, and sheering off into the practice of any humbug which promises to fill their pockets. I believe it will never prevent unprincipled men from subscribing to legitimate medicine in order to obtain qualifications to practise the most lucrative form of current quackery. And, if these things are so, I think you will agree with me that the sooner the Medical Council set themselves fairly to work to prevent such abuses, the better it will be for the interests and respectability of the profession, and for public health and morals. I am, etc.,

Joseph Stephens.

Brighton, 25th April, 1864.

IRIDECTOMY.

Letter from James Dixon, Esq.

Sir,—The last letter published by Mr. Bowman on Iridectomy, appeared in the British Medical Journal of April 4th; and, a week later, you summed up the evidence which had been brought forward by so many writers on the subject, and concluded by declaring, that "argument had said its last word." Evidently this is not Mr. Bowman's opinion; and in this day's Journal, he re-opens the question, as it affects myself, dividing his charges against me into two heads: 1. "*As to the scientific points;*" and 2. "*As to the charges of recklessness, ignorance, heartlessness, and unworthy motives, brought by Mr. Dixon against some of those who have promoted the treatment of glaucoma by iridectomy in England.*"

The first head he subdivides into four sections (*a*, *b*, *c*, *d*); and demonstrates to his own satisfaction my want of knowledge about glaucoma and iridectomy in general; my unacquaintance with the literature of the subject; my inability to distinguish one kind of optic nerve cupping from another; and so forth. To meet such charges, I can only reply that, having diligently employed the same means of diagnosis as Mr. Bowman has employed, and having used the ophthalmoscope with certainly as much care as he has done, I consider myself quite as competent as he is to pronounce an opinion upon any case of ocular disease.

As regards the views of Gräfe and other foreign surgeons, they are open to all who choose to read their works; and certainly I have done this pretty regularly, from the first announcement of Gräfe's treatment of glaucoma down to the present time. Mr. Bowman, however, considers that I have read to little purpose, and have not at all apprehended Gräfe's opinions. We are not fair judges, it may be, of our own abilities; but I cannot see any grounds for Mr. Bowman's assumption of being my superior, either as an observer of morbid appearances, or as a student of the current literature of our profession.

I may repeat what I have before stated, that for years past I have been in the habit of practising Gräfe's operation for iridectomy in those *special* cases which I consider to demand it; and I am quite prepared to say as much in its favour as Mr. Bowman himself can do, as a means of arresting *acute glaucoma*, and preventing the otherwise inevitable blindness which that disease induces.

I pass over Mr. Bowman's contemptuous remarks as to my professional knowledge in this cursory manner, because they are little more than repetitions of his former attacks, and are obviously reproduced on the present occasion for the purpose of decrying my competency to pronounce sound opinions on the subject of glaucoma, and *à fortiori* to find fault with the practice of others. I proceed, therefore, to the second head of Mr. Bowman's indictment—"*As to the charges of recklessness, ignorance, heartlessness, and unworthy motives, brought by Mr. Dixon against some of those who have promoted the treatment* *of glaucoma by iridectomy in England*—charges which, coming from such a quarter, and not having been withdrawn on a remonstrance some time ago privately addressed to him, cannot be allowed to remain on record with their true character unexposed."*

The history of this "remonstrance" is as follows. The co-operation of two of Mr. Bowman's colleagues at Moorfields having been secured, a letter, as his and their joint production, was sent to me on January 28th. It was accompanied with a paper containing a series of passages from my published works and letters, which I need not here reproduce *in extenso*, as the more prominent among them are to be found in Mr. Bowman's letter in the BRITISH MEDICAL JOURNAL of this day. (P. 569-70.) After alluding to the "strong language" which, in three recent letters, I had used in reference to the supposed abuse of iridectomy in England, both at an earlier period and at the present time, the Remonstrants thus addressed me: "At the time the second edition of your work appeared, those who had performed the operation of iridectomy in this country were few in number, and even at the present date the number is very limited, and the Moorfields Hospital has furnished the chief part of the cases upon which operations have been performed. It follows, as a necessary consequence, that a very serious imputation is cast upon a few ophthalmic surgeons, amongst whom all your colleagues appear to be included......... As we are unwilling to believe that you really intended to give expression to such a censure on your colleagues, either senior or junior, or upon any others who have been working at Moorfields; and as we entirely deny the correctness of the grounds on which you rest your statements, we ask you to consider whether it will not be possible for you to re-examine the subject, and withdraw imputations which, in justice to all parties concerned, we cannot allow to remain unanswered."

To this letter I replied on the following day. "Inasmuch," I said, "as the statements I have at various times made, as to the serious mischief I have known to ensue from the injudicious employment of iridectomy, were the result of my own observations, I cannot consent to retract them, as, by so doing, I should proclaim myself to have published what was untrue." I added, "there is one passage in your letter so grossly unfair, that I cannot pass it over without an indignant protest." [The passage was that just quoted, from "At the time the second edition," to "appear to be included."] "A more inconsequent deduction," I said, "could not possibly have been made than is contained in this passage. Among my hospital colleagues, there are men of the highest standing, as regards operative skill, judgment, and conscientiousness, whose friendship I value so highly, that I repudiate, as a calumny, the assertion that I have directed towards them the remarks I have felt it my duty to make." And I begged that my letter might at once be shown to my junior colleagues.

On February 5th, I received a second communication from the Remonstrants. They said: "Notwithstanding your indignant protest, and the surprise you express at our presumed inconsequent deductions, we still feel that your sweeping imputations, containing charges of gross moral delinquency [*sic*] on the part of practitioners whose names are not specified, must naturally, under the circumstances, be understood as including the staff at Moorfields.". . . . . "We are far from wishing you to contradict any statements you have made, unless, by further inquiry, you should convince yourself that they have been made in error; all we suggest is that, having published severe censures, which, if left unexplained, are calculated, as your colleagues think, to injure them most unjustly, and which have caused them pain, you would give to them collectively a public, as well as private assurance, that such statements were not intended, either directly or indirectly, to apply to them, or to cast a shade upon the reputation of the Moorfields Hospital."

I answered: "Such an assurance, I maintain, you have not the slightest right to demand. All I have written on the operation of iridectomy has been written publicly, and on public grounds; and I utterly repudiate your right to give a personal turn to statements, which I have published to the world on broad and general principles. Neither you nor any other individuals are entitled, in reply to such published surgical statements, to ask me, 'Do you mean your remarks to apply to us?' If the operation of iridectomy had been performed only at one place, and by one person, the case might be different; such a person might fairly say, 'Your censures must apply to me, and to me only.' But iridectomy has been performed all over the kingdom—nay, all over the civilised world; and for me to publish a series of disavowals, as to my remarks applying to this or that hospital, or to this or that surgeon, would be to make myself contemptible in the eyes of the profession. I hope this very unpleasant correspondence, which has been forced upon me, may now close; but should you persist in what I must regard as unreasonable demands, I must beg that such a public matter may be publicly judged, by the printing, in one of the medical journals, of all the letters which have passed between us."

A short note, acknowledging the receipt of the above, and stating that the Remonstrants had "no objection to publishing the correspondence," terminated this series of letters; and thus the matter rested, until Mr. Bowman, in his own name, renewed the attack in his letter of to-day.

In conclusion, I would remark that, in reproducing the substance of the letters which have passed between myself and the Remonstrants, I have endeavoured to do so fairly. To have printed every sentence, together with all the long extracts from my published works and letters, would have so much increased the bulk of my present long communication, as, perhaps, to have rendered it inadmissible to the pages of your JOURNAL. I trust I have succeeded in giving a fair and impartial version of all the essential parts of the correspondence. I am, etc.,

JAMES DIXON.

Portman Square, May 21st, 1864.

THE ARMY AND NAVY MEDICAL BOARDS, AND THE LICENSING BODIES.

SIR,—During the recent session of the General Medical Council, Dr. Apjohn brought forward a motion, to the effect that the Army and Navy Medical Boards be requested to furnish the Council annually with a list of all candidates examined by them, specifying the number of those who passed and those who did not pass, and "the names of the institutions in Schedule A from which they received their professional qualifications." In the report in your JOURNAL, I observe that the resolution was objected to by Dr. Alderson, as being likely to act unfairly on the examining boards: it passed, however—I believe by a large majority.

Now it seems to me that this resolution, which doubtless arose out of the narrative given by Dr. Parkes on a previous day, was out of place. The licensing bodies, which are under the jurisdiction of the Council, are only called on to give a list of candidates *admitted* and *rejected;* while the Army and Navy Boards, with which the Council has no direct concern, are requested to furnish not only the names, but to mark also the *institutions which granted the qualifications!* Thus these boards, although possessing no power either by charter or by Act of Parliament, are virtually set up as censors over all the licensing bodies in the kingdom! This certainly does not seem just to the chartered bodies, who ought to have fair play, notwithstanding their faults.

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* The expressions "heartlessness" and "unworthy motives", are not quoted from any writings of mine.

I am, etc., N. S. U. C.

Medical News.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 12th.

Blick, Thomas Edward, Islip, Oxon (St. Mary's)
Bostock, Edward Ingram, Horsham, Sussex (St. Bartholomew's)
Cowen, Philip, Kennington (St. Thomas's)
Evans, John Tasker, Hertford (St. Bartholomew's)
Fall, Joseph, York (St. Bartholomew's)
Grellet, Charles John, Lloyd Square (St. Bartholomew's)
Griffiths, Griffith, Alltwen, Glamorganshire (University College)
Johnson, Joseph, Hogsthorpe, Lincolnshire (Guy's)
McCully, James, Belfast
Mackinnon, Henry Wm. A., Somerset Street (King's College)
Owen, Robert Edward, Beaumaris (Guy's)
Perks, Charles, Lichfield
Pitt, Charles W., Malmesbury (Middlesex)
Sbaw, Thomas C., Stockport (King's College)
Smith, John A., Louth, Lincolnshire (Middlesex)
Squires, William Westbrooke, Liverpool
Tudge, Timothy, Yeovil (Middlesex)
Warburton, Joseph Wilkinson, Liverpool
Watmough, William, Pocklington, Yorkshire (King's College)

Admitted on May 13th—

Battersby, Henry Wade, Dublin
Commins, Henry, Bray, co Wicklow
Evans, Thomas Griffith, Lawrence Lane (University College)
Jones, Alfred Orlando, Barnsbury (St. Thomas's)
Jones, John Talfourd, Brecon, South Wales (University College)
Liddard, William, Mildmay Road, Islington (Middlesex)
Manser, Frederick, Chatham (Guy's)
Nimmo, Thomas, Kirkaldy, Fifeshire
Peel, John Richard, London (King's College)
Rawle, Francis, Lambeth (University College)
Shuttleworth, George Edward, Russell Place (King's College)

Royal Colleges of Physicians and Surgeons, Edinburgh. (Double Qualification.) The following gentlemen passed their first professional examinations during the May sittings of the examiners.

Arrowsmith, William H., Dublin
Clarke, Alexander, Campsie
Crabbe, William T., Kirriemuir
Dickson, Frank Kennedy, Edinburgh
Esson, Alexander S., Edinburgh
Hay, George W. Robertson, Roxburghshire
Milward, James, Bristol
Nicholson, Henry Allyne, Penrith
Paterson, Thorburn, Bonnyrigg
Tarbelton, Arthur Strickland, Leeds

The following gentlemen passed their final examinations, and were admitted L.R.C.P.Edinburgh, and L.R.C.S.Edinburgh.

Allen, John, Malta
Callaghan, James, Cork
Campbell, John Alexander, co. Londonderry
Cranke, Richard, Lancashire
Davson, Smith Houston, Berbice, British Guiana
Jenkins, Evan, Llandyssul, Cardigan
Macdonald, George, Perthshire
Mackenzie, Stephen Coull, Calcutta
Madigan, John Francis, co. Limerick
Mulvany, Matthew, co. Meath
O'Neill, Patrick, co. Kildare
Purcell, Theobald Andrew, Dublin
Shedden, Arthur William, Madras
Sinclair, William, Stirling
Stewart, Francis M'Bean, Dundee
Thomson, John, Fifeshire

Royal College of Surgeons, Edinburgh. The following gentleman passed his first professional examinations during the May sittings of the examiners.

Hume, George Haliburton

The following gentlemen passed their final examinations, and were admitted licentiates of the College.

Christie, George Augustus, New Brunswick
Cook, Henry, Newport, Monmouth
Dobie, William, Langholm
Hill, James, Northumberland
Hope, James Johnstone Hyslop, Lanarkshire
Knox, John, Tyrone
Lyon, James George, Forfar
Macdonald, Angus, Aberdeen
McCarty, John Winspeare, Cork
Morris, Thomas, Fifeshire
Munro, Alexander Donald Neil, Edinburgh
Orr, Adam, Clonmel
Phayre, Thomas Raleigh, co. Limerick
Provan, James, Haddingtonshire
Skimming, Robert, Wigtown
Smith, James, Dumfries
Smith, Parker Arthur, Canada
Telford, Archibald Barr, Lanarkshire
Wilson, William John, co. Armagh
Wyber, John, Glasgow

Apothecaries' Hall. On May 19th, the following Licentiates were admitted:—

Cowen, Philip, Kennington
Davey, Francis Albert, Bath
Ensor, John Arthur, Carter Street, Walworth
Heygate, William Nicholas, Hanslope, Stony Stratford, Bucks
Ireland, John Roaf, Kingswinford, Staffordshire
Jenkins, Evan, Cardigan, South Wales
Pearless, Charles Durrant, East Grinstead, Sussex
Richards, Frederick William, Winchester
Smallman, Edwin Charles, Barnet, Herts
Thomas, Robert Wrentmore, Cheyne Walk, Chelsea
Wagstaffe, William Warwick, Warwick Place, Kennington
Warburton, Joseph Wilkinson, Royal Infirmary, Liverpool
Wilson, Henry, Glasgow

At the same Court, the following passed the first examination:—

Andrews, Richard James, Guy's Hospital

APPOINTMENTS.

Allingham, J. H., Esq., appointed Dental Surgeon to the Surrey Dispensary.
*Fox, W. Tilbury, M.D.Lond., appointed Physician to the St. John's Hospital for Diseases of the Skin.
Frodsham, J. Mill, M.D., appointed Physician to the St. John's Hospital for Diseases of the Skin.
Heygate, Wm., Esq., elected Resident Accoucheur to St. Thomas's Hospital.
*Wilson, Erasmus, Esq., F.R.S., elected Senior Surgeon to the St. John's Hospital for Diseases of the Skin.

Army.

Drysdale, Staff-Assistant-Surgeon A. K., to be Staff-Surgeon, *vice* J. W. Mostyn, M.D.
Mostyn, Staff-Surgeon-Major J. W., M.D., to be Surgeon 76th Foot, *vice* J. Jopp, M.D.
Verdon, J. J., Esq., to be Staff-Assistant-Surgeon.

Royal Navy.

Close, Henry A., Esq., Assistant-Surgeon, to the *Naiad.*
Hanbury, Ingham, Esq., Assistant-Surgeon, to the *Cumberland.*
Hatherly, N. C., M.D., Surgeon, to the *Assurance.*
Hollingsworth, J. McK., Esq., Assistant-Surgeon (additional), to the *Euryalus.*
Hughes, Thomas W., Esq., Assistant-Surgeon, to the *Formidable.*
Jones, William, Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

Honourable Artillery Company of London.

Barringer, T. S., M.D., to be Surgeon.

Volunteers, (A.V.=Artillery Volunteers; R.V.=Rifle Volunteers):—

Anderson, M. F., Esq., to be Assist.-Surg. 2nd Warwickshire R.V.
Bennett, C. H., M.D., to be Assist.-Surg. 3rd City of London R.V.
Campbell, W., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Renfrewshire R.V.
Carter, R. B., Esq., to be Honorary Assistant-Surgeon 1st Gloucestershire Light Horse Volunteers.

DEATH.

Tomkins, Charles, M.D., of Weston-super-Mare, at West Monkton, Somerset, aged 68, on May 17.

Cholera has been committing great ravages at Bombay, Broach, and Baroda.

Surgeon-General Hammond. It is said that the court-martial on Dr. Hammond is still in session, and examining witnesses. What the decision will be remains to be seen.

Donation. Lord Stanley, M.P., has transferred to trustees the sum of £1000 for the benefit of the West Norfolk and Lynn Hospital, and one or two other kindred local institutions.

Royal College of Surgeons. Professor Fergusson will commence his course of lectures on Monday, June 6th, in the theatre of the Royal College of Surgeons, on the Progress of Surgery during the present century. These lectures will be delivered on Mondays, Wednesdays and Fridays, at four o'clock.

The Queen's College, Cork. The Professor of Surgery has had a letter direct from the Home Office, dated May 10th, 1864, through the President of the College, dispensing with his services. He also held the Inspectorship of Anatomy for the South; and Dr. Beamish, medical officer to the Cork Prisons, has been appointed Inspector, in the room of Dr. Bullen.

Bequests. Mrs. Veal, of Hampstead, has left by will bequests of £500 each to the University College Hospital, King's College Hospital, and the Cancer Hospital. Sir W. Brown, Liverpool, has left by will to the Northern Hospital, £1,000; Southern Hospital, £500; Royal Infirmary, £500; Deaf and Dumb School and Blind School, each £250; Eye and Ear Infirmary, £100.

Dangerous Percussion-Caps. A surgeon in the *Times* draws attention to the effects of cheap and bad percussion-caps. Many eyes are entirely lost every year by them. They are used by children in toy guns and pistols, and at fairs and other places of public resort. They are composed of a very brittle metal, which in the explosion is apt to splinter, and the fragments fly off with dangerous rapidity.

Dr. Normandy, who expired on the 10th inst., was a Frenchman by birth, but had made England his home. In addition to his numerous works on chemistry, and direct services to the department of science which he specially professed, Dr. Normandy was the patentee of the apparatus for the distillation of aërated fresh water from sea water, an invention of the utmost practical value on board ocean-going ships, in the equipment of which it has come to be considered in the light of a necessity.

Cattle Disease Prevention Bill. A deputation from the Metropolitan Association of Medical Officers of Health had an interview with the Right Hon. H. A. Bruce and Mr. Baring at the Home Office on the 21st inst., on the subject of the Cattle Importation and Diseases Prevention Bills. The deputation, which was introduced by Mr. Locke, M.P., consisted of Dr. Letheby, Dr. Addis, Dr. Ballard, Mr. Burge, Dr. Vinen, Dr. Buchanan, Dr. Druitt, and Dr. Porton.

Army Medical Department. A parliamentary return, just issued, states that the number of medical officers who have retired from the army, under the provisions of the Royal Warrant of October 1858, includes 3 inspectors-general, 4 deputy-inspectors-general, 4 regimental surgeons-major, and 6 staff-surgeons-major. In addition, 14 regimental assistant-surgeons and 13 staff-assistant-surgeons have resigned since January 1st, 1862. Among the vacancies now existing in the various grades of the army medical department, there are 26 regimental surgeons and 64 assistant-surgeons, staff and regimental.

The Pharmaceutical Society. The *conversazione* held on the 17th inst., in Bloomsbury Square, was numerously attended. A fine collection of medical plants was exhibited; and great interest was excited by some specimens of poison extracted from the upas tree, which in bygone times was regarded with such mysterious awe. Amongst the numerous objects of scientific and antiquarian interest was a doctor's bill of the eighteenth century, although it did not very materially differ from those of the present day. Some admirable specimens of photo-sculpture, executed by Mr. Claudet, were much admired; and praise was freely bestowed upon an ingenious invention of Mr. Imray's, by which a semaphore railway signal may be turned by the agency of electricity. During the evening Mr. Ladd introduced several optical experiments, and Professor Abel, F.R.S., of Woolwich, delivered an entertaining lecture on gun-cotton.

Royal Medical Benevolent College. The annual general meeting of the governors of this College was held on May 18th, at the offices of the College, No. 37, Soho Square; Sir Charles Locock in the chair. The report stated that during the past year no events of very marked importance to the institution had occurred, but it continued steadily the good work for which it was founded. The governors had to fill up one vacancy in the pensioners, arising from a death. There were six vacancies for foundation scholars, to be filled up from forty-four candidates; and two vacancies would arise from superannuation. Since the last annual report eight of the college boys had passed the preliminary examination at the College of Surgeons, one that at the College of Physicians, and five the matriculation examination of the University of London. At the present time there were 190 resident boys, besides 10 day scholars, and it was the intention of the Council to appoint an additional master. A systematic course of lectures and lessons on chemistry and natural philosophy had been established under the direction of Dr. Albert Bernays. The Council had decided on opening the school to the sons of gentlemen not belonging to the medical profession, and with this view recommended that the second bye-law which precluded the admission as resident scholars of any but sons of medical men be rescinded, and the following adopted in its place:—"The school is intended for the education of 200 boys between the ages of eight and nineteen, none being above fifteen years old on admission. One hundred and eighty boys, at least, shall reside in the college, forty or more of whom shall be foundation scholars, the remainder being exhibitioners, and such boys, not being the sons of medical men, as shall be permitted by the Council to receive their education at the college. The foundation scholars shall be entirely educated, boarded, clothed, and maintained by the college. The exhibitioners shall pay a sum of £40 a year each for education, board, lodging, and washing, without any extra charge for the use of books, instruments, etc. The scholars not the sons of medical men shall pay £63 a year each for the like advantages. All payments shall be made in advance at the commencement of each term." The receipts for 1863 were greater than those of 1862 by £364. The report was adopted. Messrs. H. Blenkarne, T. B. Curling, William Gilpin, C. J. F. Lord, Richard Quain, Dr. Ray, Dr. Sibson, and Messrs. A. Sterry, W. Street, and J. Ward, were re-elected members of the Council. The formal resolution altering the constitution of the school having been moved, Mr. Cattlin moved as an amendment, "That the school was intended for the education of 200 or more boys, between the ages of eight and nineteen, none being more than fifteen; 180 boys at least should reside in the college, 40 or more of whom should be foundation scholars, and the remainder exhibitioners and commoners—the sons of medical men, and such boys not sons of medical men as shall be permitted by the Council to receive education at the college. The exhibitioners and commoners shall be admitted in such manner and in such relative numbers as the Council should from time to time determine, to be supported, clothed, and fed by the college; that the exhibitioners pay £30 for board, lodging, and washing, without extra charge for the use of instruments, etc., and that they should be the sons of medical men; the commoners to pay £40, and the sons of other gentlemen to pay £63." Ultimately both the original resolution and amendment were withdrawn, and the whole subject was again referred back to the Council for reconsideration, and to embody the views of Mr. Cattlin in their resolution, to be submitted to a general meeting to be called as early as possible. The meeting was adjourned for the election of one pensioner and six boys.

University College, London. The distribution of prizes to the students of the Faculty of Medicine took place on Tuesday, May 10th. The Right Hon. Lord Wodehouse presided. The annual report stated that the numbers of medical students during the session 1863-64 was 149; and that the number of new entries during the year had been 41. Two former students, Dr. C. H. Marriott of Leicester, and Dr. S. Ringer, had taken the degree of M.D. in the University of London. Six candidates from the College had taken the degree of M.B. Of these, Mr. John Talfourd Jones obtained the scholarship and gold medal in medicine, a gold medal in forensic medicine, and a place in honour in midwifery. The Atkinson Morley surgical scholarship of £45, tenable for three years, had been awarded to Mr. Thomas Griffiths; and the exhibition in pathological anatomy to Mr. Alexander Bruce, to whom had also been adjudicated the Longridge prize for general proficiency. The report also referred to an extension of the means afforded to students for clinical study in the hospital. Since the foundation of the medical school of the College, every opportunity had been taken for establishing practical courses of study, in which the learner himself might take an active part in the work. Thus, a course of practical chemistry, involving work in the laboratory, had been established by the late Professor of Chemistry, Mr. Graham (now Master of the Mint), and had been continued by Professor Williamson. A physiological laboratory had been opened for the practical study of physiology, structural anatomy, and physiological chemistry; and a class for practical instruction in these subjects had been carried on by Dr. Harley since 1856. In the hospital, attention had all along been paid to means for making the students practically familiar with the work of their profession. Instruction in operative surgery on the dead body was given by Mr. Marshall; by whom also instruction was given in the art of bandaging. Over and above the clinical instruction afforded by the physicians of the hospital, there had long been instruction in clinical surgery and clinical medicine by special professors of these subjects. During the past year, however, Dr. Russell Reynolds, the Professor of Clinical Medicine, had instituted a new course of clinical teaching, which had produced good results. A certain number of the students had gone through this special course, the object of which was to bring each individual into direct contact with patients, so that he should, for himself, hear their complaints, examine them, make his own diagnosis, and suggest the treatment which he thought advisable. This was done by requiring from each student a written report in each case, according to a particular form, and by making that report the subject of subsequent examination and comment. Altogether, this plan was so promising of good that the Council had conferred special prizes and certificates on the students recommended by Dr. Reynolds for the merit of their clinical reports. The prizes were distributed as follows. *Anatomy and Physiology.—Gold Medal and First Certificate*: I. Pearson Irvine, B.A., Lancaster; *First Silver Medal and Second Certificate*: James S. Cluff, Kildare, Ireland; *Second Silver Medal and Third Certificate*: Thomas Bailey, London. *Certificates*: 4, Marcus Beck, Isleworth; 5, Frederick Barton, Bedford; 6, Frederick B. Nunneley, Burton-on-Trent; 7, W. George Rigden, Canterbury; 8, Edward F. Willoughby, Brighton; 9, Alfred H. Garrod, London; 10, Charles J. H. Smith, London; 11, Henry Clothier, Haselmere, Surrey; 12, George O. Spencer, Notting Hill; 13, H. Carter Wigg, Geelong, Australia; 14, William A. Stuart, Barbadoes. *Anatomy.—Senior Class: Gold Medal and First Certificate*: G. O. Spencer; *First Silver Medal and Second Certificate*: F. B. Nunneley; *Second Silver Medal and Third Certificate*: H. Clothier. *Certificates*: 4, C. J. H. Smith; 5, E. F. Willoughby; 6, J. Pearson Hughes, Llandovery. *Junior Class.—Silver Medal and First Certificate*: Gysbert H. Maasdorp, Cape of Good Hope. *Certificates*: 2, Richard L. Roberts, Ruabon; 3, Nicholas Marshall, St. Austell; 4, Arthur Hensman, Northampton; 5, Louis M. Le Grand, Mauritius. *Chemistry.—Gold Medal and First Certificate*: J. S. Cluff; *First Silver Medal and Second Certificate*: Russell F. Carpenter, London; *Second Silver Medal and Third Certificate*: Charles Graham, Berwick-upon-Tweed. *Certificates*: 4, John T. Brown, Dorking; 5, Robert Colman, London; 6 (equal), J. Hindle Calvert, Accrington; Manning Prentice, Stowmarket; William R. Gowers, Coggeshall; 7, Ethelred Desse, West Indies; 8 (equal), Thomas R. Loy, Stokeley, Yorkshire; Phineas D. Abraham, London; 9 (equal), Thomas B. Hay, London; Robert C. Joy, London; William Thomas, Battersea. *Practical Physiology and Histology.—Silver Medal and First Certificate*: W. A. Stuart. *Certificates*: 2, H. Clothier; 3. G. W. Rigden. *Comparative Anatomy.—Gold Medal and First Certificate*: J. S. Cluff. *Certificates*: 2, John Williams, Llangudock, Carmarthenshire; 3, I. P. Irvine, B.A.; 4, W. R. Gowers; 5, J. Wreford Langmore, London; 6, E. Desse. *Principles and Practice of Medicine.—Gold Medal and First Certificate*: William Snow, Barnstaple; *First Silver Medal and Second Certificate*: Bryan H. Allen, London; *Second Silver Medal and Third Certificate*: M. Beck. *Certificates*: 4, George Jackson, Tavistock; 5, John Morison, Stirling; 6, G. W. Rigden; 7, W. A. Stuart. *Principles and Practice of Surgery.—Gold Medal and First Certificate*: Charles Bradley, Nottingham; *First Silver Medal and Second Certificate*: George Grewcock, Folkingham; *Second Silver Medal and Third Certificate*: William Spooner, Ealing; *Certificates*: 4, Griffith Griffiths, Altween; 5, William Akerman, St. Just, Cornwall; 6, Robert D. Lagg, Agra, Bengal. *Fellows Clinical Medal.—Gold Medal and First Certificate*: Bryan Holme Allen; *Silver Medal and Second Certificate*: Alexander Bruce, of London. *Special Class of Clinical Medicine.—First Prize* (Microscope): William Snow; *Second Prize* (*Guide du Médecin Praticien* par M. Valleix): John M. Whitwell, Kendall; *Third Prize* (Todd's *Clinical Lectures*): B. H. Allen. *Certificates*: 4, H. George Walker, London; 5, J. Morison; 6, Herbert Everitt, Norwich; 7, Joseph Thompson, Nottingham; 8, Thomas H. Green, Saffron Walden; 9, Samuel Mills, Huddersfield; 10, J. Williams; 11, Arthur Anstey, Australia; 12, John Stuckey, Langport; 13, Henry Clothier; 14, G. W. Rigden; 15, John W. Legg, Alverstock.

OPERATION DAYS AT THE HOSPITALS.

MONDAY.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

WEDNESDAY... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.

THURSDAY.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.

FRIDAY. ...... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

WEDNESDAY. Obstetrical Society of London. 8 P.M. Dr. Greenhalgh, "On Placenta Prævia"; Dr. Aveling, "On Immediate Transfusion."

THURSDAY. Linnæan.—Chemical.—Royal (Anniversary).

FRIDAY. Western Medical and Surgical Society, 8 P.M. (Annual.) Dr. Morel Mackenzie, "On the Laryngoscope."—Royal Institution.

TO CORRESPONDENTS.

*** *All letters and communications for the* JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

DR. DRYSDALE ON MERCURY.—Dr. Drysdale's views are now so well known to the profession, that there is no occasion for us to publish his letter. In reply to it, however, we may remark, that the quotation made by him from Dr. Markham's Gulstonian Lectures contains no assertion that all syphilis can be cured without mercury. Neither has Mr. Henry Lee admitted that *every form* of syphilis common amongst soldiers can be cured without mercury. Again, infantile syphilis is not uncommon (as Dr. Drysdale would have it); for the last published report of the Registrar-General shews that under one year of age it is far more fatal than smallpox. The opinion of Sir B. Brodie, again, is not mere hearsay evidence, but is published in his *Pathological Observations.* "If my reviewer," says Dr. Drysdale, "will point the flaws in the evidence given by Fricke, John Thompson, Boeck, and others, I shall lay down my arms." To this we answer: The flaw required by Dr. Drysdale consists in this; viz., that none of the authorities whom he quotes have distinguished between the infecting and the non-infecting variety of syphilis, and have treated both alike. Until they have recognised that distinction, they are wise in abstaining from the use of mercury. No one in the present day would give much for statistics which would prove the value or the uselessness of any particular medicine in fever, if the persons using that medicine had not distinguished one fever from another.

GRATUITOUS MEDICAL SERVICES.—SIR: The impression left on my mind, and I doubt not on the minds of a very large number of all the best of the profession, is very greatly in favour of the views of gratuitous medical services which you advocate, and for which you are so coarsely attacked by the *Medical Times and Gazette.* The *mens conscia recti* will sustain most men; yet I imagine that votes, when polled, are of some support to any one. You may depend upon it, that, if polled, your views would command the chief part of the best men; and as I for twenty years now have been a salaried officer of medical institutions, I think I am at least as unbiassed as any one can be, in respect to work gratis. I have had nothing to gain or lose by it. I have never worked without pay; and I never intend to; believing it to be unfair to the patient, to the medical profession, and to myself.

I am, etc., S. O. W.

R. E.—We must decline to take any part in the personal side of the affair. Experience seems fully to have determined that Amussat's operation, practised at the right time in cases of obstructed bowel, both prolongs life and relieves the patient from great suffering. There is every reason to believe that it would have done so in the case referred to by our correspondent, had Mr. Solly's proposal been adopted.

THE LONDON COLLEGE OF PHYSICIANS.—Dr. Davey is labouring under a complete misapprehension of the facts of the case. The London College of Physicians never did at any time "delude gentlemen into taking its license on the strength of the supposed M.D. attaching to it," as the King and Queen's College of Physicians has done. On the very contrary, the College, as soon as the occasion required it, passed an express law to forbid its members and licentiates not possessed of the title of M.D. using such titles. Dr. Davey is unreasonable in accusing the London College of not granting what it has not the power to grant.

MR. GEORGE GREAVES has reprinted from the *Transactions* of the Manchester Statistical Society a paper read by him on "The Laws referring to Child Murder and Criminal Abortion"; and offers suggestions for their amendment. Mr. Greaves has evidently well considered the question; and has therefore a right to demand the attention of those engaged in dealing with the laws referred to.

DENTAL PERIODICALS.—The *Dental Review* now appears as a quarterly journal in a new form. The second number of this series appeared in April, and contains a full summary of the dental science of the day. Also has appeared No. 1 of the *Archives of Dentistry*, which is to be published quarterly, or from time to time. Both these journals are exceedingly well brought out; we may say, luxuriously, as regards type and paper. Both have an excellent object in view; and, we have no doubt, will not fail to advance the science and art of dentistry.

POOR-LAW MEDICAL REFORM.—SIR: I shall feel obliged for space to inform the Poor-Law Medical Officers, that in *Knight's Advertiser* of the 16th instant, is the following:—"It is understood that the Committee" (Select Committee on Poor Relief, England) "have agreed to resolutions on several subjects on which they have taken evidence; viz., the distress in the metropolis in 1861; the continuance of the central authority; the power possessed by the Poor-Law Board of issuing general orders; *medical relief*; pauper education; religious rights of workhouse inmates; district auditors; power of Poor-Law Board to dismiss officers; equalisation of rating; casual and houseless poor; classification in workhouses; and *superannuation of paid officers.* It now only remains for the Committee to settle the terms of their report to the House. Mr. Villiers, the Chairman of the Committee, stated on the 5th inst., in reply to a question of Mr. Göschen, that he was led to believe that the report would be presented before long, and in time for legislation this session."

Since April 14th, I have received the following subscriptions towards the funds of the Association:—E. Hall, Ulverstone, 10s.; C. Heaton, Leek, 3s 6d.; R. Cooper, Leek, 3s. 6d.; R. Turnock, Leek, 3s. 6d.; T. Robinson, Cheadle, 5s.; E. C. Buckoll, Radford, 5s.; T. Westall, Cookham, 10s.; S. A. Plumbe, Cookham, 10s.; T. Hewlett, Hendon, £1:1; H. Horsfall, Wakefield, 10s.; B. Kemp, Wakefield, 10s.; E. Walker, Wakefield, 10s.; T. Walker, Wakefield, 10s.; G. F. Wills, Chard, 5s.; R. Ransome, Cambridge, 10s.; R. F. Thompson, South Shields, 7s. 6d.; J. D. Hulme, Blaby, 5s.; R. W. P. Kerswill, St. Germans, 5s.; E. J. Worth, St. Germans, 5s.; J. Yeoman, Whitby, 10s.; W. N. Clarkson, Whitby, 5s.

I am, etc., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, May 17th, 1864.

AN EXCUSE.—SIR: The *Medical Times and Gazette* says, in its number of May 14th, that, "owing to an unexpected failure of our reporters, we are unable to give the speeches we promised, and borrow these of Professors Parkes and Sharpey from the *Lancet.*" As the *Medical Times and Gazette* appears anxious to be, or seem to be, on all occasions excessively correct, it will, I am sure, thank you for informing the profession that, from the first to the last day of the meeting of Council, it never had a reporter at all present at the Medical Council. This "failure of its reporters" is, therefore, merely an editorial inflation—a *façon de parler.*

I am, etc., ONE WHO KNOWS.

COMMUNICATIONS have been received from:—DR. W. TILBURY FOX; THE HONORARY SECRETARIES OF THE WESTERN MEDICAL AND SURGICAL SOCIETY; DR. W. H. O. SANKEY; DR. J. WEST WALKER; THE HONORARY SECRETARIES OF THE OBSTETRICAL SOCIETY; DR. A. T. H. WATERS; MR. BRODHURST; MR. OLIVER PEMBERTON; MR. G. NAYLER; MR. A. H. DOLMAN; MR. JAMES DIXON; MR. J. H. ALLINGHAM; MR. J. H. JAMES; MR. F. JORDAN; DR. B. CHEVALLIER; MR. J. HOLDEN; THE SECRETARY OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH; DR. T. MAYO; and MR. T. M. STONE.

Remarks

ON

EXTREMES IN PRACTICE.

BY

THOMAS MAYO, F.R.C.P., F.R.S.

In my previous notice on this subject, I have adverted to the illustration of it afforded in the practice of blood-letting. During the years which have elapsed since I entered the profession, it has been painful to me to see that event threatened in this practice, which Dr. Markham deprecates in his Gulstonian Lectures, and on which he reasons so well; namely, a total misconception of the use and abuse of blood-letting. About the beginning of the present century, the lancet was certainly used to excess; but since that time a moderate and philosophical estimate of this excess was for some time proceeding, to which Dr. Armstrong's views constituted the principal exception. The idea of cutting short disease by intense depletion, was losing ground; and a very fair chance of obtaining the benefit of depletion without its mischief was being opened to us. It is within about the last twenty years that the tendency to extreme practice in *non*-depletion by the lancet has been obtaining a dangerous amount of fashion; and the discoveries which we have made in pathology and therapeutics have not been turned, as far as venesection is concerned, to making this remedy assume its right position in practice, but to banishing its use entirely, when other remedies might in truth have been aided by its moderate introduction.

Dr. Markham enters into the important question, how far the extreme opponents of blood-letting have done justice to the inquiry into *pros* and *cons*, on the results of which their opposition ought to have been based. The reasoning of Dr. Markham on this subject is excellent; and it seems highly probable that a change of type was not in this instance laid down as a ground for a change of treatment on deliberate inductive inquiry; but that it virtually suggested itself as an excuse, when an excuse became necessary after the change of treatment had taken place. The change itself resulted from the operation of a law which occasioned one extreme of medical practice to generate and to be succeeded by an opposite extreme, under a strong and natural perception of mischief done by intense depletory practice in the early part of the century, and in some measure by the attainment through therapeutical observation of agents which were presumed to be of a safer character. Young surgeons, accordingly, were soon heard to boast that they did not, as a matter of course, carry a lancet in their pockets; and physicians affirmed that they treated pneumonia without loss of blood. Under this predisposition to new views, a hospital starting up in a comparatively unwholesome district, might readily give an excuse for general *non*-depletory treatment, by affording many instances in which it would not be borne; and medicinal remedies tending to reduce inflammatory action would be used to perform this duty alone, in which they would have been well and safely assisted by some abstraction of blood. I have noticed in a former contribution the dangerous abstinence from the use of the lancet in many cases of cerebral congestion, where the case required some more immediate relief of the impeded circulation, and other remedies were inadequate.

I am here in some measure playing the part of an *ex parte* reasoner; but certainly there are some *à priori* considerations which give my views a character of probability, when I hesitate to assume that an *extreme* change in pathology and treatment has been adopted for good reasons. Does medical inquiry into the laws of pathology and therapeutics generally assume a character of deliberation such as ought to precede great changes? Does an inductive and deductive inquiry, such as Dr. Curry gave to cold affusion in fever, and Dr. Jenner to vaccination, often occur? How do we treat that most powerful agent from which we ought to elicit so much light—statistics? Dr. Markham's amusing illustration of misconceived statistics in the Edinburgh Infirmary, where an equal number of deaths occurred in the practice of three physicians under opposite modes of treatment relatively to depletion, justifies Bacon's somewhat precipitate affirmation—precipitate, considering what statistics have effected since his time: "Inductio quæ procedit per enumerationem simplicem res puerilis est, et precariò concludit." When Bacon made this remark, he might appear to be describing much of our medical statistics; but certainly not any profitable form of that great instrument, such as Quetelet would demand as a basis of inquiry. This is a painful subject. The defect to which statistics are most liable, is an insufficient number of instances. Again, whenever it happens, that the subject matter of enumeration is such as renders definition impossible or very difficult, the conclusion aimed at is proportionately deceptive.

Such, I regret to say, are many of the medical enumerations of the Registrar-General, where an average is supposed to have been struck in cases of a given disease, without any evidence existing that the enumeration of these cases was made by persons who were agreed as to the meaning of the terms, or who would make the same application of them to actual instances. Statistics labouring under these defects are unprofitable.

Meanwhile, I should be glad to know what amount of profitable statistics have been applied of late years to the great question, whether our forefathers had entirely erred in adopting venesection as a remedy, or the type of our diseases had entirely changed in that time.

With respect to direct evidence in favour of occasional removals of blood. I have done a trifle in my former contributions to this Journal.

Dr. Markham's lectures in that direction are invaluable. I hope he will resume the subject.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY

C. H. F. ROUTH, M.D.,

PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE II (*continued*).

ON SOME POINTS HAVING REFERENCE TO THE DIFFERENTIAL DIAGNOSIS OF FIBROUS TUMOURS OF THE UTERUS.

3. *Menorrhagia* is one of the commonest symptoms of fibrous tumour of the uterus. It is often so excessive as to amount to a draining away of the patient's life, and always most alarming to the patient. The quantity of blood lost may exceed that of a miscarriage. The menstrual periods are sometimes much prolonged, extending to ten or fifteen days—sometimes with scarcely two or three days' intermission, dark clots being numerous. Sometimes they are continuous, and without intermission. The aspect of the patient in such cases is completely anæmic; and in dark subjects a yellow tint is superadded, which has often been mistaken for an indication of cancer.

As to the evidences of disease, which the kind and quantity of hæmorrhage affords, they are not very precise. French pathologists assert that, even with polypi, and not rarely so in old persons affected with fibrous tumour, hæmorrhage may be altogether absent. M. Lebert (*Bullet. Soc. Anatomique*, xxv, 366) has asserted that mucous polypi the more frequently only produce a kind of imperceptible oozing of blood, which increases with effort and exertion. Fibrous tumours, on the contrary, occasion much heavier losses of blood. M. Barth thinks age has a great deal to do with it. At the Salpêtrière, fibrous tumours are frequently found in the old women's uteri, without losses of blood. Cruveilhier states that subperitoneal fibroids do not give rise to hæmorrhage. Those projecting into the cavity of the uterus do; and all efforts of expulsion aggravate this result. A recent writer, Dr. McClintock, seems to think this difference inexplicable. So far, however, as his statement goes, out of 25 cases which occurred to him, 14 had menorrhagia, and in 11 it was absent. In 5 of these last, the tumours were distinctly ascertained to be subperitoneal or interstitial. In submucous fibrous tumours, the hæmorrhage was common.

From an analysis of 61 cases in which the locality of the fibroid was described, I obtained the following results. In 13 cases, the existence of menorrhagia was either not stated, or not known. In the remaining 48, it was as follows.

Cases with menorrhagia, 34; viz.: Interstitial, 1; intramural, 5; submucous, 4; intrauterine, 10; in the anterior wall, 5 (one projecting into the uterine cavity); in the posterior wall, 1 (projecting into uterine cavity); extrauterine, 1.

Cases without menorrhagia, 14; viz.: Interstitial, 1; intramural, 1 (this patient had never menstruated, and the Fallopian tubes were found closed after death); in the anterior wall, 4 (one had closed os, another had ceased to menstruate for two years previously; in the posterior wall, 2 (one had a tumour projecting into the uterine cavity, but the internal os was closed); extrauterine, 5; several all over, but pregnant, 1.

So far as these facts go, they tend to verify the assertion made by Cruveilhier. Probably this is much more generally true than even my tables affirm. A tumour in the anterior or the posterior wall may or may not project into the uterine cavity, especially at a catamenial period; and yet, owing to the closure of the external os, this may not be detected during life. It is, therefore, only in cases that have died that this point can be accurately determined; and even here there may be a source of error, except in unusually marked cases, from the contraction of the vessels after death. Then, again, we may have small polypi of the mucous variety within the uterine cavity, where the uterine fibroid also present does not project into its cavity; and so the result is vitiated. I think, therefore, that, *cæteris paribus*, the result generally obtained is less exceptional than it appears.

a. The cause of this hæmorrhage has been differently explained. Dr. Atlee believes it to originate not from the uterus itself, but from the vessels of the membrane which covers the fibrous tumour. He believes that this view is confirmed by the results of treatment; because if, during hæmorrhage, the bistoury be passed up and very free incision be made into the most exposed portions of the tumour, a small gush of blood will follow, and the bleeding will soon cease. The cut ends of the vessels retract, and the blood soon coagulates in their mouths. Thus the veins of the investing membrane, according to his view, become at times greatly engorged, in consequence of their circulation being impeded by the muscular action of the uterus; while the arteries, by reason of their more resisting coats, continue to supply them with blood. The point of least resistance must consequently be at the os uteri, as all the other parts are compressed by the contracting uterus. The veins on the surface are thus distended. The mucous membrane is delicate, and offers but little resistance to the rupture of the vessels.

b. But, on the other hand, it has been satisfactorily shown by Dr. Simpson, Messrs. Brown and Nélaton, and Dr. McClintock, and the practice of a host of other surgeons proves it daily, that the mere opening of the os in a case of menorrhagia from a contained fibroid arrests the hæmorrhage. Mr. Brown's explanation is, that the division of the os and cervix uteri permits the fibres of the body of the uterus to contract upon the contained tumour, and thereby to compress the vessels and prevent hæmorrhage. Thus Dr. Atlee and Mr. Brown are at issue. It is the uterine contraction which, according to Dr. Atlee, produces, and which, according to Mr. Brown, arrests the hæmorrhage.

And here, I think, one important point has been lost sight of in this question. According as the tumour is situated lower down in the cervix or high up in the uterine cavity, so a different effect may result. The same difference of position may explain the altered action of ergot in different cases. Sometimes it completely arrests the hæmorrhage; sometimes not only does it fail in this respect, but it seems rather to increase it. Contraction of the fibres of the uterine neck causes the cervix and os to dilate, and thus to enlarge its cavity. Contraction of the fibres of the body and fundus of the uterus tends to propel a contained body outwards, to diminish the uterine cavity, and dilate the cervical cavity. It is the same principle at work as is inculcated by Dr. Barnes in cases of placenta prævia; and as, in these, artificial separation of the placenta is found (if the attachment of the placenta do not extend too high) to arrest hæmorrhage, so it explains a fact commonly observed with fibrous tumours adherent at this point, that, if much manipulated, they bleed less subsequently, owing to a similar partial detachment. The reverse is the case with tumours situated within the cavity; and the following case, brought before the notice of the Edinburgh Medico-Chirurgical Society, on the 18th November last, by Dr. Matthews Duncan, is an example in point.

> "Dr. Matthews Duncan showed a fibrous tumour, globular, about three inches in diameter, occupying the fundus uteri, and as if pressing on the enlarged uterine cavity. The uterus lay high in the pelvis, or rather elevated into the abdomen; and the cervix was slightly hypertrophied. The hypertrophy of the proper uterine tissue around the tumour was great, and the uterine sinuses enormous, as in pregnancy. Dr. Matthews Duncan was called to see the patient on the day of her death. She was anæmic, but fat and puffy, suffering from dyspnœa, and evidently dying; but her pulse was firm, and respiration clear all over the chest. She died in a few hours. She had suffered long from excessive monthly hæmorrhages. Examined after death by Dr. Matthews Duncan and Dr. Grainger Stewart, the tumour, as it projected into the uterine cavity, was covered by a layer of muscular and uterine tissue and a healthy layer of mucous membrane. But about the centre of the projection a little clot was observed, decolorised at its extremity. (No hæmorrhage had taken place some days before death.) This clot projected through a round opening as large as the transverse section of a large crowquill. This opening communicated with the elephantine reticulations of various sinuses, with hypertrophied uterine tissue surrounding the tumour proper."

The opinion of Dr. Matthews Duncan was, that in most cases of menorrhagia, many would, on minute investigation, be found to result from a similar condition of uterine sinuses, or of the same vessels in the uterine mucous membrane.

I think, therefore, that it is more philosophical to admit the truth to lie between the opinions of Dr. Atlee and Mr. Brown. There can be no doubt that some of these tumours become larger during a menstrual period, and subside again to their normal size when this has abated; so polypi, which cannot be felt during an interval through the os, during a period often protrude below it, and can be readily detected by the touch, and seen through a speculum. This denotes that congestion of the tumour has occurred. During gestation, also, fibrous tumours will partake of all the enlargement of the uterine organ. Such a case is recorded by Dr. Priestley (*Pathological Transactions*, vol. i.)

This patient, before conception, had several vesicular polypi, which were removed. A small nodule at this time was, however, noticed in the posterior wall. After delivery, in consequence of hæmorrhage, Dr. Priestley removed a fibroid situated at this part, about four inches in breadth by one in length. This tumour was probably the nodule, which had enlarged during gestation; and this view was confirmed by the great similitude of its structure to the walls of the gravid uterus.

And there are several cases illustrative of this same view. There is, then, hypertrophy and congestion of the tumour. This in itself is a cause of hæmorrhage from the polypus itself.

We observe the same cause and effect in the uterine lining. We all know how commonly, in cases of menorrhagia, an enlarged congested uterus is all that explains it, from whatever primary cause induced. Rokitansky has laid down the proposition, that the nearer the fibroid growths approach the uterus, and thus maintain the mucous membrane in a state of inflammation or irritation, the more palpable is the hypertrophy of the uterus. Here, therefore, is the reason why the uterine mucous membrane, as in simple hypertrophy and congestion of the organ, should give rise to menorrhagia.

The following case, however, which occurred to myself, is interesting, as I think it affords a solution of the question.

Some months ago, a lady called upon me, suffering from menorrhagia. I found a heart-shaped polypus just within the vulva, of about the size of a plover's egg, attached by a long narrow pedicle to the os uteri. I learnt that some months back the growth was much larger, and had projected more out of the vulva. It had been accidentally injured, and there had been much hæmorrhage from it. Since then it had been smaller, and the hæmorrhage less; so far explaining how, if the polypus be wounded, the hæmorrhage will be lessened, after the first gush, for a time. I removed the polypus. I found, however, the cervix intensely congested in its immediate neighbourhood; so much so that an accidental slip of the scissors gave rise to so much hæmorrhage, that I was obliged to use the actual cautery to arrest it.

The hæmorrhage after ligature of a polypus has frequently been noticed by writers to arise from neighbouring parts, and is, in my opinion, in the main due to the mucous membrane of the uterus (already very much more vascular than normal) being irritated by the foreign body. In this way, retention even of a small portion of adherent placenta, after the recovery of the patient, will produce menorrhagia. The way, therefore, in which the incision acts is chiefly by removing the pressure against the uterine mucous surface, and so diminishing the irritation.

[*To be continued.*]

A New Medical Periodical has lately appeared in New York, called the *New York Medical Independent*, a strictly professional but entirely independent weekly journal, to be issued every Wednesday morning, printed with clear type, on good paper, octavo, sixteen pages, at the low price of two *dollars* per year, payable in advance (fifty cents additional per year, for postage for city and Canada subscribers. The objects of the *Independent* are to elevate the medical profession, by advocating improvements and reforms wherever practicable; to stimulate a purely American literature; to unmask abuses and quackery of all kinds; to urge a higher standard of medical education; faithfully to chronicle discoveries, advancements, and progressions made in every branch of medicine and surgery; to discuss topics of interest to the profession, and generally to be a true, faithful, and independent representative in periodical literature of the American medical profession.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

LIVERPOOL NORTHERN HOSPITAL.

CASES OF ACUTE DISEASE OF THE CHEST.

Under the care of A. T. H. WATERS, M.D.,
Physician to the Hospital.

[Continued from page 443.]

CASE XXVI.* *Pneumonia: Recovery.* George C., 25 years of age, a Danish sailor, of rather spare build, was admitted into the hospital on June 29th, 1863. The patient could not speak a word of English, and scarcely any history could be elicited from him. It appeared, however, that he had been laid up for four days before admission.

When first seen, on the 30th, he complained of pain in the chest, and inability to lie down. The skin was hot; the tongue furred; and the pulse 88. Well marked crepitation and dulness were found over the back of the left lung, with deficient movement of the left side of the chest. The breath and percussion sounds were normal all over the right, and over the front of the left, lung. A purgative was ordered, and the eighth of a grain of tartarised antimony every three hours, with low diet.

On the 31st, the pulse was 90; the respirations were 36; the skin was hot, and the tongue somewhat cleaner. There was dulness with bronchial breathing over the lower half of the left lung. He had not slept. He was ordered half a grain of morphia at once, the same quantity at bedtime, to continue the mixture, and to have a blister applied to the left side.

On February 1st, he said he felt better. He had slept well. The pulse was 104; the respirations were 30. He had expectorated a quantity of tenacious rust-coloured sputum. He was ordered to take the mixture three times a day only, and to have half a grain of morphia at night.

On the 2nd, the pulse was 90; the respirations were 25. The tongue was cleaner, and he was perspiring profusely.

On the 3rd, the pulse had fallen 62. There was less dulness, and slight crepitation only was heard. The antimony was stopped, and an effervescing saline draught ordered, together with four ounces of port wine. The diet was improved.

On the 7th, he was up, and seemed quite well. The breath and percussion sounds were normal. He subsequently took quinine; and was discharged well on the 12th.

CASE XXVII. *Pneumonia: Recovery.* (Reported by Mr. G. W. Armstrong, House-Surgeon.) Leopold A., 29 years of age, a Norwegian sailor, moderately stout, was admitted into the hospital on November 20th, 1863.

On admission, he complained of pain in the chest and cough, and the physical signs of bronchitis were present. He was ordered turpentine fomentations to the chest, and stimulating expectorants, with six ounces of port wine daily, and beef-tea. No improvement followed, and, on the 22nd, symptoms of pneumonia set in.

On the 23rd, the skin was hot; the pulse was 132. There was marked crepitation at the base of the left lung, with dulness on percussion; the right lung being unaffected.

On the 24th, the pulse was 128, and strong. There was great anxiety of countenance, and much general distress; the skin was very hot; and the sputum rust-coloured. Crepitation and dulness were found over the lower half of the left lung, with some crepitation over the base of the right. Up to this time, no change had been made in the treatment originally prescribed, and the patient was evidently getting worse. The stimulating expectorants and the wine were stopped; and a fourth of a grain of tartarised antimony, with acetate of ammonia, was ordered every three hours. In the evening, six ounces of port wine were given in mistake; but none was afterwards taken until convalescence was established.

On the 25th, there was great improvement; the pulse was 104; the respirations were 46; the sputa were frothy and copious, but less rust-coloured. There was no crepitation over the right lung, but slight dulness was found. There was marked crepitation all over the left lung, with deficient expansion of the left side of the chest.

On the 26th, the pulse had fallen to 88; the respirations to 32. The sputa were frothy and copious. The antimony was ordered to be taken during the day only.

On the 27th, the pulse was 80; the respirations were 32.

On the 28th, they were respectively the same; the breathing was natural over the right lung, but slight dulness remained at the back of the left. The antimony was stopped; and ipecacuanha wine, with tincture of squills, ordered; together with four ounces of port wine and chop diet.

On the 29th, the pulse was 76; the respirations were 28.

On December 1st, the pulse was 90; the respirations were 24. There was some return of crepitation on the left side in front, with slight fever. The wine was omitted; it appeared to act prejudicially.

From this date, the case progressed satisfactorily. On the 8th, the pulse and respirations were normal; and on the 11th, the patient was discharged well.

[To be continued.]

A PLEA FOR SPECIALISTS. A correspondent in the *American Medical Times* says: "If every effort is made in the United States to stigmatise specialists, to take from them every opportunity of showing their capacity; if the professorships to which they are entitled are withheld from them, or given to the incompetent tools of certain *cliques*; if the profession does not take measures to protect legitimate specialism, practised by regularly admitted M.D.'s, against the miserable practices of advertising quacks, ci-devant corn-cutters and spectacle-vendors, then the time is not distant when specialists will be bound to take their own defence, and to vindicate their rights before the public, in that way which they may deem proper. In England this question is different. Quackery in the American fashion is impossible on account of the law and the social influence of medical men, which in this country is far below the European standard. If a general practitioner has a right to state in public prints that he practises physic, a specialist may announce that he attends only to such and such a class of diseases. Specialists exist, and will exist and increase. But they never can be forced either to give up their position as specialists or return to the ranks of general practitioners, and can well afford to seek for 'improper' channels of celebrity or notoriety which are open to them, if those which are considered 'legitimate' are closed to them by the prejudice and injustice of the profession at large."

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* The last two cases (see p. 442) were improperly numbered. They ought to have been xxiv and xxv.

Original Communications.

ON IMPETIGO CONTAGIOSA, OR PORRIGO.

By W. Tilbury Fox, M.D.Lond., Physician to St. John's Hospital for Diseases of the Skin; and to the Farringdon General Dispensary.

[*Concluded from p.* 555.]

Diagnosis. Impetigo contagiosa or porrigo contagiosa, differs from the *contagious furunculoid* described by Dr. Laycock in the *Edinburgh Medical Journal* for Oct. 1856. Dr. Laycock thinks that the furunculoid forms, viz.: simple furuncle, effusive inflammation of the derma (phlyctenæ), suppurative inflammation (ecthyma), carbuncles, gangrenous inflammation, phlegmon (diffuse inflammation of the cellular tissue) and whitlow are associated as to cause with epidemics of eruptive diseases, due to the action of virus prevailing epidemically. A good many of these forms are erysipelatous; the character of the result depending upon the nature and extent of the tissue affected—communicable from one to another, and from one part to another, it is affirmed. Reference is only casually made to this class, with the view of showing that confusion has been carefully and completely avoided.

No confusion of the disease with variola or typical vaccinia can arise; but the disease may very fairly be confounded with pemphigus, ecthyma, rupia, eczema impetiginoides, and impetigo simplex.

Pemphigus. Impetigo contagiosa is umbilicated on the surface; the contents are puriform, not watery; the blebs are all round, and not oval or distended, as in pemphigus. The smaller pustules are conjoined. The scabs are yellow, flat, and adherent. The disease, too, affects the face and the scalp, where it is seen to develope as isolated spots, commencing from little pustules. Lastly, it is contagious, and often traceable to vaccination. All these latter features are wanting in pemphigus.

Ecthyma is made up of phlyzacious pustules. There are no umbilicated pustules or blebs, but more induration at the base. The eruption does not occur on the head and face, as a rule; it is not contagious; and it does not break out in the *superficial* wet-leather-looking ulcerations, with a dark red blush about them. The ulceration is *deep*, and the areola well defined, in ecthyma. Besides, the history of the case is different from that of impetigo contagiosa.

Rupia. Impetigo contagiosa never possesses the scabs of rupia, the bloody or sanguinolent contents of the apparent blebs. The latter, in rupia, are not umbilicated. Rupia does not occur on the face or head, in the way that impetigo contagiosa does; but it has a history of great debility or of syphilis, and occurs chiefly in adults; whereas the other is almost peculiarly limited to the child.

Eczema Impetiginoides. Impetigo contagiosa, when on the face near the mouth, may assume the aspect of eczema impetiginoides; but we mostly find scattered around the edge of the patch little minute pustules, which show the origin of the disease, perhaps in conjunction with characteristic pustuloids or ulceration elsewhere. But impetigo contagiosa may be positively limited to the face; and then careful examination will show that the patch is made up of the fusion together of little circular ulcerations. There are not only cracks, but distinct ulcerations of a circular form,

Scabies. I have positively seen the disease mistaken for scabies. When seated about the back, buttocks, or legs, it may certainly present a rough likeness to the severe form of scabies seen in unhealthy subjects—a form of disease which is quite familiar to those who have attended Dr. Jenner's *cliniques* on skin-diseases. But scabies does not occur on the face, and but very rarely, if at all, on the head; though it is certain that it may give rise to eczema capitis by mere sympathetic irritation. At all events, impetigo contagiosa developes from pustules; it possesses no vesicles with cuniculi; nor can the acarus be found. It does not attack the buttocks of children by preference. Itching may be absent. The eruption is not multiform, yet characteristic in the pustuloid stage. The contagious quality of the lymph is distinctive; inoculation will settle any dispute in forty-eight hours.

Impetigo Simplex (non-contagiosa), a degree of eczema, is not confined to age; is not so amenable to treatment; always follows or accompanies eczema; *always* developes out of the latter, on the scalp. In other words, it is not a *primary* form of disease, and it is non-contagious. There is more redness around the base of the pustule in impetigo simplex.

There may be but one spot in impetigo contagiosa, and that is usually absolutely characteristic.

The character of the eruption (its circular form and umbilication, etc.); the isolation of the several spots, as a rule, on the general surface; its connexion with vaccination; its occurrence chiefly in the child, and on the face and head particularly, assuming in the latter situation the aspect of circular, isolated, well defined, flat, yellow granular-looking scabs, developed from primary pustules; the implication oftentimes of the mucous surfaces; its contagious quality especially; the results of inoculation; its similitudes; the character of the ulceration and the tint of the areola, —mark impetigo contagiosa as an essentially distinct disease. *Impetigo rodens*, I suppose some would name the severer cases; but this designation really refers to a mixture of several ulcerating diseases.

The subject of impetigo contagiosa was brought before the notice of the Harveian Society, in December last year, by myself; and, in the accounts in the medical journals, Dr. Hillier is reported to have said that "I had mixed up several diseases under the head of porrigo". Now, it is evident that not only was my differential diagnosis and description of the disease very full, but that the confusion, if any, existed in Dr. Hillier's own mind—probably brought about by the hold which the unfortunate word "porrigo" obtains over dermatologists. There can be no question that many of Willan and Bateman's cases of "porrigo larvalis" were instances of the disease now under notice. The references made to porrigo tonsurans and porrigo scutulata, etc., were introduced into the discussion in the face of the opening remarks of my paper, which were framed to show the absolute separateness of parasitic disease and (as I called it) impetigo contagiosa. Dr. Hillier's remarks afford additional proof to my mind that the word porrigo is a most undesirable one in the nomenclature of skin-diseases, though the great authority of Mr. Erasmus Wilson still sanctions its retention, restricting its use to the parasitic group. Porrigo, if it be a derivative from *porrigere*, to stretch or spread out, is certainly very descriptive of impetigo contagiosa of the scalp; but it would appear to signify rather "squamous"—"a porro, quia, ut porrum in tunicæ involucra, ita cutis velut in squamas resolvitur," as lexicographers have it. All confusion will be best avoided by rejecting *in toto* "porrigo".

Another point worth noticing is the occasional rarity of impetigo contagiosa. Always keenly alive to anything of interest in skin-disease, during the whole course of my stay at University College I rarely saw impetigo contagiosa. Now and again cases occurred which have been categorised as impetigo; and yet which, in some way, would not fit the ordinary descriptions of the latter, but which are now capable of appreciation. Nor have I seen the disease so well developed, or in such an amount and extent, as during the past year at the Farringdon Dispensary; and, therefore, it is not at all unlikely that many who read these remarks may at first demur to them, and, indeed, imagine that at present there cannot be sufficient data from which to arrive at a trustworthy conclusion. Indeed, if my memory serve me, the objections already made have come from those who, although engaged in extensive skin-practice, have yet seen comparatively little of the disease.

Treatment. Clinically speaking, we find, in treating the disease—

1. That many cases get well if left alone; but this is a tedious affair.

2. That a more efficacious plan of treatment is that in which the internal administration of cod-liver oil and iron is combined with the local use of soothing applications—*ex.*, zinc ointment.

3. That a still more successful plan is to give cod-liver oil and iodide of potassium internally, and to apply externally sulphur ointment—a plan of treatment recommended and sanctioned by my colleagues.

I think we may safely conclude that the latter is the "basis" of successful treatment. It must be remembered that the disease occurs among the lower orders, and especially in delicate and strumous subjects; that it also follows vaccination, and is eminently contagious. Nature is able sometimes to carry on the suppurative and desiccative processes quietly, and to overcome further mischief by the establishment of convalescence; but there evidently is a low state of vital power, which antagonises this good effect, and leads to ulceration; hence we must always enjoin a tonic plan of treatment. At the outset, we may have a good deal of febrile action; this must be kept within due bounds by the ordinary means.

The local treatment is most important. The chief point is to remove all scabs (pediculi, according to my own observations, are rare). The scabs must be removed, and the medicaments applied to the subjacent sore surfaces. Sulphur ointment is the best. Solution of nitrate of silver, the solid salt itself, zinc ointment, iodide of potassium ointment, acetate of lead lotion, or benzoin, may also be used. Sulphur has probably no very special charmed action in this disease, any more than in other cases—*ex.*, lichen, psoriasis, pityriasis, etc.

We must be careful to prevent all methods and modes of contagion; but, with the exercise of the greatest care, the disease will in all probability spread from one to several members of the same family.

CASE I. (August 24th, 1863.) R. G., aged 6 months, was vaccinated eight weeks ago. The operation succeeded admirably; but the spots never actually healed up. Four weeks ago (a month after vaccination), a place "broke out", about the size of a threepenny-piece, on the arm; it was like "a little flat bladder. At the present time, there is one on the nose; one on the left thigh, of the size of a split pea: and another, about as large as a fourpenny-piece, on the right leg, with a cluster of the size of a florin, made up of five circular slightly confluent pustules; at the back of the thigh is a place of the size of a shilling. The centre in each is depressed, the edge raised into a border about one-eighth of an inch broad. There is not the least history or evidence of syphilis. There is no blush around the little bullæ. The patient was ordered quinine and zinc ointment.

Aug. 28th. There was another spot on the belly, and one on the knee. The other spots are now surrounded by an annulus of soddened-leather aspect.

Sept. 11th. The eyelids are swollen. The face is one mass of scab, of ordinary "porriginous" character. There is a fresh place on the arm, which looks like an angry bulla, depressed in its centre. The old spots have enlarged by centrifugal increase, and are partly scabbed over. The one on the belly has attained the size of a shilling. They discharge a viscid secretion, especially in the morning. The general health is "good" (?) There are spots on the head.

Sept. 14th. The patient has high fever; the urine is febrile. The spots have increased in size; are inflamed; and they discharge freely. The leg is red, swollen and œdematous, tender, and hot. Saline aperients were ordered.

Sept. 18th. The patient was better in every way.

Oct. 5th. The places have scabbed over with flat crusts, and some have dropped off, leaving dull red dusky stains.

The child quickly recovered, under tonics and zinc ointment. Sulphur ointment did not agree with it.

CASE II is very instructive. It was seen August 28th, 1863, for the first time. E. B., aged 2½, was bitten in the arm by another child affected with so-called "impetigo of the head" (seen). On the arm is a patch, of about the size of a shilling, in the site of the bite; and this patch, when compared with others which exist elsewhere, is clearly seen to be the most advanced in duration and changes; in fact, here the disease evidently first showed itself outwardly. Immediately contiguous are four or five little blebs, of about the size of threepenny-pieces, circular, raised slightly, and looking like little flattened blisters; they are not confluent. The fingers of the right hand are also affected. On the forehead is one bulla, and on the cheek another. The child is ill and fretful. The history given by the mother is this: that, on the fifth day after the bite, the child was awakened by fever and vomiting; it could not sleep. The marks of the teeth then became hard; they "gathered", and ran into sores. On Sunday (20th), the eighth day after the bite, the third day of the eruption, the child began to "break out" all over, first the bites, then the fingers and thumb, then beneath the elbow, on the forehead, and chin. The bite, as the mother described it, "came out like scalds". Some of the spots are scabbed, in the way imagined to be characteristic of "porrigo". There is very little discharge; but the spots, which have assumed a pustuloid aspect, contain a gelatinous fluid, filling up an ulcerated pit. The general health has always been good. The mother has a spot on her neck. Another little boy, a brother, has two very characteristic spots of so-called "porrigo" on his abdomen.

CASE III was that of the father of two children who had been under my care for "porrigo". He was an intelligent man, who described the history of the disease very well indeed. He had a spot on the back of the left hand, at the root of the little finger; and one also at the point of the elbow. He noticed the disease as a "bladder-like humoury head", which kept spreading centrifugally. At first the spot was of the size of a shirt-button; now it is as large as a shilling, dull red at the base. Yellow matter oozed away at first; now there comes "pale blood", or matter. The patient did not feel ill. The spot at the right elbow-joint enlarged for ten or twelve days, with a little "humoury ring"; the centre of the spot being depressed, and the lymphatic gland above the right elbow being enlarged. (Oct. 23rd, 1863.)

CASE IV. A. D., aged 12 months, was seen on Monday, October 29th, 1863. On the previous Tuesday, one of the eyes became inflamed—"blood-shot";

the lid became rapidly swollen, with at first little discharge, the lids sticking together; and at the same time a great many "pimples" made their appearance on the face. Last Saturday (Oct. 27th)—*i. e.*, two days since—the child seemed ill, feverish, and cross, and was attacked by a severe cough. On one of the shoulders, near the root of the neck, appeared four umbilicated bullulæ, of about the size of split peas, slightly confluent, with two others quite isolated. They have the aspect of scalds. There is a great "running" at the nose. The eye is inflamed, and discharging pus. The external part of the ear (the pinna) is sore; and on the inner aspect is one pustular spot, of about the size of those on the back, depressed in the centre, looking just like some examples of variola. With cod-liver oil and zinc ointment, the child got well; the later progress of the case showing the peculiar crusts of "porrigo".

This was a good example of so-called bastard vaccinia—a transition stage, it would appear, between vaccinia and impetigo contagiosa. The changes as to time and character were different from those of variola or vaccinia; and yet, in external aspect, one could not fail to see some relation. The disease lasted about a month. I have never seen the exact like of the case before, and at first it puzzled.

Case v. E. D., aged 2 years, seen September 3rd, 1863, was vaccinated four months ago. The operation succeeded admirably, and the sores left healed up perfectly. The child is in good health, and there is no evidence of scrofula in the family history. It appears that an elder brother was laid up with smallpox, and this child was vaccinated in consequence. There is a "porriginous" spot on the left arm, at the seat of vaccination; also on the right arm, between the buttocks, on the head, and on the right thigh. There are on the left arm six circular spots in the six separate punctured (vaccinated) places; they are dull red, quasi-squamous, depressed below the surrounding integuments, feel harsh; their colour goes by pressure. There is no copper stain; and immediately joining is a yellow crusted spot. Just above the elbow is a circular patch, made up of aggregated spots, and freely crusted, of about the size of a shilling. On the forearm are two more; and above the wrist another place, of the size of a sixpence. Between the buttocks, the two spots are about as large as a shilling, and possess a raised thickened edge, with depressed centres, and an ulcerating surface. Cod-liver oil, administered internally, was the sole remedy used.

The above five cases are quoted as illustrations rather of the more uncommon instances and aspects of the disease.

15, Old Cavendish Street, W.

TARTARISED ANTIMONY AS A REMEDY IN STRUMOUS OPHTHALMIA.

By Edwin Chesshire, F.R.C.S., Senior Surgeon to the Birmingham and Midland Eye Hospital.

I have so frequently prescribed tartar emetic, generally in combination with opium (but often alone), in strumous ophthalmia, as well as in acute corneal and conjunctival inflammations, and with such marked success, that I have no hesitation in suggesting to my professional brethren a more extensive use of the remedy in the treatment of those obstinate, and frequently protracted, affections of the eye.

In cases of strumous ophthalmia, where there was excessive photophobia, I have found the internal administration of tartarised antimony, in doses varying from one-twentieth to one-twelfth of a grain, according to the age of the patient, to be attended with the most decided benefit; and its efficacy has been singularly marked, where quinine, steel, arsenic, and cod-liver oil, had each, in its turn, been tried and failed. No remedy that I know of so completely or so permanently removes the photophobia, which is such a distressing symptom in strumous affections of the eye.

In phlyctenular ophthalmia, and in vascular cornea or pannus, uncomplicated with a granular condition of the palpebral conjunctiva, or with inversion of the cilia (trichiasis), a continued course of tartar emetic, in small doses, arrests the progress of the affection most effectually, and with it may be combined the early use of local stimulants, a combination which may be continued, if necessary, for a lengthened period without injury to the general health; in fact, the patients who have taken tartarised antimony under my care, both at the Eye Hospital and in private practice (and I have prescribed it very extensively), have almost invariably told me how much stronger and more energetic they felt during the time they were taking the remedy. I am aware it has long been the practice of ophthalmologists to administer a single emetic dose of tartarised antimony, as a beginning to the treatment of strumous ophthalmia; and that it has occasionally been given in combination with bark and quinine; but it does not appear to have been resorted to as a remedy, *per se*, for the cure of strumous affections of the eye. It is quite true, in the case of the little strumous patients, while under treatment, that they were usually placed on milk diet; and, when the photophobia was severe, attention was paid to the exclusion of light, which would probably assist in promoting a favourable result; but the same diet was generally resorted to, and the same care to exclude light was taken, when the treatment had consisted of cod-liver oil, quinine, etc., and yet often with an unsatisfactory result.

Unlicensed Lunatic Asylums. Mrs. Sophia Leander, of Zion House, Turnham Green, was charged on Monday, with unlawfully receiving into the house occupied by her more than two lunatics, such house not being an asylum or hospital registered under the provision of the Act of Parliament. The magistrate sent the case for trial at the Sessions; Mr. Leander giving bail for the appearance of his wife. Dr. Christie, superintendent of the Hackney Lunatic Asylum, stated that he had inspected Zion House, in company with Mr. Luttridge, one of the Lunacy Commissioners. There were about eighty inmates. He examined four or five of the patients, and found them to be persons of unsound mind. The premises were certainly not proper for the accommodation of so many persons in this condition.

Philadelphia Military Hospitals are models of cleanliness and good order. From all quarters they extort praise and admiration. We have at present the South St. Hospital, an old silk factory, with about 250 beds; the Christian Street, with a like number; the Filbert Street, about 400; the West Philadelphia or Satterlee, accommodating 2,500 patients; the Chestnut Hill, or Mower, about 3,000; the Turner's Lane, the Nicetown and the Germantown Hospitals, each of much less proportions. Four of these were built as army hospitals, and are models of the kind, being splendidly ventilated, and supplied with every means to restore the health of the sick or wounded patriots who may be brought under their shelter. In addition, we have an officers' hospital at Camac's Woods, where officers are furnished with hospital attendance at a reasonable rate. (*American Medical Times.*)

Reviews and Notices.

ON DISEASES OF THE THROAT AND WINDPIPE, AS REFLECTED BY THE LARYNGOSCOPE; a Complete Manual upon their Diagnosis and Treatment. Embellished with 116 Engravings. By GEORGE DUNCAN GIBB, M.D., M.A., Member Royal College of Physicians, London; Assistant-Physician and Lecturer on Forensic Medicine, Westminster Hospital. Second Edition. Pp. 481. London: 1864.

ALTHOUGH this book bears the words "second edition" on the title-page, we are assured by Dr. GIBB that it is "perfectly new"; inasmuch as "the introduction of the laryngoscope has added so much to our knowledge of the throat and larynx, as to render it necessary that the greater part should be re-written." It consists of thirteen chapters, with the following titles: 1. General Diseases of the Upper Air-passages; 2. Diseases of the Vocal Cords, giving rise to Hoarseness and Modifications of the Voice; 3. Acute Inflammatory Diseases of the Throat; 4. Specific Diseases of the Throat; 5. Exanthematous Affections of the Throat; 6. Diseases arising from Specific Changes; 7. Nervous Affections; 8. Diseases of the Mouth, Nose, and Continuous Passages; 9. The Various Affections of the Trachea; 10. Extraneous Substances in the Throat; 11. Diseases and Injuries of the Hyoid or Tongue-bone; 12. Injuries of the Throat; 13. The Laryngoscope and Rhinoscope. Each of these chapters is subdivided into several sections; so that a large number of subjects are treated of in the work. This circumstance prevents us from giving a detailed analysis; we must, therefore, be content with noticing a few points only.

In the first chapter, Dr. Gibb commences with a section on Follicular Disease of the Throat and Air-passages, commonly called Clergyman's Sore-Throat. In speaking of the treatment of this affection, he mentions the respiratory hydrostatic plan, introduced by Dr. Sales-Girons, in which medicated fluids are disseminated through the throat and air-passages in a fine vapour or spray, driven from an apparatus by which the fluid is "pulverised". Much debate has, our readers are probably aware, taken place in Paris as to the efficacy of this method. Dr. Gibb says of it:

> "In some cases of throat- and chest-disease combined, this hydrostatic treatment cannot be too highly praised; and, notwithstanding the opposition raised against it by Dr. Fournié of Paris, will become generally adopted in cases requiring it."

In the treatment of follicular disease of the air-passages, Dr. Gibb's favourite topical remedy consists in the application of solution of nitrate of silver—or of sulphate of copper or zinc, tannic acid, iodide of silver, mineral acids, etc., according to circumstances—to the parts by means of a brush or sponge. He has always held, in opposition to the opinion of many surgeons, that the introduction of an instrument into the larynx, as described by Dr. Horace Green, is a possible act. He now tells that, whereas he formerly took means to accustom the glottis to the presence of a foreign body, he now introduces the brush at once "without the least inconvenience, or even a spasm."

> "The exquisite sensibility of the glottis does not seem to be excited by contact with the brush, except in some rare instances. Yet it must be remembered that this operation is not always one of easy performance, on account of spasmodic constriction of the lips of the glottis. The frequency of its application, therefore, will depend upon the amount and duration of the disease, and the effects it produces."

The internal remedies which Dr. Gibb employs in this malady are ioduretted iodide of potassium, and iodide or bromide of ammonium. Lozenges of the *Eucalyptus Rostrata* or red gum are useful as an astringent remedy; and the general health should be attended to, doses of mercurials, aloes, podophyllin, etc., being given as circumstances may demand.

In the remaining parts of this chapter, Dr. Gibb speaks of Chronic Disease of the Windpipe, Diseases of its Cartilages, Diseases of the Epiglottis, Consumption and Bronchitis in connection with Disease of the Windpipe and Throat, and Weakness of the Voice and Chest.

In the second chapter, the author begins by describing Aphonia, dividing it into functional and organic; and each of these are considered according to their respective causes. The utility of the laryngoscope is demonstrated in cases of this kind; and, in speaking of growths and tumours of the vocal cords as causes of organic aphonia, Dr. Gibb observes that "perhaps nothing has so strikingly demonstrated the value of the laryngoscope, as the diagnosis of such growths and their successful removal after years of suffering." Notwithstanding that the detection of these growths during life has only been rendered possible in the last four or five years, Dr. Gibb has found, in the hospital museums of London and elsewhere, a greater number of specimens of them than would at first be expected. He gives a table of thirty-one such growths preserved in the London museums—eleven being in children, three in youths, and seventeen in adults.

These laryngeal tumours may be found above or below the true vocal cords; when above, they are larger and disseminated; below, they are smaller and compact. The seats of their development are, in order of frequency: the root of the epiglottis above, and the subglottic space anteriorly below the cords; the anterior free borders of the vocal cords, and, progressively backwards, their surfaces and borders, but rarely the edges far back; the inner surface of the cricoid cartilages, below and between the arytænoid cartilages and vocal cords posteriorly; the ventricles of the larynx; and, in occasional but rare instances, the false cords and the arytæno-epiglottic folds.

> "In number, they vary much according to the character of the growth; being generally broad and flat and sometimes numerous, in syphilitic cases, and single or isolated, sometimes double or treble, in others. In one instance, there were four from the surface of the true and false cords, in another as many as five; but I have counted eight, twelve, or upwards, on museum specimens." (P. 132.)

In size they vary "from a pin's head to a pea or bean, or perhaps a tamarind stone"; sometimes (in the epithelial or warty variety) they are as large as a hazel-nut. In nature (excluding the epitheliomatous or cancerous variety), the growths are either simply epithelial, or fibro-cellular; more rarely they may be cystic, fibro-plastic, fatty, or follicular, sometimes consisting of a mere prolongation of mucous membrane. Regarding their character, as affected by disease, Dr. Gibb says:

> "In syphilitic dyscrasia, they will partake of warts of the same nature elsewhere; in follicular disease, the follicles on the surface of the cords or elsewhere will enlarge and form warty growths, with coalescence sometimes of several together into one large mass. They may be off-shoots from an hypertrophied vocal cord whose structure has undergone some interstitial or molecular change. At first they resemble little acuminated tooth-shaped projections on the free edge of the cords, which may grow or not; at other times they simulate bead-like projections on the upper free edge of the cords, which may subsequently disappear under progressive pathological changes. When arising from below the cords anteriorly, it may be from a puckering or plication of the mucous membrane, the result of relaxation from cough or other cause; and posteriorly between and below the arytænoid cartilages, I believe, an ulcerated surface, probably secreting pus, is the cause of their origin; for there, more than in any other place, they seem to partake of the character of a foliaceous wart." (P. 134.)

The possibility of removing such growths by means of the laryngeal *écraseur* is now an admitted fact; having been established by the success of operations performed by Dr. Walker of Peterborough, Dr. Gibb, and other practitioners. We must here, with all respect for Dr. Gibb, make a few remarks on the tone which he sometimes adopts. It is quite natural that, as he describes at p. 135, the greatest surprise should be manifested at such an occurrence as the restoration of voice after it had been lost for ten years, on the removal of some morbid growths from the larynx; and, in all instances of this kind, there will always be found persons who will doubt the accuracy of the operator's diagnosis, or even his credibility. But if the narrator and those who have assisted him be confident that no error in diagnosis was committed, and if he be strictly truthful—as we believe Dr. Gibb to be—he can surely afford to rest on his own integrity, without going out of his way to administer a side-blow at "some *malignant rascal*" who "will try to rob him of his justly earned fame." Such expressions are very much out of place in what is intended to be a soberly instructive medical book. Again, in speaking, at pages 140 and 141, of the chronology of the operation in England, Dr. Gibb, after giving Dr. Walker the credit of having first removed a growth from the larynx in this country, says that he followed, and was the first to remove a tumour attached directly to the vocal cords. He also names Mr. Bracey of Birmingham and Mr. Thomas Wright of Nottingham, as having successfully performed the operation; and then he says:

> "No other person that I am aware of has done this operation, although it has been attempted several times in this metropolis."

Now, this may be quite true; but the assertion is one that should not have been made by Dr. Gibb himself. He must, on reflection, see that the inference deducible from it is, that he wishes himself to be regarded as the only practitioner in London who is capable of removing laryngeal tumours—a conclusion which it cannot be supposed that he wishes to be drawn. Nor can we approve of an expression at page 155, where, after relating several cases in which he has removed laryngeal tumours, he says:

> "Without laying myself open to the charge of egotism, it may be permitted me to say, that the foregoing details show an amount of success that I feel justly proud of, and that has not as yet been equalled by any physician devoted to the same branch of medicine, in any other part of Europe."

Dr. Gibb may justly feel proud of his success; but, having stated his facts, he should leave comparison to others. It is apparent, that he possesses some personal vanity; and that he, injudiciously in our opinion, allows this feeling now and then to crop out in his writings, and to get the better of his good sense. But we would advise him, in friendly warning, to endeavour to repress the tendency of the *Ego* to manifest itself unduly. He need not fear that his labours, in the department of medical science which he has specially undertaken, will not meet their full recognition from all honest men in the profession, or that he will fail to meet with that justice which, it pleases us to observe, he scrupulously accords to his fellow-labourers in this and in past times; but any expressions on his part, which may be, however wrongly, interpreted into a desire to push himself into notice, or to raise himself by depreciating others, will be liable to alienate from him men who would otherwise hold him in respect.

Another section of the second chapter is devoted to Hoarseness; and then Dr. Gibb goes on to speak of certain Pathological Modifications of the Voice. Two of these he describes under the somewhat barbarous titles of *Contendophonia*, occurring in declamation and oratory; and *Acantophonia*, affecting singers; he also speaks of Double Voice (Diplophonia or Vox Convulsiva), Stuttering and Stammering (Ischophonia and Psellismus), and General Disease as affecting the Voice.

The condition which he terms *acantophonia* consists in a "loss of control over some of the notes of the diatonic scale, whether the lower, the middle, or the upper, but chiefly the middle, in either the chest or the falsetto registers." It is frequent among professional singers, but is not rare in private life. The pathological phenomena observed by the laryngoscope, in regard to the middle and higher notes, are thus described:

> "When the middle notes are imperfect, and the person is required to ascend the scale slowly from the lower notes, the tension and parallelism are found to be good and without fault; as the middle notes are reached, both are altered, for the tension becomes irregular and the parallelism is destroyed, especially if the tension of one cord is good and the other imperfect, for then the fissure of the glottis corresponds to a small thin segment of a large circle. As the notes now rise, the natural tension of the cords, or of the affected cord, is regained; and both perform their proper vibrating function to the termination of the notes of which the singer has been accustomed to go, whatever that may be. When both cords are affected in the middle notes, they equally lose their power of tension, and consequently of vibration, at that part of the scale; and parallelism, though it may not be wanting, is powerless for perfection of melodious, or rather harmonious, sounds." (P. 180.)

The treatment of this condition, as well as of contendophonia, consists in rest of the voice, attention to the general health, and the application of topical remedies, such as fine showers of solutions of nitrate of silver or other agents, or electricity.

In the third chapter, under the head of Œdema of the Larynx, Dr. Gibb speaks of a condition which, he says, has not been hitherto described—subglottic œdema. Indeed, most pathologists and surgeons describe the mucous membrane below the vocal cords as being so closely adherent to the subjacent fibrous structures, that no fluid can be there effused. Dr. Gibb, however, while admitting the rarity of subglottic œdema, holds that it does occur with sufficient frequency to demand attention; and, in support of this view, he brings forward several cases from his own practice, and also some examples which he has found in the hospital museums and elsewhere.

> "The symptoms are those of acute laryngitis primarily, followed by obstructed breathing as in the supraglottic form; but laryngoscopic inspection alone can determine which form of œdema is present. It may be taken as a rule, that the swelling never extends further than the commencement of the first ring of the trachea; and if found to be seriously embarrassing the breathing, the trachea (not the larynx) must be opened to give relief. The breathing in the subglottic disease is more stridulous and wheezing, and has a peculiar laryngeal or croupy hoarseness about it. There is, moreover, intense dyspnœa, laryngeal cough, and much mucous secretion. If constitutional remedies are early applied, they should consist of tartar emetic and acetate of ammonia, and, if necessary, some anodyne; inhalation of hot steam; poultices to the neck; and small doses of mercurials, to absorb the effused material. Small quantities of brandy or other stimulants should be frequently administered.
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> "Subglottic œdema is a more dangerous disease than the other form. Scarifications would be useless in it, from the nature of the effusion; and in the great majority of cases (although hitherto not suspected), it has no doubt demanded early tracheotomy. It is the form, also, more likely to demand the permanence of the fistulous opening, and probably has obliterated the passage upwards from filling up of the calibre of the cricoid cartilage. Additional information will be very desirable to complete its clinical history." (P. 223.)

There are several other passages in this book, which, if our space permitted, we should be well pleased to notice; but at this point we must conclude. Dr. Gibb has most laboriously and ably investigated the whole subject of which his work treats, both by research in books and museums, and by personal observation; and he has put together a great amount of information in a form which is—with the exception of the blemish which we have noticed above—pleasing and instructive. He may safely entrust his labours and reputation into the hands of his professional brethren, in the confidence that he will receive from them his full share of credit for having enlarged our knowledge of throat-diseases, and especially for having been one of the first to demonstrate the utility of the laryngoscope in the investigation of these maladies.

A Voice from Derby to Bedlam. London: 1864.

With the ostensible object of deprecating the language employed, and the *animus* assumed to be felt, by the authors of a recent pamphlet on the Townley case, the author of *A Voice from Derby* reopens the question as to the guilt or innocence of the murderer of Miss Goodwin, with the evident intention of vindicating the evidence as to his insanity given at his trial by Dr. Forbes Winslow.

The able report to the Home Secretary, which finally decided the fate of Townley, so carefully drawn up by Dr. Bucknill, and endorsed by Dr. Hood, Dr. Meyer, and Dr. Helps, had, as we thought, set at rest for ever the question of Townley's sanity. The convict himself felt the searching force of the examination to which he was last subjected, and anticipated its result. "They think me sane," said Townley, as the Commissioner left his cell; "still it is very hard if they hang me now."

Although there is nothing new in the pleas brought forward by the author of *A Voice from Derby*, the question as to the insanity of Townley is treated with considerable ability; the manageable facts being dexterously handled, and awkward and damaging ones judiciously left unnoticed. Thus we are referred to the *opinion* of the counsel for the prosecution, that there was no evidence of any premeditation on the part of the prisoner; but the fact of Townley's having three knives upon his person—one a large clasp-knife, newly bought, the instrument with which the murder was committed—is not explained.

We cannot say that the "Voice from Derby" is distinguished by either temper or moderation; and we regret to find in it an attack upon an estimable provincial physician, whose talent and character should have protected him from such language. We cannot see anything in the conduct referred to that justified such language; and certainly the reproach cast upon that gentleman, that he has never been concerned in any of the great lunacy trials, is far from being any disgrace to him. He has at least escaped the imputation that so many have incurred; viz., of merging the medical witness in the paid advocate. The "Voice" takes great pains to vindicate the motives as well as the views of Dr. Winslow. But this was surely unnecessary. All that can, in our opinion, be said in the matter, is, that Dr. Winslow made a mistake in diagnosis, as others have done before him, and will do to the end of time.

De L'Inoculation Syphilitique, etc. Par Henri Lee. Traduite par Dr. Baudot. Paris: 1864.

As Inoculações Syphiliticas, etc. Pelo Sr. Henrique Lee. Traduzido pelo Dr. Marques. Lisboa: 1864.

The *Saturday Review* assures its readers that the treatment and nature of syphilis are not studied or understood in England. It will be, therefore, gratifying to the clever young gentlemen who ventilate their learning in that journal, as well as to English syphilographists, to note that the works of Mr. Henry Lee have been so generally appreciated on the continent.

Certainly, Mr. Lee's work may be fairly said to have excited more interest on the continent than it even has in this country. We have no doubt that, had it originally appeared in Germany, and been translated into English, and properly introduced as of German growth, it would have received more attention in England than it has done. However, Mr. Lee may satisfy himself with the correctness of the old adage, *Magna est veritas*, etc. At all events, his views are well inoculated throughout Europe.

Already his lectures have been translated into German and Italian, and now we have to announce a French and a Portuguese translation of them.

THE RESTORATION OF A LOST NOSE BY OPERATION, ETC. By JOHN HAMILTON, Surgeon to the Richmond Hospital, Dublin, etc. Pp. 58. Dublin: 1864.

THE accomplished and skilful author of this practical essay has had greater experience in the performance of the so-called Taliacotian operation than perhaps any modern surgeon of Europe. The operation is certainly not one which has been much accredited in these latter days. Surgeons of great authority have even condemned its results, as being worse than the condition for which it was employed. We are very glad, therefore, to find a man of Mr. HAMILTON's sound judgment and large experience come forward and pronounce, on the strength of his experience, that the operation, rightly performed, so far from being a failure, is a great success.

In this essay, Mr. Hamilton gives an interesting history of the Taliacotian operation. In Ireland, it appears that the chief cause of the loss of the nose is lupus. Ten cases of the operation are detailed by him, and wood-engravings are given to show the marked benefits which have resulted from the operation. As Mr. Hamilton truly says, the best answer to be given to those surgeons who ignore the operation, is the opinion of the sufferers who have had their noses restored. This opinion is expressed in the warmest and most unmistakable terms of thanks on the part of the patients. Gaining the substitute for a nose, says Mr. Hamilton, "raises them to self-respect, and greater confidence in working their way in the world." At the end of the detailed cases is given a succinct account of the steps to be pursued in performing the operation. It is plain, on the face of it, that a delicate and tedious operation of this kind is one which requires skilful manipulation as well as experience for its complete success; and therefore is it pleasing to find that Mr. Hamilton's increased acquaintance with the operation only tends to confirm him further in its usefulness. A man without a nose is a painful object to all who look upon him; and, moreover, usually has a most painful consciousness of being so. We sincerely trust, therefore, both for the sake of the mutilated and of the public, that Mr. Hamilton's essay may be the means of bringing this nose-restoration operation once again into general favour. We can quite believe that, *non cuivis*, not to every surgeon is it given to be successful in such operations. What we have seen of them has satisfied us that peculiar and somewhat rare qualities are required in their performance; viz., great delicacy of fingers, calmness, an absence of haste and flurry, great steadiness and perseverance to the very end. Want of success may possibly be in some cases attributed to the absence of these rare qualities in the operator; and to the possession of such qualities may we fairly attribute Mr. Hamilton's success.

PRIZE ESSAY ON ANÆSTHETICS. The Mississippi Valley Association offers a gold medal of the value of one hundred dollars for the best essay on anæsthetics and their use. It is open to the world for competition. (*Amer. Med. Times.*)

Progress of Medical Science.

SURGERY.

PULSATING VARIX OF OPHTHALMIC VEIN. On March 10th, 1863, J. L., a female, aged 32, was admitted into the Hôtel Dieu at Rennes, under the care of M. Aubry, with a tumour in the orbit. She had no recollection of having been struck on the head; and the tumour was said to have become developed, without apparent cause, after an attack of typhoid fever which she had four years previously. On admission, her face was congested and puffed up, and she had a somewhat stupified appearance. The globe of the right eye projected, but the functions of the organ were not impaired. At the inner part of the upper eyelid there was a tumour of the size of a hazel-nut; it was subcutaneous, and the colour of the skin was unchanged. Farther inwards, between the nose and the eyelids, was another tumour, divided into two parts by the tendon of the orbicularis muscle. Its upper lobe measured about half an inch vertically and one-tenth of an inch in breadth; the lower lobe lay in front of the lacrymal sac, and simulated a lacrymal tumour. The tumours were soft and fluctuating; they disappeared on the least pressure, and immediately reappeared when it was removed. On laying the finger very gently on the tumours, pulsation isochronous with the arterial pulse, and a very manifest *frémissement*, were perceived. On applying the ear over the palpebral region, there was heard a very distinct souffle, presenting intermissions isochronous with the ventricular systole; it was gentle and prolonged, and might perhaps be better described as a continuous souffle, intensified by each beat of the heart. M. Aubry, and several of his professional colleagues, arrived at the conclusion that the tumour was an aneurism of the ophthalmic artery. On March 7th, after feeling ill for two days, the patient died almost suddenly.

On *post mortem* examination, all the organs were found healthy, except the encephalon and the skull. The entire portion of the cerebral hemispheres lodged in the middle lateral fossæ of the base of the skull was very much softened. The walls of the skull were much thicker than in the normal state; the vascular furrows were deep and large, and the cranial walls were very vascular. The skull presented a remarkable deviation in form. Behind the posterior edges of the lesser wings of the sphenoid bone, the configuration was normal; but, in front of these, it seemed as if the frontal bone had undergone a sort of twist, so that its left side was pushed forwards and its right backwards. An injection having been thrown into the right carotid artery, M. Aubry examined carefully the ophthalmic artery and its branches. There was no aneurism of this vessel; but the tumour consisted of a dilatation and thinning of the ophthalmic vein. On following out carefully the course of the vein, it was found to constitute the projections which had been observed on the upper eyelid. The vessel was as large as the little finger; its walls were so thin, that they might be compared to a serous sac opening into the cavernous sinus, which was itself three times as large on the right as on the left side. The vein in passing through the orbit followed a winding course; and the infraorbital vein, at its point of entry, was itself dilated. The nasal and facial veins were also dilated and thinned near the inner angle of the eye. The right cavernous sinus was much dilated, and communicated freely with the varicose ophthalmic vein; but posteriorly it ended in a *cul-de-sac*, instead of communicating with the inferior petrosal sinus.

For the pulsations observed in the tumours during life, M. Aubry suggests two possible causes. 1. The pulsation was due to the beating of the carotid artery in the dilated cavernous sinus and the transmission of the impulse to the blood in the vein. M. Bérard, being at the time at Rennes, was, on examining the vessels, inclined to this explanation. Or, 2, in consequence of the vascular development in the cranial walls, the capillaries, being dilated, established so free a communication between the arteries and veins, that the action of the heart on the venous blood was more than usually perceptible. M. Aubry prefers this latter explanation, because, while throwing water through the vessels with a syringe previously to injecting them, he observed the tumour to become filled, and was able to reproduce in this way the pulsations and the *souffle* which had been observed during life. It was evident, he thinks, that the beating, distension, and souffle which accompanied the injection of water by the syringe were due to this fluid reaching the vein, exactly in the same way as during life the same phenomena depended on the entrance into the vessel of blood forcibly impelled by the heart through the capillaries. (*Gaz. des Hôpitaux*, 12 Avril, 1864.)

Aneurism of the Sciatic Artery: Injection with Perchloride of Iron. On March 18th, M. Nélaton treated, by means of injection of perchloride of iron, an aneurism of the terminal part of the sciatic artery, which was of the size of a thumb and projected in the natis. The case was an interesting one, inasmuch as the patient had already had sciatic aneurism in the same region, for which M. Sappey had in 1850 tied the sciatic artery above the tumour—the operation being for a time successful. This is said to be the first case in which the operation was performed. After one injection of the perchloride of iron, the pulsation completely ceased; the tumour subsequently gradually diminished; there was no inflammation; and, at the end of a month, the patient was making favourable progress towards recovery. (*Gaz. des Hôpitaux*, 19 Mars and 16 Avril, 1864.)

Cauterisation of Malignant Pustule. The Drs. Maurezin have published in the *Archives de Médecine* for March 1864, a memoir on the treatment of malignant pustule, in which they relate fourteen cases shewing the efficiency of the actual cautery. The success of this application was complete, even in one case where the disease was of six days' duration. In a case of pustule seated in the fold of the elbow, in front of the tracheal artery, the application of the cautery was unattended by any dangerous result, and was followed by success. This mode of treatment is suitable in the first and second stages of the disease, while only an inflamed areola and vesicles are present. The whole disease may be removed without leaving a large wound; but a cicatrix is left, which on the face is more or less unsightly. This treatment is not new. Malignant pustule, when it was seen by Duhamel in 1737 and described by Morand in 1766, was treated in the provinces by extirpation, Maret of Dijon and Fournier extirpated malignant pustule and applied red-hot iron. There is reason to believe that this practice, which Thomassin opposed, had then become common; since Enaux and Chaussier have described in several pages the inconveniences of the proceeding, preferring to it a combination of scarification with cauterisation. The treatment of malignant pustule affords an instance of the danger of laying down therapeutic formulæ as absolute. Maret succeeded in some cases in curing the disease by extirpation; but he failed in others—and the operation was condemned. In some of his unsuccessful cases, cited by Thomassin, however, the disease had arrived at the gangrenous stage and was very extensive; and in this instance the want of success is no argument against the operation, which failed because it was performed too late. At the present day, it seems that, at the commencement of the disease, extirpation or the actual cautery are the most powerful agents; and if the cicatrix left after simple extirpation be equally healthy with that left after cauterisation, the former operation is to be preferred. When the disease has extended, scarification, and the application of caustic solutions, such as butter of antimony and corrosive sublimate, or with caustic potass, are the best means of treatment. (*Gaz. des Hôpitaux*, 16 Avril, 1864.)

Inguinal Aneurism Treated by Compression. An officer came under the care of M. Rizzoli, with an aneurism of the left groin, the result of a fall. As the tumour reached into the pelvis, compression could only be applied below it. At the end of three days, in spite of interruptions of the treatment, fibrine had been deposited, and the aneurism so far hardened and reduced in size that it became possible to apply pressure above it. This was at first done by means of the finger; but, although Valsalva's method of treatment was also followed, only an imperfect effect was produced. Electro-puncture also produced merely an incomplete and temporary result. As the aneurism, although diminished in size, continued to pulsate at the end of forty days, M. Rizzoli had an instrument used by which pressure could be more easily and exactly applied to the artery where it passed over the bone. At the end of two days, this pressure, which had been maintained sometimes by the patient himself, sometimes by an assistant, had caused pulsation to cease, not only in the aneurism, but in all the arteries of the limb; the temperature of which, however, remained normal. The pulsation gradually returned in the arteries of the foot and leg. The aneurism remained hard and free from pulsation; and at the end of thirty-five days, the patient left the hospital cured. (*Acad. delle Scienze dell' Institut. di Bologna*, and *Bull. Génér. de Ther.*, 30 Avril, 1864.)

Œsophagism. As an example of the nervous condition termed œsophagism, M. Nélaton some time ago called the attention of his class to a man of vigorous temperament, 35 years of age, and in good health, who came to the hospital under the idea that he had a foreign body in the œsophagus. A fortnight previously, while picking his teeth with a thin piece of wood, he was suddenly spoken to. His attention was turned away for an instant, and at the moment hs was about to make a reply he perceived a perfect sensation of a foreign body on the left side of the pharynx. A practitioner who was at once called in, recognised the foreign body at the spot indicated, and made some vain attempts to extract it. Extremely little pain followed, but as this afterwards increased he came to the hospital. M. Nélaton suspected from the narrative, that no foreign body existed; and observed, that not unfrequently an unpractised finger mistakes the upper edge of the cornu of the hyoid bone for the body supposed to have been swallowed. Usually these nervous symptoms disappear at the end of three months under suitable general treatment; but M. Nélaton referred to a case in which they manifested much greater tenacity. A lady, about six months since, being about to drink some water sweetened with syrup, not liking the appearance of the latter, placed a single drop on the tip of her tongue, and discovered it to be a solution of potass. Immediately, and notwithstanding that the drop had never been swallowed, she perceived a pain at the lateral part of the pharynx, accompanied by an impossibility of swallowing. The pain diminished, but so difficult did deglutition continue to be, that the patient required an hour to swallow a simple cup of broth, while the passage of the smallest solid body was absolutely impossible. It was believed that she was the subject of stricture of the œsophagus, until M. Nélaton, being consulted, passed down the largest bougies with great facility. (*Brit. and For. Med-Chir. Review.*)

British Medical Journal.

SATURDAY, JUNE 4TH, 1864.

OUR ARMY MEDICAL DIRECTION.

The present deplorable condition of the army medical service, the chronic state of discontent and uncertainty in which army medical officers live, and the constant disfavour with which their just complaints are met at the Horse Guards, naturally suggest to us to inquire into the nature of the authority which regulates the Army Medical Department. Who sits up above and pulls the wires, and plays the machinery which brings forth such discontent? Who is responsible to the country for this defective superintendence of the soldier's health? And who is responsible to the profession for this neglect and disregard of the welfare and the honourable sentiments of our medical brethren? It is high time the profession at large should know something on this score; for it is scarcely possible that things could have come to the pass at which they have arrived, had the machinery which is supposed to regulate them been equal to, or capable of properly performing, its work. The proofs lie before us which show that our medical brethren in the army are not treated as they have a right to be treated; and, we confess, to us the conclusion is obvious, that the main fault in this respect lies at the door of the Director-General's office. If the General Direction understood their business, or, understanding it, had the courage to perform it, we cannot believe that such a complete break-down would have ever occurred in the service. If our profession had been rightly represented at head-quarters, we will not believe that our army medical brethren would have been so unfairly and ignominiously treated as they notoriously have been; that promises made one day would have been so scandalously broken the next, and the medical service of the army so grievously injured. We surely have a right to expect that he who represents our profession at the Horse Guards should be something beyond a mere governmental red-tape official; that he should be imbued with the science of his calling, and know how to maintain the dignity of his profession in the face of high military authority; that, while defending the interests of the country, he should not forget the honour and interests of the man of medicine.

Universal dissatisfaction of the kind now referred to could not have broken out in the army medical service, had there not been something very rotten in the management of it. The dissatisfaction, moreover, is not of to-day; it is long standing and chronic. It has, therefore, gradually grown up under the eyes and direction of the Direction-General; and on the Direction assuredly must and ought to rest the responsibility of the failure. Their incapacity is now manifested in the fact that Lord Hartington applies, not to them, but to civilian medical men, to learn how it is that things have come to such a state that army medical officers cannot be had! Civilians are asked to help the service out of the mire! For years past the medical press has warned the Direction-General bureaucracy of the evils they were bringing on the army medical service; so that, if that division of Horse-Guards official red-tapism were ignorant of the causes which have worked the failure, they must have wilfully and blindly shut their eyes and ears to patent facts, and were certainly the only members in the profession who could boast of such ignorance.

If we must judge this Army Medical Direction by their operations, we are forced to the conclusion that they are composed of mere official instruments—of simply mechanical agents—of men who use their fingers rather than their heads; who live and move under the light of superior orders of officials, by whom they are held in low esteem; with whom to hear is to obey, and to think or recommend high insubordination; who are directed, not directors. We see in the fruits which they have produced none of that savour of high scientific intelligence and proper assumption of professional dignity, which we have a right to expect in those who come between the profession and the Government, who connect us with the Government, and are our sole representatives with the Government. If the men who compose that bureau have neither a scientific knowledge of their business, nor the moral courage requisite for a due assumption of professional power and pride in the face of authority, it is manifestly not a bureau fitted to manage the affairs it pretends to regulate, not a bureau such as the profession have a right to see in that high place. The profession, therefore, will begin to inquire into its nature, its origin, and its composition; and to demand its reconstruction.

The present Direction-General seems to us inevitably convicted of incapacity or unfitness for directing army medical affairs. If they see and recognise the evils attaching to the present state of things, and are unable to remove them through want of power, then are they nothing but official nonentities, and their direction a mere sham; or, again, if they have the power, but do not exercise it, they convict themselves of moral incapacity to sustain the dignity of the profession; they degenerate into mere clerks of the War Office, lovers of ease and of comfort at any price, quiet baskers in the sunshine of high official favour. But such a medical board is not what either the public or the profession has a right to look for. We have a right to have presiding over the army medical service those who possess, in the first place, a high scientific knowledge of medicine, large practical experience, and that personal dignity—the offspring of science and long-tried experience—which shall obtain the ear and guide the councils of authority.

That a reconstruction of this army medical body is necessary, seems obvious enough. It is impossible not to trace in the incapacity of the Board the evils which beset the army medical service. The public has, at all events, a right to demand that its army medical service shall be presided over by those alone who have proved their capacity for the work. The public has a right to demand that men shall be appointed to the Direction who have given hostages to science, and have shown by their antecedents that they are fit for the important work. Our army medical brethren and the medical service of the army should be directed by men, and by those only, who have proved themselves in the eyes of the profession fit for the business. Assuredly it is the duty of the profession at large to exercise its legitimate influence over all its members, and bring before the bar of its opinion and judgment every individual occupying a public position who may sacrifice the interests of his profession. It is the duty of the public also to ask if they, who can so manage a branch of the service as to bring it into its present state of failure, are equal to the task which they have undertaken. The army medical service has totally broken down; let us know who they are who have brought about this complete break-down.

THE ARMY MEDICAL DEPARTMENT.

It is interesting and instructive to observe the tone taken and the arguments used in the military journals on the subject of army medical officers' grievances. The *United Service Gazette* intimates that the present medical Director-General is not to blame for the present state of things; that, in fact, he is doing all he possibly can for the rights and interests of his professional brethren; that it is possible that the supreme authorities might be found to yield in the matters of pay, promotion, and retirement, but that they will not yield the points of relative rank and the courts of inquiry question, which had been settled in our favour by the Warrant of 1858, and afterwards withdrawn; that immense numbers of highly qualified surgeons from all parts are coming forward in answer to the demand made by Dr. Gibson for civilian medical officers; that, consequently, the profession had better be content with a modicum of what they now demand, leaving the questions of relative rank and precedence for future adjustment; that the number of vacancies is exaggerated, and only due to the accidents of the time; and that crowds of young men from Edinburgh, and still more from Dublin, are preparing to compete for the appointments into the military medical service.

The *Army and Navy Gazette* remarks upon the *curious social problem* presented to us, of a large number of valuable appointments now going a begging; there being two hundred vacancies for posts whose value rises from £230 up to £500 and even to £800, and perhaps to double that amount in India, with a prospect of good retiring pensions, etc. The editor says that the withdrawal of the concessions of relative rank, precedence in courts, etc., by the Warrant of 1858, can have nothing to do with the matter; that it is too much to believe that young medical men can be actuated by "sympathetic sensitiveness" with the supposed wrongs of the service to such a degree that they would deny themselves the advantages offered to them with so liberal a hand. But he does not attempt to solve this curious social problem—not even in the easy way attempted by Lord Hartington, who also says that petty questions of rank, etc., can have no deterring influence on young surgeons; that the cause of the dearth of candidates is to be found in the advantages held out by private companies, steam-boat, mining, colonial, etc.

We need hardly say that we differ in opinion from these writers, who are determined, in a purely military spirit, to ignore all the real grievances which are brought to their notice by their correspondents. They ignore the honourable sentiments of a large class of medical graduates, and threaten us with a swamping of the department, by means of the appeals made to the merely mercenary sentiments of other graduates, to the great discredit of the War Office and of the army medical authorities. The correspondence in the columns of these military journals shows that they do not understand the real grievances of the medical officers. There is, it is true, a widespread discontent on such questions as the branding of deserters and the fines on the rejection of recruits, as also on the disputed questions of rank and precedence; but it is not these alone which cause the well-bred and well-educated medical graduate to avoid the army. The paramount cause is the profound distrust the medical profession have in the intentions of the War Office, the Horse Guards, and the medical Director-General. When we see that the authorities do their utmost to deprive the doctors of all the advantages which a previous administration has been compelled to grant to us under circumstances of emergency, how could we advise our young medical friends to attempt the hopeless task of giving and gaining satisfaction in a service in which we verily believe that the *pur sang militaire*—in common parlance, the Horse Guards—would always be pleased to place them as much as possible in the condition of camp-followers? We cannot concede the point of the degradation of rank, from which army medical officers are now suffering. Rank, with its concomitants, honour and consideration, are everything in the public services.

IRIDECTOMY.

We have purposely avoided, and for very obvious reasons, attempting any analysis of the important observations made by various writers in this Journal on the subject of iridectomy. We brought the subject forward solely on public grounds, and because, as far as we could judge, there was a feeling amongst many members of the profession that the operation was either too extensively practised by some surgeons, or too frequently neglected by others. Naturally enough, there also arose in the minds of surgeons—not specially occupied with eye-diseases—a degree of surprise that neither the original proposer of the operation, nor any of his followers, had offered a satisfactory *rationale* of its action. But it would be absurd to reject a surgical operation on this score, if experience demonstrated its merits; and it must be now admitted that the general assent of eye-surgeons to the operation certainly gives to it all the value which attaches to such experience. The difference of opinion which now exists amongst eye-surgeons touching iridectomy appears to be in the matter of its application; and, in this respect, there certainly still exists much want of agreement. Some ophthalmic surgeons, and, amongst others, Mr. Bowman, recommend the operation of iridectomy in cases which embrace a wide field of pathological conditions. Others, again, regard iridectomy as valuable only in the special, acute, and comparatively rare form of sudden glaucomatous inflammation—a position assumed, for example, by Mr. Dixon. Some surgeons there are, again, who cannot recognise the morbid conditions of the eye for which the operation is proposed and practised, and who, therefore, reject it altogether.

Thus, as far as we can read the history before us, the exact position of the case is this: the majority of ophthalmic surgeons accept iridectomy as a good and an established operation; but some hold its right application to be of a more restricted character than others do.

SANITARY STATISTICS.

Numerous cases continually show the necessity of a due controlling of statistics. Margate, according to the Registrar-General, was one of the most unhealthy sea-towns in England. The unsatisfactory statistics roused the inhabitants to action. The Mayor convened a meeting of medical men to investigate the matter; and the investigation shows that Margate, so far from being unhealthy, is one of the most healthy towns in England.

> "The Registrar's table of mortality for the ten years 1850-60, relating to English watering-places, arrived at the strange fact that Margate showed the highest death-rate of any. The minimum being 15.4, and the average for all England 22.2, in the thousand, it appeared that the figures in the case of Margate were 22.3. The result of investigations, however, showing the monthly mortality of the Margate residents for thirteen years, gives the death-rate at less than 16 in 1,100. Margate, with a stationary population, receives annually an increasing number of visitors, and has become to a certain extent a sanitarium. The Royal Sea-Bathing Infirmary, now the Royal National Hospital, was founded in the year 1792. Within the last twenty years, two other infirmaries have been established, one for children, the other for aged persons. The cottages in the vicinity of the town receive patients from the Wanstead Orphan Asylum, and other invalid children. The mortality must, beyond all doubt, be greatly increased by such influences. Putting this point aside, however, the extraordinary lowness of mortality for a long series of years is sufficient to place the town in a very enviable rank as regards public health."

Dr. Prior has in a like manner pointed out that the high death-rate of Bedford, which statistically appears so striking, is to be placed to the account of the deaths in the lunatic asylums, workhouses, etc., which are concentrated in the town. He has shown that the town of Bedford is, *per se*, a very healthy town.

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The Seventy-sixth Anniversary Dinner of the Society for the Relief of the Widows and Orphans of Medical Men took place at the Albion Tavern on Saturday last; T. A. Stone, Esq., President of the Society, in the chair. About eighty gentlemen were present. The Society, which was until lately under the control of the Friendly Societies' Act, has lately received a Royal Charter of Incorporation—an event which appears to have given great satisfaction, inasmuch as it places the Society on a firmer basis, and removes certain inconveniences and restrictions under which it previously laboured. The annual report issued in March 1864 shows that there were 456 members of the Society; and that forty-six widows and twenty children of deceased members were receiving relief from its funds. During the year 1863, thirty-four new members were elected; nine died; and four withdrew. The amount in relief during the year ending November 1863 amounted to £1929 : 10. The property of the Society, in November, amounted to £47,567 deposited with the Commissioners for the Reduction of the National Debt, and £17,410 in the new Three per Cents. We would recall the attention of the profession in London and the vicinity to an article published in this Journal for May 16th, 1863, in which the objects and advantages of the Society were set forth.

THE Council of the Metropolitan Counties Branch has determined on summoning a special general meeting of the members, to be held at the office of the Royal Medical Benevolent College, 37, Soho Square, on Monday, the 13th instant, for the purpose of taking such steps as may seem advisable in reference to the present condition of the Army Medical Service. It would be premature to point out the precise line of action which will be proposed; but probably it will be similar to that of the Edinburgh College of Physicians, to which we referred last week. We trust that the members of the Branch—one of the largest in the kingdom—will, by their presence, show the interest they take in the important topic to be discussed; and further, that the other Branches, which are now about to hold their annual meetings, will not fail to advocate, by memorials or petitions, or in any other practicable way, the claims of the medical officers of the army. A consentaneous expression of opinion, from various bodies of medical men, cannot surely be without effect in high quarters. We would also venture to suggest that, in this matter, the London College of Physicians and other medical corporations might advantageously follow the example of the Edinburgh College of Physicians, and memorialise the Government upon the subject. It is evident, that the army medical direction is utterly incapable of advising or assisting the Government in the matter.

AT the late trial of La Pommerais, it was asserted by some of the agents of life-assurance companies in Paris, that contracts were not entered into by them with medical men, and that La Pommerais had contracted the assurances in which he was concerned solely through concealing the fact of his being a doctor. The French medical journals have naturally enough taken up this slur thrown upon doctors in general. The theory upon which the resolution is founded, says M. Guérin, is this: 1. That medical men can get behind the scenes, and make unfair use of their knowledge in effecting assurances; and 2. That they are in a position which enables them to readily get rid of—*i. e.*, murder—the individuals whose lives they have assured. M. Jules Guérin, in a long article, rather favours this view of the companies. He says they have had only too much reason to be suspicious. There have been Palmers, and Castaings, and Pommerais; and his conclusion is, that doctors must have nothing whatever to do with contracts of this kind. "It is the duty of all medical men to renounce all kinds of assurance, both on their own and on other people's lives." Doctors must be like Cæsar's wife—without suspicion. *L'Union Médicale*, however, takes a more reasonable view of the case, and does not accept the injury thus thrown upon the profession. He tells us that he doubts if the French offices do actually reject all medical assurances; and believes only this, that the inquiry in the case of the doctor is made especially minute. He defends the profession against the calumny inferred in M. Guérin's assumption. At all events, it is satisfactory for us to know that in England the profession is not under such vile suspicion.

IT is worthy of note, that the whole weekly medical press, with the exception of the *Lancet*, views the admission of reporters to the Medical Council with disfavour and doubts. The *Dublin Medical Press* has the following on the subject.

"We suppose we ought, for the interests of journalism, to congratulate our readers on the admission of reporters to the meetings of the Medical Council; but we do not do so in the interests of the profession. The question was brought before the Council on two former occasions by Dr. Andrew Wood, and was rejected on both occasions by considerable majorities.* At the last meeting, however, Dr. Wood again brought forward the question, and succeeded in carrying his motion *by the casting vote of the Chairman only*. The Medical Council is a Council, and not a Debating Society; and its mission is not declamatory combating, but quiet deliberation; and we fear the effect of the admission of reporters to its sittings will be to substitute talk for work. If this assumption be true, it follows that some of the most valued representatives, who are not possessed of the 'tongue of a ready writer', will rank as silent voters. The change has certainly borne already one remarkable fruit; for the reports of the Council's proceedings have suddenly dilated to a length which will render them quite unreadable to the profession at large. We anticipate evil results from the notoriety which such reports must confer on the speaker; for their tendency will be to lead to the delivery of speeches, not for the purposes of argument, but to create sensation, not for the car of the Council, but of the profession. We find the speech of Dr. Andrew Wood on the admission of reporters interlarded with extravagant laudation of the *Lancet* as the 'leading journal', occupying many columns in the pages of the 'leading journal' itself the same week. If the same course be pursued by other speakers in the Council, we do not hesitate to say that the publicity of its reports, instead of being a boon or a credit to the profession, will vitiate the good which we yet hope from it, and reduce the value of the debates to the level of the political claptrap of the Dublin Corporation."

THE Small-Pox and Vaccination Committee of the Epidemiological Society urge on the Government the necessity of an immediate amendment of the vaccination laws. Abundant evidence, they say, exists of the imperfect working of those laws.

"The medical officer of the Privy Council has represented 'that the laws now in force for the purpose of extirpating small-pox are not likely to accomplish their object'. Three thousand two hundred and forty persons die, on an average, every year in England from small-pox. The very large majority of deaths from small-pox is in young unvaccinated children; but there is, especially at epidemic periods, a considerable mortality among imperfectly vaccinated adults. Mr. Marson has informed the Committee that there were 123 deaths from small-pox last year, in the Small-pox Hospital, in persons who had been vaccinated; but that in only 3 of these had the vaccination been such as all persons ought to receive for their full protection; and that, while the mortality among the unvaccinated was 47 per cent., and among the imperfectly vaccinated 15 per cent., less than 1 per cent of those properly vaccinated died. If, therefore, all were thoroughly well vaccinated in early infancy, small-pox might be nearly banished from our death-registers.

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* The motion was brought forward by Dr. Andrew Wood in 1861, 1862, and 1863. In 1861, it was rejected by 16 votes to 2; in 1862, by 16 to 6; and in 1863, by 12 to 11.

"Amendment in the law is especially required in the following respects: 1. For enabling local authorities to have more complete information as to the vaccination of the children born in their respective localities, by improvement of the registration of vaccination. 2. For enabling local authorities more readily to take proceedings against negligent parents. 3. For empowering local authorities to employ, and of course to remunerate, persons to supervise and make local inquiries into the observance of vaccination in their respective localities. 4. For the establishment of better arrangements for the public performance of vaccination.

"On no subject connected with vaccination is there a more entire concurrence of opinion than on the superior advantages of the performance of vaccination with well-selected lymph direct from arm to arm; and the Committee are of opinion that all arrangements for public vaccination should keep this primarily in view.

"The Committee, looking to the great benefits which have resulted from the Compulsory Vaccination Act even in its imperfect state, would deprecate strongly any extension of the limits of age now allowed by law for the performance of vaccination. It appears to the Committee that the powers now exercised by the Poor-law Board should be transferred to the Privy Council."

In consequence of the death of Mr. Green, there will be three vacancies to be filled up at the next election of Councillors of the College of Surgeons. Mr. Hancock and Mr. Gulliver go out by rotation; but it is understood that they will present themselves for re-election. The names of Mr. Curling and of Mr. Le Gros Clark are also already mentioned as candidates on the occasion. Any of our country Fellows, who may be desirous of the honour of a seat in Council, should bestir themselves betimes.

There is no truth whatever in the statement made by a medical journal, that the regulations of the London College of Physicians are, like the regulations of the Society of Apothecaries and the Royal College of Surgeons, not in accordance with the recommendations of the Medical Council. Its regulations are in the strictest accordance with the recommendations of the Medical Council. So scrupulous, indeed, has the College of Physicians been in this matter, that it last year summoned two special *comitia* for the sole purpose of making (at the suggestion of the Medical Council) a few verbal, not material, alterations in its regulations. The journal referred to in making this statement has exhibited just the same amount of ignorance of the subject, as it did in asserting that the regulations of the Society of Apothecaries were in accordance with the Council's recommendations.

The Professorship of Hygiene to the Royal College of Surgeons of Ireland, formerly, at its establishment, held by Dr. Maunsell, but which had remained vacant since his resignation, has been revived. The reason for this is, the increasing attention which is being paid to sanitary matters in Ireland. On Monday last, the election of a Professor took place. There were two candidates; and the choice fell on Dr. Mapother, Demonstrator of Anatomy in the College, and Surgeon to St. Vincent's Hospital.

The Cottenham Estate at Wimbledon—a beautifully situated property of about twenty-eight acres—has been purchased by the Governors of St. George's Hospital for the site of their Convalescent Hospital. The purchase-money was, we believe, £17,000.

The German journals announce the death of Heinrich Müller, Professor of Medicine at Würzburg. He was cut off by erysipelas. Also died, on May 13th, at Göttingen, Rudolph Wagner, the well known physiologist.

In a late discussion at the Parisian Surgical Society, on amputations, M. Broca observed that statistics proved little or nothing in the matter. Amputations made in Paris and in the provinces were followed by very different results. In the provinces, amputation of the thigh generally succeeds; but in Parisian hospitals, it is an operation of extreme danger, death being the rule and recovery from it the exception. Statistics, according to M. Broca, show that the mortality in Paris hospitals after amputation of the thigh for injuries is 100 per cent.! Trélat makes it 83 per 100 cases.

A Dr. Mailloux, first physician to the King or Queen of the Malgaches, informs the Academy of Medicine that he has discovered a remedy for cholera. The disease, he says, acts on the body like hydrocyanic acid, and he saves the afflicted by subjecting them to nitric acid fumigations.

In 1599, Henri Quatre had no fewer than sixty-five medical men of different kinds to take care of his health; viz., a head physician; an ordinary physician; eight district physicians; fifteen consulting-physicians; a doctor to superintend distillations; four apothecaries; a distilling apothecary; a head surgeon; a surgeon in ordinary; eight district surgeons; nine other surgeons; two bone-setters; one operator for the stone; an oculist; and a head barber, assisted by eight district barbers. In this list are not included the doctors in the service of Marguérite de Valois, and of Marie de Medicis.

There is an old German proverb which says: "Physicians purge the body; theologians the conscience; and lawyers the purse."

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary.*
13, Newhall Street, Birmingham, May 10th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Midland. [Quarterly.]	Matlock.	Saturday, June 4th, 2 p.m.
Metropol. Counties. [Special General.]	37, Soho Square.	Monday, June 13, 4 p.m.
East Anglian. [Annual.]	General Hospital, Bury St. Edmund's.	Friday, June 17th, 2 p.m.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 17th, 3.30 p.m.
South Midland. [Annual.]	Woburn.	Thurs., June 23, 1 p.m.
Lancash. & Cheshire. [Annual.]	Town Hall, Lancaster.	Wednesday, June 29th, 12 noon.
North Wales. [Annual.]	Black Lion Hotel, Mold.	Tuesday, July 5, 1.30 p.m.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Wednesday, July 6, 2.30 p.m.

METROPOLITAN COUNTIES BRANCH.

A Special General Meeting of the Metropolitan Counties Branch will be holden at 37, Soho Square, on Monday, June 13th, at 4 p.m.:

To consider the present position of the Army Medical Service, and to take such steps in the matter as may seem advisable.

A. P. Stewart, M.D.
Alexander Henry, M.D. } *Hon. Secretaries.*

N.B. Members of the Association in London and the neighbourhood, who may be desirous of expressing their opinions in regard to army medical matters, but have not yet joined the Metropolitan Counties Branch, may be admitted to membership on application, in writing, to either of the Honorary Secretaries, Dr. Stewart, 74, Grosvenor Street, W., or Dr. Henry, 15, George Street, Portman Square, W.

SOUTH MIDLAND BRANCH.

The Annual Meeting of the South Midland Branch will be held at Woburn on Thursday, the 23rd of June, at 1 p.m.; H. Veasey, Esq., President.

Gentlemen intending to read papers or cases are requested to forward the titles of same to Dr. Bryan, Northampton, not later than the 9th of June.

John M. Bryan, M.D., *Secretary.*

LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-eighth Annual Meeting of this Branch will be held in the Town Hall, Lancaster, on Wednesday, June 29th, at Twelve o'clock, noon: E. D. De Vitré, M.D., President.

Gentlemen intending to read papers are requested to transmit the titles of the same to the Honorary Secretary, Dr. Wm. Roberts, Chatham Street, Manchester, not later than June 16th.

William Roberts, M.D., *Hon. Sec.*

Special Correspondence.

EDINBURGH.

[FROM OUR OWN CORRESPONDENT.]

It is worthy of remark that, in spite of the large and, as many hold, excessive number of classes which medical students are obliged to attend, so many are to be found ready, nay anxious, to seize every additional opportunity of instructing themselves, and quite willing to devote their few leisure summer hours to lectures, attendance on which is purely voluntary. These reflections are forced upon one by a perusal of the list of lectures which the different teachers in our extra-academical school are delivering this summer. Besides the Botany class, which can only be attended in summer; the Natural History lectures, which all prefer attending in the less busy months; and the hospital, which good students always attend—time seems to be found for lectures on the History of Medicine, Morbid Anatomy, Operative Surgery, Diseases of the Eye, etc. Whether students be wise or not in thus overburdening their brains with knowledge which may not be considered strictly essential, it, at least, is a sufficient evidence of the zeal, devotion, and energy, which actuates the students of our Edinburgh school.

During the summer months comparatively few lectures are delivered in the University. The literary classes are only held during the winter session, and so the harder worked medical students are left in quiet possession of the Quadrangle, and the reading-room, where they may now, at least, read in comparative tranquillity, undisturbed by the loud construing of Latin and Greek authors, to which the very young students of the junior humanity class are so much addicted. If the literary department make so little use of the summer months, I cannot, fortunately, say the same of the medical. The dissecting-rooms here continue opened now as in winter; and, as bodies are comparatively more plentiful, good students profit by the opportunity, not only of dissecting, but of getting through a little operative surgery; for Professor Goodsir generally arranges that a course of the kind shall be conducted by one of the demonstrators. In addition, Mr. Turner has an admirable summer course of demonstrations on Regional Anatomy. Professor Goodsir has been in the habit, almost every year, of giving lectures on some branch of Comparative Anatomy. This year, he is not doing so; nor could he be expected to do so, as the precarious state of his health requires the exercise of the utmost vigilance, in order to enable him to get through his arduous winter's work.

Botany flourishes as well as ever in Edinburgh, as any one may convince himself by walking down Inverleith Row at about a quarter to eight in the morning, and seeing the stream of students making their way to the Botanical Gardens; for Professor Balfour is as early a riser as he is an enthusiastic botanist, and seems to think that a morning walk in fine summer weather will give a charm to the hardest natural orders. It were well if the course of study in all departments were as thorough and as practical as it is in botany. Besides the daily lectures and demonstrations in the gardens, the Professor conducts excursions into the country every Saturday during the summer session; and so every student of the class has the opportunity of getting up the details of a science, which might otherwise appear dry and uninteresting, at the same time that he visits the beautiful scenery which lies within a radius of thirty or forty miles of our beautifully situated city. Our natural history students follow the example, although to a less extent, of their botanical friends, and spend together some pleasant days dredging in a little steamer about the Firth of Forth, enjoying, at the same time, the zoological treasures which they are securing, the beautiful scenery, and the delightful sail.

All who have been students in Edinburgh will recal with pleasure and satisfaction these excursions, so pleasant and instructive, so calculated to inspire the student with a love for science, and, moreover, so well fitted to bring men into contact with one another; and to supply, to a certain extent, the gap which exists in our northern university system in the social relations of the student.

But, besides the studies which I have mentioned, and which are more particularly followed out by the junior students, the seniors are not neglected; for we have lectures on Medical Jurisprudence, which, by the bye, Professor Maclagan is making as practical as possible, and a course of Medical Psychology, which Dr. Laycock conducts; and instruction in Practical Histology in the physiological laboratory of Professor Bennett; and to all this *embarras des richesses,* I must add the clinical lectures in the Royal Infirmary. To Professor Syme's lectures, I shall not to-day refer, with the exception of saying that a full audience continues to testify to the value of his admirable instructions; nor to the extra-academical clinical classes, which are well filled, and very well conducted. I shall more particularly confine my attention for the moment to the University class of Clinical Medicine.

I was sorry to inform you, some months ago, that Professor Bennett had, in consequence of illness, been obliged to leave Edinburgh for some time. After a residence of a few months in the South of Italy, Dr. Bennett has returned, his health having, I believe, been restored by the change; and on May 2nd, he resumed his duties as clinical professor. In doing so, he took the opportunity of giving his opinion on the subject which has of late attracted so much attention, the *quæstio vexata* of medical education. Dr. Bennett insisted that the great evil in the medical education of the present day did not consist in students being too much lectured to, but in the lectures being often delivered by incompetent persons. Dr. Bennett drew a strong picture of the superficial knowledge of those who occupy, in many instances, the position of teachers; and recommended that the qualifications of teachers for their task should be tested by a stringent examination. But if Dr. Bennett were severe on the lecturers, he was no less so on the examiners of our medical boards. On this subject, Professor Bennett alluded to the examining boards of our own University. Up to a very recent period, the professors were the only examiners in the University; each professor had the power of rejecting or approving candidates in his own department. When the University Commissioners inquired into the condition of the University, and drew up regulations for its future government, assessors were appointed, as gentlemen were called whose duty it was to examine in connection with the professors. A very moderate salary was set aside for the payment of these gentlemen, who, in the opinion of all, have a very delicate and important duty. But, in his condemnation of examiners who do not happen to be professors, Dr. Bennett included these gentlemen. "In Edinburgh," Dr. Bennett affirmed, "there are certain parties who allege that all teachers are too lenient to their own pupils. They have had sufficient influence to cause a portion of the limited sum granted to the Scotch Universities to be set aside for the payment of what are called assessors. It has been sufficiently shown that these gentlemen, for all the purposes of a true examination, are unnecessary; and that, so far from acting as guards for the public against incompetent practitioners, they are more indulgent to the students than the professors themselves." Dr. Bennett appeared to ignore one great function of the assessors. He appeared to forget that some examiners are, like other men, subject to prejudices, caprices, and vicissitudes of temper; that the student who to-day is complimented for a brilliant examination, might, perchance, were he to go up to-morrow, figure with a *vix satis bene;* that, indeed, the success of the candidate depends, in some cases, almost as much on the examiner's manner and treatment, as upon his actual knowledge. It is, undoubtedly, as important a duty of the assessors to see that the student is fairly examined, as it is to protect the public against incompetent practitioners.

This is, I can assure you, the opinion of the students of Edinburgh at the present time; and that it will continue to be so, is most likely; as long, at any rate, as there are professors in the University who condemn in general, still not less decided, terms the extra-academical school, and show a manifest dislike and disrespect to everything connected with it, so long will the students of Edinburgh continue to demand, in justice, the presence of assessors at the University Board.

The case of amputation at the shoulder-joint for aneurism of the subclavian artery, to which I referred in my last communication, is progressing admirably. The case is under the care of Mr. Spence. The aneurism was situated in the whole course of the artery on the right side; and the only plans of treatment which could have been followed, consisted in tying the innominate, or amputating at the shoulder-joint. Mr. Spence had recourse to the latter expedient. He tied the artery in two places, at some distance, however, from the seat of the aneurism. The patient has progressed very favourably since the operation; the aneurism is becoming smaller and smaller; and there is little room for doubting the favourable issue of the case.

At the last meeting of the Medico-Chirurgical Society, Dr. Thomas Keith, in showing a specimen of ovarian cyst, stated that he had performed ovariotomy fourteen times, and that ten of the patients had recovered.

Reports of Societies.

LIVERPOOL MEDICAL INSTITUTION.

April 29th, 1864.

James Vose, M.D., Vice-President, in the Chair.

GENERAL BUSINESS.

The Secretary's Report was read, from which it appeared that the attendance of members had been rather less than during the previous session. There had been a good supply of pathological specimens.

The British Medical Journal. After a vote of thanks to the Secretary, it was moved by Mr. Hakes, seconded by Dr. Stookes, and resolved:

"That the best thanks of this meeting be forwarded to the Editor of the British Medical Journal, Dr. Markham, for his kindness in inserting in that Journal the reports of the meetings during this session."

PATHOLOGICAL DEPARTMENT.

Absence of the Anterior Wall of the Bladder. Dr. Barrett shewed the bladder, kidneys, and portion of bowel from a child in whom the anterior wall of the bladder was wanting, whilst the rectum opened into the posterior wall. The os pubis was wanting and the sexual organs. The orifices of the ureters were seen on each side of the opening of the rectum. Not much care was taken of the child by its parents, and it died in thirty-six hours. Mr. Hakes said there is now a man, aged 30, at the workhouse, the anterior wall of whose bladder is wanting, and Mr. Fletcher is trying to make a canal between the ureters and the rectum.

Specimens. Dr. Nottingham shewed the following specimens, viz.: a Tumour removed from the Face; a Large Cyst surrounded by apparently Malignant Disease; two specimens of Disease of the Knee, for which Resection had been performed.

Mr. Lowndes said Dr. Nottingham had shewn several interesting specimens of disease of the knee during the session; he would be glad to hear the general results Dr. Nottingham had met with in his resections.

Dr. Nottingham said this reminded him that he met a boy to day walking whose hip he had excised. In that case he had used no apparatus whatever after the operation. With regard to the knee-joint, in thirteen cases of resection he had had, he believed, two deaths, one sixteen months after the operation, the other after amputation had been resorted to. One boy went out labouring under abdominal complications, and he did not know the result. One young woman had still some weakness left requiring support. All the rest, he believed, were able to walk about. In the operation he found hæmorrhage from the bone sometimes troublesome; he found the application of pads dipped in tincture of sesquichloride of iron useful.

In answer to Mr. Hakes, Dr. Nottingham said he believed firm bony ankylosis resulted in some cases. In Mr. Park's original remarks on the subject almost everything of value in regard to this operation is to be found.

Cases of Trephining. Mr. Higginson related two cases in which he had performed this operation at the Southern Hospital. In the first case, a boy was admitted with fracture of the radius and compound fracture of the skull; a portion of the parietal bone was depressed, and was raised into position by removing a portion with a small trephine. A good deal of blood escaped. The boy lay for six days comatose and unable to swallow; food was administered per anum. He had incontinence of urine and fæces, and much excoriation, and sank and died. In the other case, a man aged 47, was knocked down by a spoke of a wheel. He walked to the hospital, and then was seized with convulsive fits. Mr. Higginson raised a portion of the frontal bone that was depressed, by cutting off a corner of the fractured portion; air passed through from the frontal sinus. The fracture was found to extend into the orbit. The patient became quite conscious, but inflammation came on, and he died in thirty hours. The fracture was found to extend completely through the æthmoid bone; small bits of bone had been set up edgeways, and intense inflammation of the arachnoid had taken place. A complete false membrane had formed over the anterior parts of the brain, and there was much seropurulent fluid. The operation gave great relief for a time.

Case of Hydrophobia. In Dr. Cameron's absence, the Secretary read notes of a case of hydrophobia taken by Mr. C. Evans, the Junior House-Surgeon at the Southern Hospital. The patient was under Dr. Cameron's care.

This case will be reported in full. Some discussion followed, in which the Chairman, Dr. Barrett, Dr. Balman, Dr. Nottingham, Mr. Hakes, and Mr. Higginson took part.

Lady-Doctors. But, then, are the lady-doctors to marry? and if they marry, are they to go on with their calling? We presume that they, and all their admirers, and all the believers in the mission of women would reply that the best thing they can do is to marry, if they only marry tolerably well. But, after they are married, are they to go on visiting and receiving patients? We can easily answer this question if we look at occupations in which women have been accustomed to gain their bread with more or less success. An actress, an artist, a schoolmistress, goes on with her trade if she is obliged to do so, or if the circumstances of her household give her abundant leisure; but if she has a family to attend, and if she has a husband who provides for her, she will attend to her family, spend her husband's money and abandon her business. We may be sure that lady-doctors would do just the same. They would marry if they could marry with satisfaction, and then, if they could afford it, they would leave off doctoring and stick to ordering dinners and watching the babies. The object, therefore, of a lady-doctor is to be able to leave her profession at an early age; and this constitutes a profound difference between her and her male rivals. She can have very little professional ardour if she views her profession as an arrangement which, if things go well, she may hope soon to get rid of, while the male doctor hopes to go on increasing in knowledge, and with a deeper hold upon science, in every year of active life. (*Saturday Review.*)

Correspondence.

IRIDECTOMY.

Sir,—We, the undersigned, are anxious to take the earliest opportunity of publicly supporting the opinions expressed in Mr. Bowman's letter of the 14th inst., on the subject of a supposed abuse of iridectomy in glaucoma. The charges impute recklessness, ignorance, and bad motives, in the performance of this operation. If, as we fully believe, they are utterly groundless, it is important that they should be met and refuted, as they tend to injure the cause of science, and lower the tone of the profession.

We beg, therefore, to state that, in the course of our experience, we have not met with anything to justify them in the slightest degree. We have no reason to doubt that those who have practised iridectomy in glaucoma have done so in a scientific and honourable spirit, with a sufficient knowledge of what they were engaged upon, and with a humane regard to their patients' welfare.

We, therefore, extremely regret that any such imputations should have been at any time thrown out through misapprehension of what has actually taken place, and, still more, that they should have been lately repeated in stronger terms and with greater harshness than before.

We believe the character of our profession to have been entirely unsullied by any such acts or motives.

We are, etc.,
George Critchett,
John Couper,
George Lawson,
Charles Bader,
J. W. Hulke,
J. Soelberg Wells,
E. C. Hulme,
J. C. Wordsworth,
R. B. Carter (Stroud),
D. Argyll Robertson (Edinburgh),
Thomas Windsor (Manchester),
J. G. Hildige (Dublin).
T. Pridgin Teale, jun. (Leeds),

Sir,—We trust we were justified, as the immediate colleagues of Mr. Dixon at Moorfields, and as jointly interested with him in the reputation of our hospital, in addressing ourselves to him privately in the correspondence from which he has given extracts in your Journal of last week. We inclose the whole for your information, and for publication, if you think fit. The letters marked C and D, however, seem sufficient to explain our views and those of our colleague Mr. Dixon. We are, etc.,

Geo. Critchett,
William Bowman,
John C. Wordsworth.

Royal London Ophthalmic Hospital, Moorfields, May 31st, 1864.

[The following are letters C and D, above referred to.]

C.

"Moorfields Hospital, February 5th, 1864.

"Dear Dixon,—We have received your letter of the 29th ult.; and, in accordance with your request, we have shown it to our junior colleagues. Notwithstanding your indignant protest, and the surprise you express at our presumed inconsequent deductions, we still feel that your sweeping imputations, containing charges of gross moral delinquency on the part of practitioners whose names are not specified, must naturally, under the circumstances, be understood as including the staff at Moorfields. In point of fact, we have reason to know that this has been the impression left upon the minds of many. It is satisfactory to find that you have, in private communications addressed to our junior colleagues, exonerated them from all participation in your censures; but we must remind you that private letters do not remove the unfavourable impression created by public statements, and that the limitation of your disavowal to a part of the surgical staff seems to leave an invidious reflection on others which we cannot suppose you intend. We are far from wishing you to contradict any statements you have made, unless, by further inquiry, you should convince yourself that they have been made in error; all we suggest is, that, having published severe censures, which, if left unexplained, are calculated, as your colleagues think, to inquire them most unjustly, and which have caused them pain, you would give to them collectively a public as well as private assurance that such statements are not intended, either directly or indirectly, to apply to them, or to cast a shade upon the reputation of the Moorfields Hospital.

"We may add, in conclusion, and as an additional reason for thus urging this matter upon you, that your position as senior surgeon of our hospital necessarily lends weight to any statement you may put forth, especially on such a subject. The verdict you originally pronounced against iridectomy, which your tardy and partial recognition of its value at the present time has but feebly modified, gives to the opposition it has since encountered much of its force and authority; and the assertions, which in your recent letters you continue to make, that the operation of iridectomy has been, and still is, grossly abused, give a sanction to uncharitable remarks that may be uttered in reference to all those who practise iridectomy, which, inasmuch as your colleagues are all included under that head, we feel sure you would regret.

"We remain very truly yours,
"G. Critchett,
W. Bowman,
John C. Wordsworth."

D.

"2, Portman Square, February 8th, 1864.

"Dear Critchett,—I have received your letter dated Feb. 5th, in which you suggest that, 'having published severe censures, which, if left unexplained, are calculated, as my colleagues think, to injure them most unjustly, and which have caused them pain, I should give to them collectively a public as well as a private assurance that such statements were not intended, either directly or indirectly, to apply to them, or to cast a shade upon the reputation of the Moorfields Hospital.' Such an 'assurance', I maintain, you have not the slightest right to demand. All I have written on the operation of iridectomy has been written publicly, and on public grounds; and I utterly repudiate the right of you, Mr. Bowman, and Mr. Wordsworth to give a personal turn to statements which I have published to the world on broad and general principles. Neither you nor any other individuals are entitled, in reply to such published surgical statements, to ask me, 'Do you mean your remarks to apply to us?'

"If the operation of iridectomy had been performed only at one place and by one person, the case might be different. Such a person might fairly say: 'Your censures must apply to me, and to me alone.' But iridectomy has been performed all over the kingdom—nay, all over the civilised world; and for me to publish a series of disavowals, as to my remarks applying to this or that hospital, or to this or that surgeon, would be to make myself contemptible in the eyes of the profession.

"I hope this very unpleasant correspondence, which has been forced upon me, may now close; but, should you persist in what I must regard as unreasonable demands, I must beg that such a public matter may be publicly judged, by the printing, in one of the medical journals, of all the letters that have passed between us. "Yours faithfully,

"To Geo. Critchett, Esq." "James Dixon.

TYPES OF FEVER AND BLOOD-LETTING.

Letter from W. Allison, Esq.

Sir,—In reference to fevers, I presume that, with respect to changes of type, "there is nothing new under the sun", though many things may be new to the peoples of different generations: moreover, that, as epidemic fevers and inflammations have fluctuated from the extreme of violence to the extreme of mildness during the space of 1864 years, for anything we know to the contrary, so they may continue to do in the future.

Writing from tradition handed down through medical men, and from my own memory, without any theory to support, I would state the following facts.

At the end of the eighteenth and the beginning of the nineteenth centuries, the types of fever in this locality were very low, requiring stimuli, wine, and good nourishment; but had risen again in 1812, when bleedings had become necessary, and when the stimulating plan was generally abandoned.

Speaking simply of facts as they occurred, I well remember hearing, in 1814, when I was a pupil, from a medical gentleman in London, that the late Dr. Babington's practice was reported by the dressers at Guy's and St. Thomas's Hospitals to be much more successful, especially in chest-affections, than that of some other physicians, in consequence of the bleedings to which he resorted. In the practice of the gentleman to whom I was articled, as well as in that of another gentleman with whom I lived as assistant in 1817 and 1818, I recollect the relief afforded by bleedings in cases of labouring pulse with threatened apoplexy, when the patients had drowsy headaches, with inability to stoop down or to turn round without swimming and giddiness in the head; when they had burning, irritable rashes on the skin, and other states of high energy, with overdistended blood-vessels, especially about the eyes. It may not be irrelevant to the questions before us to observe that, in cases of concussion of the brain with a depressed pulse, if we waited for reaction and for the pulse becoming too full before we bled, one or two abstractions of blood sufficed; but, if we bled before reaction was well established, the pulse rose suddenly and went on at a great rate, and four or five bleedings were required to bring it to its natural state.

In 1819, there was an ebb of the tide of feverishness. The subjects of an epidemic in this neighbourhood had a pulse, if firm, under 50, or, if feeble, above 100, lasting three, four, six, or eight weeks. They were treated by some medical men on a stimulating plan—bark and nitric acid; by others, on a moderate plan—Mindererus's spirit, sweet spirit of nitre, and camphor julep; by others, again, with tartarised antimony and digitalis. The fever exhausted the strength, so that some subjects of it soon required a bottle or a bottle and a half of wine during twenty-four hours. As usual, each plan of treatment appeared to be equally successful or otherwise.

After this ebbing, the tide again rose until the year 1822, when fevers became very high; that is, vascular action was unusually energetic, quick, and strong, and often accompanied by severe organic or local inflammation. In most cases, the fever was preceded by a rigor, and succeeded by excessive perspiration, purging, fainting, or extreme enervation—by a crisis so well marked, that we knew precisely when the fever began and when it ended; which is more than we can tell in the present day. In the beginning of 1822, the treatment of fevers, as before 1819, began with a bleeding, an emetic, a calomel and saline purge, succeeded by nauseating doses of tartarised antimony, to avoid inflammatory action.

In June 1822—a year of the most violent inflammatory action I ever saw before or since—we bled *heroically*. But, before giving a statement of quantities from my notes, I will premise that, in those days, blood was not weighed. A pint basin was placed upon a large plate, so that it might be filled to overflowing, and that quantity was considered to be twenty ounces. Each bleeding was increased in quantity and repeated in frequency, for inflammation of the lungs, according to the amount of pain, the full bounding of the pulse, the difficulty of breathing, the cupped appearance of the blood last abstracted, the redness of the crassamentum, the thickness and toughness of it, as well as of the yellow substance on its surface (which substance, in the form of cup, was called coagulable lymph), together with the depth of the cup. These appearances led to a further abstraction of blood. We had two or three cups upon a plate, also; and caught the stream of blood in them, when it did not run down the skin of the arm, as it might best show the crassamentum. I may just remark that, in rheumatic subjects, the blood is generally sizy; *i. e.*, the crassamentum is usually yellow and tough on its surface, and somewhat cupped; but not so as to indicate further bleeding.

The first bleeding was continued until the patient fainted. We afterwards judged, not by the quantity abstracted, but by the effect produced, as to the extent of the next bleeding. To occasion faintness, a large opening was made in a large vein; to procure a large quantity of blood, a smaller opening.

After the first bleeding, from five to ten grains of calomel were given, to be succeeded by a mixture for two doses, containing one ounce of Glauber's salt, two grains of tartarised antimony, and two ounces of water. After the second bleeding, a blister was applied also, occasionally a sinapism. Small and frequently repeated doses of calomel, antimony, and opium were administered, hoping to produce salivation. I never saw a man die from inflammation of the lungs with a mouth sore from mercury.

A few memorandums of the most extensive bleedings for inflammations of the lungs, during the summer of 1822, will show the plan then adopted.

Anson, June 5th, lost 20 oz.; 7th, 20 oz.; 17th, after a fresh cold, 27 oz.; amounting to 67 oz. in twelve days. Recovered.

Hurst, June 13th, was bled to 18 oz. (fainted); 14th, from a smaller stream, 35 oz.; 15th, 25 oz.; amounting to 78 oz. in three days. Recovered.

Barker had suffered from chronic liver-disease. June 14th, he was bled to 18 oz.; 15th, 30 oz.; 17th, 12 oz.; 18th, 25 oz.; 19th, 20 oz.; 20th, 16 oz.; amounting to 121 oz. in seven days. Died of pneumonia.

Booth, June 14th, was bled to 30 oz.; 16th, 30 oz.; 18th, 30 oz.; 19th, 14 oz.; amounting to 104 oz. in four days. Recovered.

Nettleship was bled to 95 oz. in three days. Recovered.

Simpson lost 81 oz. in three days. Recovered.

Chambers, June 15th, bled to 30 oz.; 16th, 30 oz.;

18th, 30 oz.; 19th, 14 oz.; amounting to 104 oz. in four days. Recovered.

Newstead, a free drinker of ale, lost 210 oz. in six days. He died, not from exhaustion, but from unsubdued inflammation, neglected in the commencement.

Local bleedings occasioned a loss of time, and led to larger bleedings from the arm on the following day.

What I actually see, where there cannot be optical delusion, I believe; and it is my firm conviction, from the evidence of my own senses, that, if the subjects of the foregoing cases, who recovered, had lost a less amount of blood respectively than the quantities withdrawn, they would have died; because similar subjects, under like circumstances, not bled to the same extent, did die of inflammation. Those, whose inflammations were subdued by the copious bleedings specified, recovered and lived many years in the enjoyment of good health, and with their wonted strength for daily work as agricultural labourers. Occasionally I saw swollen ankles for a week or ten days, from which swellings, and from all other consequences of bleeding, they recovered entirely within twenty-eight days; excepting that they had not then regained their usual tone and strength, from the enervation and debility which their illnesses and the necessary treatment of them had occasioned.

Since 1822 I have not seen such violent vascular action, nor blood fly so far from a vein. If the blood were then allowed to spirt out over the bed, it would go to the top of, or the opposite of, the room. I learned to place the arm so that, when the vein was opened, the blood should jet out into the basin.

In 1824, I removed from a large village to a neighbouring market-town in a damp valley. Since that time, cupping or leeches, with general treatment, have been sufficient for removing local congestion in blood-vessels; though occasionally, especially in the surrounding villages, one general bleeding has been necessary.

In the year 1832, we had our first visitation of Asiatic cholera. In 1840 to 1842 (I think) we were surprised by a very enervating variety of influenza, which became general. During its continuance, though more particularly on its first appearance, the subjects of it could scarcely raise their heads from their pillows without fainting.

In the half-century from 1814 to 1864, I have seen many different phases of fever and inflammation; and even now, during one season, *might* see the difference of type in the fevers of erysipelas, measles, scarlet fever, etc., by first visiting dirty people in low, damp, confined, dark, and overcrowded streets in large towns; and then cleanly country people on dry, hilly districts, where the air is pure, light, sunny, and dry.

It is possible that a combination of causes in a locality occasion a type of fever, as well as general atmospheric influences; and produce a variety of inflammatory affections, active and weakly; acute and sloughing sore throats, boils, etc., requiring very different treatment.

The bygone inflammatory bilious fever was of a very different type from that of the gastric fever of the present day. I forget when George the Fourth had his inflammatory attack (I think, when Regent). After repeated bleedings for inflammation of the lungs, his physicians would not allow him to lose any more blood; so he sent for a surgeon, who twice more bled him freely before inflammation was subdued. His Majesty afterwards suffered from dropsy. A question arises: Without the last two bleedings, would he have lived to become dropsical? After such-like inflammatory action as we have seen during the last twenty or thirty years, it might be thought that he would have had a better recovery without the last two bleedings. However that might be, his illness required very different treatment from that which destroyed the life of the late Prince Consort.

It is not possible to name a plan of treatment for the future—for all medical men to act upon invariably, at all times, in all localities, for the same kind of affection. It is very probable that we shall all have to adopt different plans, according to circumstances; for what has once occurred may be again seen at a future time—types of fever may continue to vary in this climate.

What would be more scientific or better in practice, during all ages, than to adapt treatment to the type of a fever, or to the violence and degree of inflammatory action? I am, etc., W. Allison.

May 11th, 1864.

Letter from John R. Wardell, M.D.

Sir,—I have read Dr. Markham's admirable papers on Blood-letting with the greatest interest, and I feel persuaded that he has done signal service to practical medicine, by so forcibly advocating the readoption of the rational use of an important remedy which, till our own, has had the sanction of all ages, and of the greatest minds which have been devoted to the treatment of disease. I read a paper on this subject at the Royal Medical Society of Edinburgh more than twenty years ago; and from then, until now, I have employed blood-letting in properly selected cases. I have ever maintained, amongst my professional friends, its all-important benefits in some instances.

There always have been, and for ever will be, fashions in physic as well as in other things. The minds of men are prone to run into extremes. Then comes the reaction. I firmly believe that the notion of the "asthenic phase" is only maintained at a continuous loss of human life. The prejudice against the lancet has become so fixed, that the vast majority of practitioners will not bleed, even to relieve the sudden oppression of vital organs. I wish, however, to speak of two cases, all the circumstances of which I know thoroughly.

B. was an inn-keeper, a pale, thin, emaciated person, who had repeatedly had violent attacks of delirium tremens. After a debauch, he again became delirious; and, on this occasion, his symptoms were more strongly pronounced and of graver form than ever. Large opiates were tried; but in vain—nothing would induce sleep. An old physician of the town was called in, who was a very Sangrado, and who bled in all forms of disease—in fine, who believed in nothing save the lancet. He felt the patient's pulse, which was neither hard nor of large volume. The practitioner in attendance, pointed at the moist tongue, the moist skin, the utter danger of opening a vein. These fears were lost upon the mind of the physician. Sixteen ounces of blood were at once taken. The patient did not fall into a fatal syncope, but into a long and tranquil sleep, from which he awoke comparatively well. This occurred fifteen years ago. The man is now alive and well.

C., a drunken butcher, of pale, flabby appearance, had repeatedly had delirium tremens. An attack came on; the general practitioner was summoned. Large doses of opium and morphia were given; but to no avail. He was long sleepless, and the "busy restlessness" began to produce alarming symptoms. The same physician was called in consultation. Although the skin was relaxed, the tongue moist, and the pulse soft, he recommended venesection. Fifteen or sixteen ounces were drawn from the arm. The patient immediately fell into a long and refreshing sleep, and at once recovered. He lived ten years after this, and died of some other disease.

Just at that time, a gentleman, of powerful frame, about 30 years of age, was attacked with the same disease. He was not bled, but treated with morphia. Effusion came on, and he died. I do not say that he would have lived had he too been bled; but the public in that town compared notes very greatly in favour of the lancet.

I remember a ploughman (aged perhaps 25) bled to approaching syncope seventeen times in three weeks for pleuropneumonia. He recovered perfectly.

When I was the late Professor Graham's clinical clerk at Edinburgh, I repeatedly heard him give a fine example of heroic bleeding. A man was admitted who had hepatic congestion. Dr. Graham said to his then clinical clerk, "Bleed this man in the erect position to approaching syncope." The clerk obeyed orders; and it was not until more than seventy ounces had been emitted, that any appearance of fainting supervened. He made a speedy and good recovery. I believe this case is recorded in an early number of *Craigie's Journal*. The views expressed by Dr. Markham are what I have always maintained; and I do hope that his paper will be placed in a more convenient and permanent form. I am, etc.,

John R. Wardell.

Tunbridge Wells, May 9th, 1864.

Medical News.

Royal College of Surgeons of England. The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 24th.

Armstrong, Henry Edward, Newcastle
Beckett, Francis Mears, Canterbury (St. Bartholomew's)
Brewer, H. M., Newport. Monmouthshire (St. Bartholomew's)
Burne, Joseph, Dublin (Dublin School)
Churchill, John Foot, Poole, Dorset (Charing Cross)
Dickinson, Frederick Thudd, Wicklow (Dublin School)
Douglas, George Cox, Grantham (St. Bartholomew's)
Edwards, Henry Nelson, Finsbury Square (St. Bartholomew's)
Fowler, Oliver H., Kingsclere. Hants (St. Bartholomew's)
Fry, Augustin Barber, Sleaford (Guy's)
Gedge, Joseph, Bexhill, Sussex (King's College)
Knipe, Wm. Melville, Leigh Sinton, Worcestershire (Guy's)
Mason, Philip Brookes, Burton-on-Trent (University College)
Phillips, Thomas Richards, Dublin (Dublin School)
Sanders, Thomas, Plymouth (University College)
Shorto, Wm. Burt, Southampton (Charing Cross)
Smith, Edward Roberts, Dudley (St. Bartholomew's)
Wills, Charles James, Stockwell (St. Bartholomew's)
Wise, Andrew, Plumstead, Kent (Guy's)

At the same meeting of the Court—

Devonshire, Charles James, passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College; his diploma bearing date April 4th, 1855.

Admitted on May 25th—

Borough, Edward, Kilrush, co. Clare
Burrows, William, Liverpool
Cantrell, Matthew Henry, Wirksworth (University College)
Cross, William, Liverpool
Fairles, Nicholas Watson, South Shields (St. Bartholomew's)
Fox, Charles James, Mortimer Street (St. George's)
Hinds, William Richard Gore, Galway
Levick, George, Stratford, Essex (London)
Lyle, William Vacy, Harrow Road (St. Mary's)
Norrish, John, Ceylon (Middlesex)
Read, Charles, Falmouth (University College)
Roberts, Augustus Morton, Sheffield
Squarey, Charles Edward, Salisbury (University College)
Strange, Wm. Heath, Streatley, near Reading (St. Thomas's)
Tomlinson, Daniel Webster, Pen-y-nant, N. Wales (St. Mary's)

University of Cambridge. Examined and approved for the degree of Master in Surgery, May 31,

Godson, Alfred, M.A., Trinity College

Apothecaries' Hall. On May 26th, the following Licentiates were admitted:—

Rayner, Alexander Clement, Bedford
Shaw, George Huntsman, St. Bartholomew's Hospital
Simpson, Spencer Henry, Stowmarket, Suffolk
Williams, William Griffith, Haverfordwest

At the same Court, the following passed the first examination:—

Shepard, William Lively, St. Bartholomew's Hospital

APPOINTMENTS.

Bullen, Francis, M.D., to be Surgeon to the Mercy Hospital, Cork, in the room of Dr. D. B. Bullen, resigned.

Mapother, Edward D., M.D., elected Professor of Hygiene in the Royal College of Surgeons of Ireland.

Army.

Hunt, Staff-Assistant-Surgeon J. H., to be Assistant-Surgeon Rifle Brigade, *vice* J. Watters, M.B.

Randell, Assistant-Surgeon H. L., Royal Engineers, to be Staff-Assistant-Surgeon, *vice* J. V. Seddall, M.D.

Scott, Assistant-Surgeon R. R., 8th Hussars, to be Staff-Assistant-Surgeon, *vice* J. H. Hunt.

Seddall, Staff-Assistant-Surgeon J. V., M.D., to be Assistant-Surgeon Royal Engineers, *vice* H. L. Randell.

Royal Navy.

Lauder, Henry S., Esq., Assistant-Surgeon, to the *Irresistible*.

Maclaren, George D., Esq., Staff-Surgeon, to the *St. Vincent*.

Magrath, Miles M., Esq., B.A., Assistant-Surgeon (additional), to the *Euryalus*.

Nicholson, William, Esq., Surgeon, to the *Aboukir*.

Rayner, Frederic M., Esq., Staff-Surgeon, to the *Eagle*.

Sheppard, Charles D., Esq., Surgeon, to the *Immortalité*.

Smith, William, M.D., to be Surgeon-Superintendent of the *Merchantman* convict-ship.

Taylor, Thomas H., Esq., Surgeon, to the *Rinaldo*.

Thomson, James, Esq., Surgeon, to the *Enterprise*.

Wilson, David, Esq., Surgeon, to the *Wolverine*.

Wright, George E., Esq., Acting Assistant-Surgeon, to the *Victory*, for Haslar Hospital.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Colligan, H. S., Esq., to be Assistant-Surgeon 2nd Administrative Battalion Renfrewshire R.V.

Cousins, J. W., Esq., to be Surgeon 3rd Hants A.V.

Dayman, H., Esq., to be Surgeon 4th Administrative Battalion Hampshire R.V.

Griffith, A. L., M.D., to be Honorary Assistant-Surgeon 16th Wiltshire R.V.

Lane, H., Esq., to be Assistant-Surgeon 1st Administrative Battalion Warwickshire R.V.

Laurie, G., Esq., to be Hon. Assistant-Surgeon 5th Midlothian R.V.

Laver, H., Esq., to be Honorary Assistant-Surgeon 6th Essex R.V.

Mason, M., Esq., to be Hon. Assistant-Surgeon 4th Cornwall A.V.

Miller, A. G., Esq., to be Assist.-Surg. 1st City of Edinburgh R.V.

Miller, H., M.D., to be Hon. Assistant-Surgeon 9th Cornwall R.V.

Mortimer, J., Esq., to be Honorary Assistant-Surgeon 13th Aberdeenshire R.V.

Park, J. H., Esq., to be Assistant-Surgeon 3rd Forfarshire A.V.

Smart, J. A., Esq., to be Surgeon 2nd Gloucestershire Engineer Volunteers.

Traill, J., Esq., to be Surgeon 1st Administrative Battalion Forfarshire R.V.

Watson, P. H., Esq., to be Surgeon 1st City of Edinburgh R.V.

Williams, J., M.D., to be Hon. Assistant-Surg. 4th Cheshire A.V.

Yeaman, G., M.D., to be Assistant-Surgeon 2nd Administrative Battalion Lanarkshire R.V.

BIRTH.

Nisbett. On May 18th, at Gravesend, the wife of *R. Innes Nisbett, Esq., of a son.

DEATHS.

Davison, Thomas, M.D., at Paris, aged 65, on May 28.

Manifold. On February 30th, at Rathgar, Dublin, aged 12, Mary Clarke, eldest daughter of Michael F. Manifold, Esq., Surgeon 34th Regiment.

Somerville. At Lanark, on May 31st, aged 17 months, Archibald William, youngest son of *Thomas Somerville, Esq., Staff-Surgeon Royal Navy.

Testimonial. Mr. R. J. Rogers, late House-Surgeon of the Sussex County Hospital, Brighton, has received, on his retirement after having held office nearly six years, a testimonial from the nurses, servants, and patients, in the shape of a handsome silver snuff-box and another small piece of plate.

The University of Oxford has determined to expend £200 in the purchase of some of the pathological preparations belonging to the late Professor Schrœder van der Kolk of Utrecht.

University of Cambridge. Dr. Humphry's course of lectures on the Principles and Practice of Surgery will commence on Friday, July 1st, and be continued daily.

The Medical Profession in Naples has sustained heavy losses in the death of the Cavalier Felice de Renzis, and of Mr. Roskilly, the oldest English surgeon resident in Naples.

Bequests. Mr. George Wheelhouse, distiller, of Deptford Bridge, Kent, has left by will to the Westminster Hospital, Middlesex Hospital, Charing Cross Hospital, Royal Free Hospital, North London Hospital, St. Mary's Hospital, Metropolitan Free Hospital, Seamen's Hospital Society, Royal Hospital for Incurables, Royal Infirmary for Children and Women, £500 each; to the Great Northern Hospital, £300; to the Scarborough Dispensary, £200; and to Mr. Gay Shute, surgeon, £500.

Gmelin's Chemistry. Another volume (the sixteenth!) of Gmelin's work was announced as "nearly ready" at the last meeting of the Cavendish Society. This Society appears to be approaching its end. Professor Graham said he considered its mission nearly fulfilled. When the publication of Gmelin's *Chemistry* was completed, the Society would have accomplished all that could be expected of it. Societies like the Cavendish in the present day could not compete with private enterprise. The Society had, in fact, been superseded by the press, and was no longer called for. It might, therefore, be allowed to expire when the great work of Gmelin is completed.

St. Bartholomew's Hospital. The following is the list of honours awarded to gentlemen in connection with St. Bartholomew's Hospital and College, for the winter session, 1863-64. *Scholarship in Medicine, Surgery, and Midwifery:* 1. J. W. Snook; 2. W. V. Lush. *Scholarship in Anatomy, Physiology, and Botany.* F. Bateman and T. Cole, equal; 3. R. Robinson. *Wix Prize:* T. Cole. *Bentley Prize:* W. V. Lush. *Practical Anatomy: Foster Prize:* 1. R. P. Simpson; 2. R. G. Rogers; 3. T. Cole, T. Cuddeford (equal); 5. F. Bateman, W. Illiffe (equal); 7. A. C. Farrington; 8. E. Renshaw; 9. G. F. Webb; 10. R. D. Broughton, and J. Goodall, equal. *Treasurer's Prize:* 1. W. Square; 2. R. B. Moore; 3. J. Quick, 4. F. H. Lovell; 5. F. Ewbank, and E. J. Leverton, equal; 7. W. H. Ellis; 8. W. Sedgwick.

Death from Lightning. The following is the account of the appearance after death of a man who was lately killed by lightning at Belfast. The lightning struck him on the top of the head. A large ragged hole was torn in his felt hat. About the breadth of one's finger of his hair was singed clean off, as if the spot had been shaved, and a cut penetrated through to the skull. The lightning then passed in front of his right ear, burning away his whisker. It went down the right side of his neck, leaving a mark like what would be caused by the blow of a cane. It spread across his chest and abdomen, causing in them a livid discoloration, and burning away the cuticle or outer skin. Its course then lay down both legs, off which it singed almost every hair till it came to the man's socks. The part of the legs covered by the socks was untouched. Thus, above the top of the socks not a hair was left, but below the top of the socks not a hair was touched. In fact, a perfect ring of hair was formed round the leg. From this it is evident that the man's socks being wet, and therefore better conductors of electricity than flesh, attracted the electricity from his legs and communicated it to the ground by his boots, which were also wet and heavily shod with nails. The man's feet were, consequently, not at all affected.

OPERATION DAYS AT THE HOSPITALS.

Monday.......Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.--Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.

Tuesday. .... Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.

Wednesday... St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.

Thursday.....St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.— Great Northern, 2 P.M.— London Surgical Home, 2 P.M. — Royal Orthopædic, 2 P.M. — Royal London Ophthalmic, 11 A.M.

Friday....... Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

Saturday..... St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Epidemiological Society, 8 P.M. Dr. Dickson, R.N., "On the Prevention of Syphilis in the Navy."--Entomological.—Odontological.

Tuesday. Ethnological.

Wednesday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Geological.—Microscopical.

Thursday. Royal Society.

Friday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Astronomical.—Royal Institution.

TO CORRESPONDENTS.

*** *All letters and communications for the* Journal, *to be addressed to the* Editor, *37, Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

S. F.—We can trouble ourselves no more with a journal which ignores the rules of civilised society. The journal in question accused us of a wilful misstatement, in saying that the regulations of the Society of Apothecaries were not in accordance with the recommendations of the Medical Council. On discovering, however, that our statement was strictly true, the journal in question puts itself completely out of consideration. In its ignorance, it makes a false accusation; by the force of facts, it is forced to admit the falseness of the accusation; and, under the guidance of its own sense of propriety, it next attempts, whilst confessing its error, to blind its readers to the truth by repeating the original accusation. Instead of apologising for its unseemly language, as respectability required, it reiterated the charge of misstatement. The Society of Apothecaries, it tells us, was forced to disregard the recommendations of the Council because other Bodies had done so! We question, by the way, if the Society will thank their apologist for offering such an excuse as this. At all events, it will be thus seen that of a contemporary we in future wash our hands.

BOOKS RECEIVED.

1. Lectures on the Diseases of Women. By Charles West, M.D. Third edition. London: 1864.
2. Stimulants and Narcotics; their Mutual Relations. By F. E. Anstie, M.D. London: 1864.
3. Practical and Pathological Researches on the Various Forms of Paralysis. By Edward Meryon, M.D. London: 1864.

COMMUNICATIONS have been received from:—Dr. JAMES RUSSELL; Dr. MAYO; Dr. HUMPHRY; Mr. H. ANDERTON; Mr. E. CHESSHIRE; Mr. D. G. GARNHAM; Mr. WM. HOAR; Dr. JAMES H. GRAMSHAW; THE HONORARY SECRETARY OF THE OBSTETRICAL SOCIETY; Mr. CALLENDER; Dr. ALEX. FLEMING; Dr. WILLIAM ROBERTS; Mr. EVANS; Dr. WILDASH; Mr. STONE; Mr. KENT JONES; Mr. T. SOMERVILLE; Mr. CRITCHETT; M.D.; Mr. WILLIAM BOWMAN; Mr. GAMGEE; and Mr. P. BELCHER.

ADVERTISEMENTS.

Horological Productions.—"Ranged around the base of the clock were the Watches which Mr. Benson exhibited, and which have been universally admired for the beauty and elegance of the designs engraved upon them. The movements are of the finest quality which the art of horology is at present capable of producing."—*Illustrated London News* Nov. 8, 1862. Chronometer, duplex, lever, horizontal, repeaters, centre seconds, keyless, split seconds, and every description of watch, adapted to all climates. Benson's Illustrated Pamphlet on Watches (free by post for 2 stamps) contains a short history of watch-making, with prices, from 3 to 200 guineas. It acts as a guide in the purchase of a watch, and enables those who live in any part of the world to select a watch and have it sent by post. Prize Medal and Honourable Mention, Classes 33 and 15. J. W. BENSON, 33 and 34, Ludgate Hill, London. Established 1749.

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In the Press.

A Brief Description of the THERMÆ ROMANO-BRITANNICÆ, or ANCIENT BATHS of ITALY, BRITAIN, etc. With Notices relating to their History, Mythology, and Mosaics. By R. WOLLASTON, M.D., Member of the Royal College of Physicians, London; Member of the Archæological Institute of London; Physician to the Staffordshire County Infirmary.—Stafford, May.

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On the Advantages Derivable to the Medical Profession and the Public from the Establishment of VILLAGE HOSPITALS; with General Instructions concerning costs, plans, rules, etc., and an appropriate dietary. By ALBERT NAPPER, Esq., M.R.C.S., L.S.A., Founder of the system, Cranley, Surrey.

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3. Ophthalmoscopic Appearances of Healthy Eyes.
4. Ophthalmoscopic Appearances of Diseased Eyes.
5. The Ophthalmoscope in its Relation to Forensic Medicine.
6. Influence of the Ophthalmoscope upon Treatment.
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JACKSONIAN PRIZE ESSAY, 1864.
Will shortly be published,

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Lectures
ON
ORTHOPÆDIC SURGERY.

BY

BERNARD E. BRODHURST, F.R.C.S.,
OF ST. GEORGE'S HOSPITAL, AND THE ROYAL ORTHOPÆDIC HOSPITAL, ETC.

LECTURE XIV.
ON TALIPES, OR CLUB-FOOT.
(*Continued.*)

Non-congenital talipes varus may be readily distinguished from congenital varus by its external characters. It depends chiefly on a paralytic condition of the limb; and there is consequently wanting both the active muscular contraction and the rigidity of the foot which belong to congenital varus. Fig. 41 is an excellent illustration of this form of distortion.

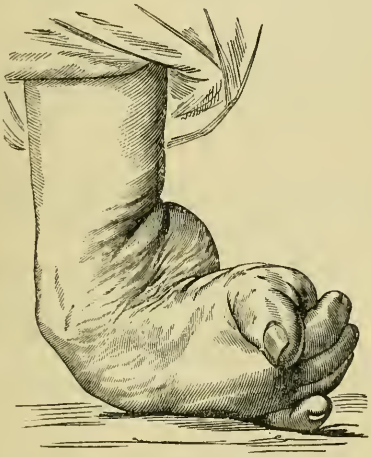

Fig. 41.

Morbid Anatomy. All the structures which enter into the formation of the limb undergo degeneration; the bones become light, and their cancellous structure is charged with oily matter; the ligaments are for the most part softened, and the muscles undergo fatty degeneration. At 40 years of age, muscular degeneration will generally be found considerably advanced, especially in the paralysed muscles; and at 50, there may remain scarcely a trace of muscular fibre.

Pathology. Although this distortion depends mainly on paralysis, it is also induced by spasm. In the infant, during teething, carpopedal spasm is by no means uncommon. And, although inversion of the foot is not the most frequent variety of distortion which is produced, yet it is occasionally seen. Spasm of the adductor muscles of the foot is also sometimes found to be connected with hysteria and derangement of the uterine organs. Two of the best marked cases of this description which I have seen are now under my care at the Orthopædic Hospital. Epilepsy also gives rise to this and to almost every other form of distortion.

Non-congenital varus is always a painful affection, inasmuch as the callosity on which the superincumbent weight is, in great measure, borne, is imperfectly developed. The integument, also, being in some degree deprived of vital force, is readily affected by heat, cold, and pressure; so that inflammation and ulceration are rapidly induced, producing large and troublesome sores; for which, not unfrequently, such limbs have been amputated.

Equino-varus is a much more frequent form of distortion than that last mentioned. In this variety of distortion, the foot is less inverted than in varus; so that the anterior portion of the sole may yet be in contact with the ground; and, in consequence, the act of walking is much less painful than in varus. This variety of distortion is represented in Fig. 42.

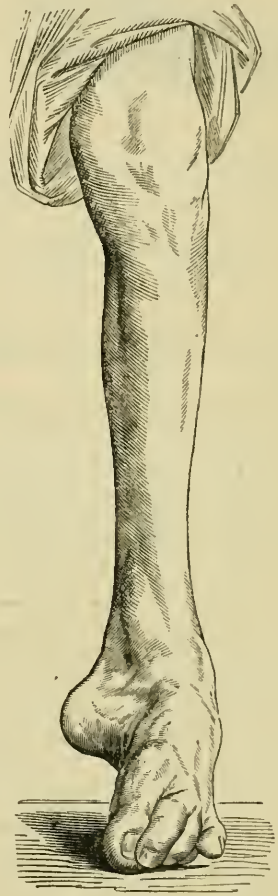

Fig. 42.

Traumatic inflammation and burns occasionally, through loss of substance and the formation of cicatrices, induce inversion of the foot. In these cases, distortion continues to increase after the cicatrix has formed; and even dislocation of one or more phalanges may result. Fig. 43 exemplifies this form of varus.

The *treatment of congenital varus* should commence within some few weeks of birth. Nothing is gained by delaying the operation; but, on the contrary, more time is then required to produce an equally successful result. From one to two months after birth is an excellent age for the treatment of these cases.

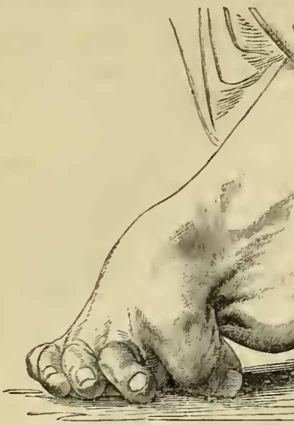

Fig. 43.

In very slight cases of varus, bandaging and friction may occasionally be sufficient to remove distortion. Its removal may, however, be temporary only, and the contraction will probably recur in its original form. Frequently, I have been called upon to proceed to the radical cure of varus in cases where extension had been practised fruitlessly for lengthened periods.

The tendons to be divided are those of the tibialis posticus and the tibialis anticus muscles, and the tendo Achillis.

This is a compound distortion; and, consequently, it is right to divide the operative treatment into two stages; namely, first, to remove the inversion of the foot, and reduce the distortion to equinus; and, secondly, to remove the condition of equinus.

The first part of the treatment consists of the section of the tibialis posticus and the tibialis anticus tendons; and, in severe cases, it is also necessary to divide the tendon of the flexor longus digitorum muscle.

These tendons do not, even in moderately severe cases, occupy exactly their normal positions; but they become slightly displaced in accordance with the altered position of the foot. The tibialis posticus tendon, above the malleolus, is always to be found somewhat more forward than usual: it may even lie upon the edge of the tibia. The tibialis anticus tendon inclines to the inner side of the foot; and, in severe cases, it passes obliquely downwards and backwards to its insertion. And the Achilles tendon also deviates slightly, according to the obliquity of the os calcis. All these tendons may be in general easily felt. But, occasionally, neither of the tibial tendons can be distinguished; and sometimes, but very rarely, the Achilles tendon also cannot be even remotely traced.

In the adult, the tendons to be divided can always be readily distinguished; the patient himself will put the muscles in action, and render their tendons prominent; so that to divide them is frequently a much more easy operation than in the infant.

In dividing the tendon to be operated on, the knife should be carried beneath it, and the cutting edge being then turned upwards, or towards the skin, the tendon will be divided transversely.

In dividing the tendons of the tibialis posticus and the flexor longus digitorum muscles, the knife should be made to puncture the skin, and to pass down perpendicularly to the surface on to the sheath of the tendon and close to the edge of the tibia, about three-quarters of an inch above the inner malleolus. Not unfrequently, however, the edge of the bone cannot be distinguished; and, when such is the case, the rule which has been laid down by Dr. Little may be followed—to insert the knife exactly midway between the anterior and posterior borders of the leg, on its inner aspect. The knife should be inserted, however, rather in front of than behind this line, and be carried down to the fascia, freely opening the sheath without extending the external puncture. The scalpel may then be withdrawn, and a probe-pointed knife may be passed into the opening thus made, and be directed by the edge of the tibia beneath the tendon of the tibialis posticus and that of the flexor longus digitorum muscles. The edge of the knife is then to be turned upwards towards the tendons; and these being made tense by an assistant sharply everting the foot, they will be divided with or without a distinct snap.

In infants, when the knife is well placed between the bone and the tendon, the movement of the foot now alluded to is sufficient to cause the tendons to be divided, the edge of the knife being turned towards them; but, in adults, a slight upward cutting movement of the knife may be necessary to complete the section.

Sometimes the tendon is so prominent, that it may be safely divided with the sharp-pointed knife. As a rule, however, it is safer to divide both tendons with the probe-pointed knife.

If the peculiar snap be heard after division of the tendon, no further proof will be required of the completion of the operation; but even though this be absent, the sudden yielding which is caused by the division of the tendon, together with the vibration which is communicated to the hand of the operator, will be evidence that the tendon has been divided.

When the tendons have been previously divided, probably a snap will not occur on severing the tendon.

It is of great importance, in the management of congenital varus, completely to divide the tendons of the contracted muscles, and to proceed without hindrance to the complete restoration of the foot. In the adult, it is always difficult to restore the form and function of the limb, even with the most skilful surgical care and the nicest mechanical adaptation. Without this section of the tendons and the greatest care in the after-treatment, I have no hesitation in saying that restoration is impossible.

As soon as a tendon has been divided, the wound should be closed with lint.

The division of the anterior tibial tendon should follow that of the posterior tibial. It should be divided as it passes over the ankle-joint, where it will be found somewhat nearer to the malleolus than in its normal position. The knife having been passed beneath the tendon, the foot is to be everted as the edge of the knife is raised towards the tendon; and at the same moment the tendon will be divided.

The division of the tendo Achillis has already been spoken of in Lecture XII. Before this tendon is divided, however, the mechanical treatment of varus must be undertaken. In the adult, it is of the utmost importance to retain the Achilles tendon intact while the anterior portion of the foot is being unfolded; inasmuch as, this being divided, the os calcis loses its support, and in consequence it becomes impossible to unfold the contracted sole. This is a rule which cannot be departed from in the treatment of adult varus; and if it is of so much importance in the adult, it is scarcely less so in the young child; for, when this tendon is divided at the same time as the tibiales tendons, or before the foot is fully everted, it may be impossible to overcome any contraction in the sole of the foot, and calcaneus will then be produced almost as a necessary consequence of this premature division of the tendo Achillis.

The mechanical treatment of varus in the infant is very simple. When the punctures have healed—on the third or fourth day after the operation—a softly padded pliable splint is to be gently bound to the outer side of the foot and leg. No force is required in the application of the bandage and splint; and although they are lightly applied, yet it will be found on the third day, when they are removed, that the foot has yielded somewhat, and has become straighter—that it has yielded even to a greater extent than it could have been influenced by the splint; and therefore it becomes evident that it is not so much extension of the new material which is to be aimed at, as a general yielding of all the structures which are concerned in the restoration of the limb. This is the treatment, then, which is to be continued until the foot is fully everted, when the plantar fascia or the tendo Achillis is to be divided, as the case may require.

In the adult, or when the foot has been used in progression during several years, not only is distortion much longer in being removed, but a well adjusted instrument is necessary for the restoration of the shape of the foot. The instrument which is known as Scarpa's shoe was never intended for the purpose to which it has been applied in this country: and, indeed, its construction is such, that with it alone it would be impossible to restore the limb in a severe case of adult varus. With this instrument there is no power to overcome the rotation of the anterior portion of the foot; and consequently it became necessary to add to it an apparatus called a "screw-pad", to break down the transverse arch of the foot.

Instead of this inadequate apparatus, one is now in use which has been constructed by Mr. Bigg, on anatomical principles and in accordance with the distorted foot and the varied positions of the tarsal bones. I have used this instrument in the treatment of adult varus with the greatest success. In it, the centres of motion correspond to the tarsal joints to be acted on, and they are so applied that eversion and rotation of the anterior portion of the foot must go on simultaneously: the foot is unfolded at the same time that it is extended. With this instrument, I have been able to overcome some of the most severe cases of distortion that I have seen. I have found three months sufficient to remove inversion, and to unfold the transverse arch of the foot in the most severe form of distortion at forty-eight years of age. Those who have been accustomed to make use of the instruments which have been hitherto employed, will scarcely understand such a statement as that which I now make, for such cases have been deemed incurable.

With these well adapted instruments, there is hardly any limit to the age at which this operation may be performed. So long as it can be ascertained that serious changes have not taken place in the tarsal articulations, we should be justified in recommending the operation.

The *plantar fascia* must in severe cases be divided before the foot can be fully extended and unfolded. This should be done before the Achilles tendon is divided; so that, the os calcis being fixed, the longitudinal arch of the foot may be unfolded. In infants, it is seldom necessary to divide the fascia; and when this division becomes necessary, the inner band of the fascia alone requires to be divided.

After the shape of the foot has been completely restored, passive motion is required that the use of the ankle-joint may be gained. Without attention to this point, not only will the foot probably relapse into its distorted position, but the ankle-joint will remain useless and unused. Baths, frictions, and instruments for passive motion of the limb, are to be employed, until muscular power is well developed.

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

QUEENS HOSPITAL, BIRMINGHAM.

OVARIOTOMY: CURE.

Under the care of FURNEAUX JORDAN, Esq.

SARAH A., aged 20, single, eighteen months ago observed an enlargement in the lower and central portion of the abdomen, which had been constantly increasing in size. On admission, there was in the centre of the abdomen a prominent circumscribed tumour, which was distinctly moveable. The apex was dull on percussion in all positions. Fluctuation was distinct. The swelling was of about the size of an adult head, and did not completely distend the abdomen. The uterus was slightly displaced downwards and backwards.

Operation. Every necessary precaution having been taken as regarded the bladder, bowels, temperature, chloroform, etc., an incision two inches and a half in length was made close to the pubes. The several anatomical structures were easily recognised, and the cyst was quickly reached. No adhesions were present near the wound, nor were any discovered subsequently, as the cyst was slowly withdrawn, while it was being emptied. Before the trochar was introduced into the cyst, the patient was turned well on to the side. [The operator believed this was the first time turning was resorted to in ovariotomy (October 2nd, 1862).] Not a drop of fluid entered the abdomen. The intestines were never seen. While the cyst was being emptied, it was partially withdrawn. Free exit to the last remaining fluid was obtained by incisions in the dependent portions of the cyst. The pedicle was brought into the wound close to the pubic bone, and secured by the calipers. The edges of the wound were brought together by silver wire carried through all the structures. An hour after the operation, iced milk caused a little sickness. For the week following, nothing was given by the mouth, Beef-tea and brandy (occasionally a little opium) were freely introduced into the rectum. Uninterrupted recovery followed.

In his clinical observations to the class, Mr. Furneaux Jordan drew especial attention to the following points.

Selection of cases. As soon as the diagnosis of ovarian disease is clear, is the best time for operation. The general health is then good. Adhesions are least likely to be present. The cyst is less likely to be multilocular; and if it be multilocular, the secondary cysts are much smaller. A much shorter incision will suffice. It may safely be predicted, that the time will arrive when delay in ovariotomy will be considered as unjustifiable as delay in the operations for strangulated hernia, or aneurism, or stone in the bladder. The diagnosis is also much more certain when the abdominal wall is not fully distended.

Details of the operation. The incision should be made *close* to the pubes. (It can be extended upwards, if necessary.) This is nearest the pedicle; and as the part of the abdominal wall attached to the pubes is necessarily less affected by tympany, there is less chance of traction. The pedicle lies against the abdominal wall, and is thus less likely at any time to cause intestinal obstruction. The abdominal wall being thicker in this locality, the uniting surfaces are broader, and better adapted to each other.

Turning the patient on to the side is the best safeguard against the entrance of fluids into the abdominal cavity.

Neither sponges, flannels, nor, if possible, the hands, should be carried into the abdomen. Adhesions should, as far as is practicable, be examined at the wound. Of course, all these advantages are more easily secured when the operation is performed at an early period. Success follows in a proportionate degree.

The pedicle should be secured in the wound, so that all bleeding, suppuration, or sloughing, shall be external to the abdomen. If the pedicle be short, part of the tumour should be left in the wound. If the pedicle be very short, and the attached part of the tumour unusually bulky, as occasionally it is in multilocular cysts, the circulation may be efficiently arrested with silver wire cut short, and the tumour be completely removed. Another useful alternative is Dr. Braxton Hicks's wire-*écraseur*.

Adhesions, if long, should be included in the clamp; torn through if short and weak; and tied with silver wire cut close, if short, strong, and vascular; or, in the latter case, the fine wire *écraseur* may be used.

Cut or granulating surfaces in the abdominal cavity are placed (Mr. Jordan remarked) in circumstances analogous to the well known favourable subcutaneous conditions. No silver ligatures should be tight enough to cause sloughing; for sloughs, like all other nonmetallic structures, act as setons or foreign bodies.

While acknowledging the great services which Mr. Spencer Wells had rendered to the operation of ovariotomy, Mr. Furneaux Jordan considered that wire sutures carried completely through the abdominal wall were preferable to hare-lip pins. Wherever hare-lip pins are used, there is a constant danger of sloughing of the tissue included between the pin and the twisted hemp or silk.

After-treatment. Immediately after the operation, a large but light linseed poultice should be placed on the abdomen. The great danger of vomiting may be best averted by introducing beef-tea and brandy freely and frequently into the rectum, and giving nothing by the mouth. Every five or six hours a little opium may be added. The occurrence of peritonitis should not in the least degree diminish the amount of nourishment. Constipation may continue for many weeks; but no circumstances justify the use of purgatives. An occasional enema and time will restore the intestinal canal to health.

LIVERPOOL SOUTHERN HOSPITAL.

CASE OF HYDROPHOBIA.

Under the care of J. Cameron, M.D.

[*From Notes taken by* Mr. Evans, *Junior House-Surgeon to the Hospital.*]

John Lishman, aged 50, a joiner, of strictly steady habits, but of an exceedingly nervous temperament, and whose health had for some time been delicate, was bitten in the left wrist on Wednesday, October 28th, 1863, by a yard-dog of the retriever breed. The animal is described as having always been "quiet and innocent", and was, to all appearance, perfectly well during the day preceding the occurrence alluded to. That night he was heard to bark frequently; an alteration being noticed in the character of his voice, which was also observed the following day (Wednesday). He then exhibited unusual irritability of temper, and did not take his food with his accustomed avidity. On being taken out into a neighbouring field for exercise, it is stated that, of his own accord, he went into a pool of water. It was on his return home that he flew at and bit Lishman, who, in consequence of the dog's refusal to come out of the kennel, had struck him on the head with a stick.

Lishman did not apply for medical advice until Sunday, November 1st, when he was seen by Dr. Petrie, who excised the injured parts, and applied caustic to the raw surface. The wound healed in due time; and Lishman seems to have been restored to his usual state of health; but, although he did not suppose the dog to have been mad, he had been very anxious about himself ever since the receipt of the bite.

On Friday, April 15th, he caught a severe cold, from which he had sufficiently recovered to go to work on Monday, the 18th. On the afternoon of this day (5.30 p.m.), having occasion to blow the fire, he suddenly felt a spasm in the throat, caused by some smoke coming against his face; and, on trying to finish his tea, he experienced an aversion to partake of this fluid. At 8 p.m., by the recommendation of a friend, he took a warm bath; on returning from which, he felt worse, and described the play of the wind against his face as having given rise to a sense of "suffocation" or "choking".

On Tuesday morning, the 19th, he was seen by Dr. Petrie, who, immediately recognising the nature of the malady, sent him to the Southern Hospital, where he was admitted at half-past twelve.

A short time before admission, he had had his will made, and signed it with a firm and steady hand.

When first seen, he was sitting in the out-patient room between an open window and door. The draught of air thus occasioned, though not very strong, gave rise to constant spasms about the neck; on closing the window, he obtained great relief. He was in perfect possession of his mental faculties; and there was nothing during the intervals between the spasmodic seizures to indicate serious disease. There was no pain nor change of appearance in the scars; but he stated that the hand felt uncomfortable, being the seat of some morbid sensation, something like numbness or tingling. All his sufferings were referred to a distressing sense of "suffocation" or "choking", and an inability to swallow, occurring in paroxysms, during which he was violently agitated, his countenance expressing the greatest mental anxiety and apprehension. These paroxysms frequently occurred spontaneously, but were also excited, and with extreme violence, by the slightest attempt at swallowing, and by the *sight*, or even the mention of the word "water". The movement of air caused by fanning him gently with a card, or the near approach of a bystander, was sufficient to induce or aggravate a paroxysm. He was continually expectorating, or rather hawking up, in small quantities, a tough and viscid mucus, which he spat about in every direction, though conscious of the impropriety of an act that he vainly attempted to control. The pulse was 100, of moderate strength. There was no heat of skin. The tongue was moist, slightly furred, and protruded with tolerable ease. The following pills were administered, and swallowed, by means of chewing, with considerable difficulty.

Compound extract of colocynth, gr. vij; calomel, gr. ij; croton oil, ♏i; opium, gr. i; made into three pills.

2 P.M. Mr. Evans attempted to administer chloroform in a Snow's inhaler; but even the sight of the instrument approaching his face brought on the spasms in the throat and the feeling of suffocation. The same result followed another attempt, during which his eyes were closed; and subsequently, when it was endeavoured to give the chloroform by means of a handkerchief. (The movements made by the patient, when labouring under these attacks of spasm, were observed by Mr. Evans to resemble very closely those performed by a child labouring under chorea.)

2.30 P.M. Two grains of acetate of morphia in solution were injected with a Wood's syringe into the subcutaneous areolar tissue, close to the cicatrix. The operation was borne without giving rise to any paroxysm, and was followed by a comfortable sleep, which lasted until 3.40.

3.45 P.M. The spasms recommenced, an exceedingly violent one being occasioned by an attempt to drink.

4 P.M. The morphia solution was repeated. Ice was applied to the spine. (This was soon discontinued, in consequence of the extreme restlessness of the patient preventing its being kept in position.)

5.30 P.M. During the early part of the interval after the last report, he had frequent and violent paroxysms, but subsequently became quieter, and dozed a good deal. There was slight delirium.

6 P.M. An enema was given, consisting of four ounces of strong beef-tea, a glass of wine, and two drachms of tincture of opium.

6.20 P.M. The patient succeeded, after many efforts, in chewing and swallowing some ice. Pulse 70, in the sitting posture.

8.30 P.M. Vesicating fluid was applied to the nape of the neck.

8.45 P.M. Two grains of morphia were injected into the subcutaneous tissue of the nape of the neck; and the blistered surface was dressed with strong mercurial ointment. The front of the neck and throat were covered with lint soaked in chloroform liniment.

10 P.M. The pulse was 120, more feeble. He had suffered much from the paroxysms, which had been more frequent, but less violent. He had slight muttering delirium, but, when roused, was quite rational. He sat for some time on a slipper-bath half-filled with water, the sight of which in this vessel did not disturb him; so that it would appear as if the dread of, and spasms excited at, the sight of fluids, were associated with the desire and attempt to swallow them. Throughout the evening, he had suffered from intense thirst, which he had endeavoured to alleviate by moistening his lips with a towel dipped in cold water. The hawking and spitting were constant; and he frequently was obliged to remove the mucus from his mouth by his fingers, on account of its viscidity. A few ounces of urine, having been passed, were tested, and found to be high-coloured, acid, of specific gravity 1030, and to contain about one-sixth of its bulk of albumen.

11.15 P.M. With the view of acting upon his skin and relieving his thirst, he was wrapped in a hot wet blanket covered with waterproof sheeting—an application from which he experienced considerable relief.

12 P.M. The paroxysms were more frequent and violent. He was perfectly conscious and rational, thought he was dying, and begged that means might be adopted to hasten his death and put an end to his sufferings. Two grains of morphia were injected into the subcutaneous tissue of the neck.

April 20th, 12.40 A.M. His wife came to see him; and her sudden approach caused him to be seized with a paroxysm more violent and more protracted than any of the previous ones.

1 A.M. He was a little quieter, though not disposed to sleep. He was perfectly rational, and talked to his wife, who was sitting at his bedside, about his affairs. A beef-tea and brandy enema was ordered.

1.40 A.M. He had been much quieter during the last half-hour, dozing occasionally. Pulse 160, in the supine position; very feeble.

2.45 A.M. The pulse was imperceptible; the hands cold and clammy. He foamed at the mouth. The paroxysms since last report had recurred less frequently. He had not slept.

2.55 A.M. He had become very quiet; the pulse was still imperceptible. The pupils were dilated; the eyes open and fixed; the conjunctivæ sensible to the touch. Respirations 26 in the minute.

3 A.M. A paroxysm of great length occurred, consisting of frequently repeated spasms of the muscles of the neck, with violent expiratory efforts, accompanied by irregular convulsive movements of the arms and legs, and jerking forwards of the abdomen. He did not spit as in the previous fit, but a frothy mucus flowed in considerable quantities out of his mouth, beyond which he was unable to expel it; subsequently, it became tinged with blood. The pupils were dilated and insensible. He seemed conscious to some extent, as he frequently addressed a few words to his wife, or alluded to his approaching end.

3.50 A.M. The beef-tea and brandy enema was repeated.

4.4 A.M. The paroxysm, which commenced at 3 o'clock, continued with more or less severity until 4; but it was evident that his strength was rapidly giving way. At 4.4., the struggling suddenly ceased, and the breathing became calm; then slower and slower, and accompanied by loud mucous *râles;* and in about three minutes more he expired, apparently from sheer exhaustion. Death took place in *thirty-five hours* after the first appearance of the symptoms, and *six months* from the time of the infliction of the injury.

POST MORTEM EXAMINATION. With the view of counteracting the gravitation of the blood towards the spinal marrow and brain, the body was laid, very soon after death, upon the face.

Four hours after death, *rigor mortis* was well marked, but did not seem unusually developed. The hands were firmly clenched, the thumbs being drawn in closely under the fingers. When the *post mortem* examination was commenced, sixteen hours after death, the rigidity had considerably decreased.

The *spinal cord* and *brain* were examined most carefully, and did not present any appreciable or reliable evidences of disease. It was thought, however, by some of those present, that there was an unusual amount of vascularity, showing itself in a bright red distension of vessels of the medulla oblongata and pons Varolii.

The *lungs* were congested; the *larynx* and *trachea* healthy.

The *blood* was generally fluid, and somewhat dark in colour.

The *heart* was healthy in structure. The right and left ventricles and the right auricle were distended with blood, presenting in the right side a fibrinous clot; in the left, a black clot.

The *fauces* and *submaxillary* glands were healthy. The *tongue* was dry. At the lower part of the *pharynx*, the mucous membrane on each side of the epiglottis was coated over with a thin film of tenacious mucus, not unlike false membrane; and it was considered that the membrane itself was more than usually vascular, and the mucous follicles enlarged and red. This view was not accepted generally, some of those present at the examination believing the parts to exhibit nothing abnormal. The *œsophagus* was healthy.

Original Communications.

OVARIOTOMY IN PARIS.

By J. Sampson Gamgee, Esq., Surgeon to the Queen's Hospital, Birmingham; Corresponding Member of the Society of Surgery of Paris.

If the reference in the Journal of May 28th (p. 590) to an operation of ovariotomy, which I recently performed in Paris, only concerned myself, I might allow it to pass unnoticed; but as circumstances, doubtlessly accidental, placed me for a moment in the honourable position of a representative English Surgeon in the French capital, I desire to comment briefly on a proceeding which, I very much regret to find, wounded the susceptibilities of some of the Academicians.

On March 31st, I received a telegraphic message to a consultation in Paris on a case of abdominal disease.

I found the Baroness N. de T— much emaciated, but free from organic disease other than a large tumour, which, after careful examination, I pronounced to be ovarian, multilocular, and, in the main, non-adherent. There was a good deal of free peritoneal fluid; and the uterus was decidedly moveable. The patient's sufferings, from vomiting and oppressed respiration, were, from time to time, very great; her *morale* was heroic. She had taken great interest in the several consultations which had been held in her case by more than one of the celebrities of Paris; and she joined the members of her family in urging the question, Did I think operation offered a chance of life? I concealed none of the dangers, but I did not hesitate to reply, that the tumour was undoubtedly removable, and that I relied greatly on the patient's good constitution and marvellous courage for the reduction of the after-risks. Out of respect for the opinion of those French surgeons who have attributed the frequent deaths from great operations in Paris to its atmosphere, I expressed a wish that the Baroness should be installed on the borders of the Bois de Boulogne. Effect was immediately given to every wish I expressed, and throughout the Baron was advised, and I was most cordially and ably assisted, by Dr. Blatin, the physician with whom I was more directly in consultation. Under this gentleman's care, our patient greatly improved in health; so much so that, but for the mechanical troubles occasioned by the tumour, I should have longer deferred active intervention; but, under the circumstances, one of the best moments was selected, and I operated on April 16th; Mr. J. T. Clover of London administering chloroform. The result in every respect bore out the diagnosis; the pedicle was unusually long; only one adhesion existed, and that to the left iliac fossa; its length explained the previous locomotion of the mass, and prevented subsequent traction.

Everything was done to keep up strength; the skin was cool; the tongue clean and moist; and the pulse averaged 100. With this state of things, the bowels having also acted spontaneously, the fourth day after operation, contemplating my speedy return, I consented, after consultation with Dr. Blatin, to present the tumour to the Academy of Medicine then sitting; and I availed myself of the kind offer of introduction to that august body by its members Baron Larrey and Professor Ricord.

Pathological specimens, and especially ovarian tumours, are best seen in the fresh state; and of the latter so little was recorded, when their motto amongst surgeons was *Noli me tangere*, that I scarcely think M. Depaul would affirm that even the countrymen of Cruveilhier have exhausted the natural history of ovarian disease.

Professor Velpeau may remember that when I had the honour, a few days previously, of addressing him and his illustrious colleagues at the Society of Surgery, on a successful case of amputation at the hip-joint, I noted the *dictum* of the Royal Surgical Academicians of the last century, "L'opération n'est qu'un point dans l'exercise de la chirurgie." In no procedure is this so true as in ovariotomy; the diagnosis and after-treatment being of at least commensurate importance with the operation itself.

In the case in question, grave doubts had been thrown on the amenability of the mass to surgical treatment. To these doubts, the specimen seemed to afford a sufficient answer; which, for obvious reasons of international courtesy, I should certainly have suppressed, if not otherwise advised by distinguished Frenchmen.

Probably, while occupying the Tribune of the Academy, I had not the honour of M. Depaul's presence amongst the distinguished auditory, as he appears to have remained unacquainted with the peculiar value of the specimen presented with a succinct history of the case. Only one of the cysts contained clear liquid; all the others were filled with purulent, yellow, green or brown thick matter; and the lining of several of the cysts denoted recent active inflammation. Nevertheless, the tumour was free, and I was justified in discarding the presumption of adhesion, indicated by the patient's long suffering and repeated acute attacks, in the presence of the positive evidence of locomotion of the mass demonstrated by the results of physical examination. The specimen and history supplied a typical illustration directly opposed to those cases in which, without any previous indication whatever of peritonitis or cyst inflammation, an ovarian tumour is bound to the abdominal walls and organs by the most formidable links.

When I left the patient after the expiration of the sixth day—clamps off; wound solid; pulse 105, respiration 23; tongue clean and moist; no tenderness—Dr. Blatin and myself regarded her as convalescent. The eighth day, sickness, which had previously been considerable, at intervals, but had yielded to treatment, returned violently, and proved rapidly fatal; apparently by exhaustion, which had frequently threatened a similar termination during the preceding illness. That such was the result, I feel no one will regret more than those of my French colleagues, from whom I received the most encouraging proofs of friendship.

The freedom of the tumour, the number of days which the patient survived, and the advanced progress she made towards recovery, are almost suggestive of regret that the powers of life were not called upon for the grand effort before they had become so much exhausted. I am left to the reflection that, but for the operation, a short prolongation of life would have been possible to one of the rarest and most honourable women it can ever be my privilege to attend. But her sufferings had been so great; her desire of life for noble purposes was so eager; my reliance on the diagnosis was so complete; my experience in an almost precisely similar case was so encouraging—that I cheerfully undertook the great responsibility; and I should, under similar circumstances, act in a precisely similar manner, with this exception: that if I were again permitted to address the Academicians, I should plead, in the words of Professor Velpeau, long since uttered, but still true, "Messieurs, la chirurgie a besoin, comme la médecine, d'une révision presque complète." (*Leçons Orales de Clinique Chirurgicale.* Bruxelles 1841, p. 20.)

Transactions of Branches.

BATH AND BRISTOL BRANCH.

CASE OF OVARIOTOMY: WITH REMARKS ON THE PROPRIETY OF TAPPING ONCE BEFORE PERFORMING OVARIOTOMY, AND ON THE BEST MODE OF SECURING THE PEDICLE.

By W. MICHELL CLARKE, Esq., Surgeon to the Bristol General Hospital.

[*Read February* 18*th*, 1864.]

IT is my intention to bring before your notice the history of a patient upon whom I have recently performed ovariotomy.

In August last, I received an urgent message requesting me to visit a servant who lived near Bristol. She had been seized early in the morning with severe pains, which were gradually increasing in intensity. She had had similar pain on the preceding day, but it had passed off again.

She was a tall, well-made woman, rather thin. She said that her age was 35; and that she had generally been healthy, except that, about twelve months since, she had been in the Infirmary with a sore leg, when it was noticed by her surgeon that she had an abdominal tumour, but it was then small. She came out of the Infirmary, and said that she had continued well until the present time. The enlargement of her abdomen, which was at this time quite that of a nine months' pregnancy, had not arrested her attention.

I requested her to go to bed, that I might make a more careful examination. After noticing that the abdominal enlargement corresponded in form and outline with that presented at the full period of gestation, that there were several large superficial veins showing through the skin, and that the breasts were thin and small, I examined her with the stethoscope. She was tender, and shrank from pressure over all the upper part of the tumour; and in the same situation there was a distinct friction-sound, produced, I had no doubt, by inflammation of the peritoneum. I now percussed the abdomen, and found dulness every where, except in the upper part of the epigastric regions and the posterior parts of both lumbar regions. There was also distinct fluctuation all over the tumour. On introducing the finger into the vagina, I found that the uterus was undeveloped and loose. I could not feel any tumour in the pelvis.

I concluded that my patient was suffering from ovarian dropsy, with inflammation of the peritoneum covering its upper part; and advised her to go at once into the General Hospital.

After a consultation with my colleagues, Dr. Fripp and Dr. Swayne, who agreed with me, I decided to withdraw the contents of the cyst by tapping; and this, because it did not seem right to subject the woman to the grave operation of ovariotomy without giving her the chance, although an unusual one, of the cyst not refilling, or refilling very slowly; and because, also, we thought that some valuable information might be gained as to the connections of the tumour when its contents were discharged. Accordingly, on October 8th, the patient having in the meantime become very unwieldy and anxious for relief, I performed the operation of paracentesis. Fifteen pints of clear straw-coloured fluid were withdrawn; great relief followed this proceeding. After the operation, a compress was for some time applied over the situation of the cyst, and the abdomen was carefully supported by a flannel bandage.

Upon examining the abdomen after the cyst had been emptied, the integuments above the umbilicus were found to be puckered and drawn downwards; but the belly became every where resonant upon percussion, except for a considerable space extending from the left iliac fossa.

On October 26th, at which time the sac was already refilling, she was discharged to her home in Wiltshire.

By December 18th, the enlargement had become again so considerable that she returned to the hospital. It presented much the same features as before; but there could be now felt, through the vagina, a somewhat firm tumour, not fluctuating; and another, which appeared distinct from the principal cyst, could be felt in the left groin.

After a consultation held with Dr. Fripp, and with all my surgical colleagues, and with Dr. Swayne, and after pointing out to the woman very plainly the risks attending the operation and the general prospects of her disease, she elected to have ovariotomy performed. This was not a case in which any benefit could be hoped for from the injection of iodine. Tapping *per vaginam* was impracticable, for the principal cyst could not be reached in that direction; and tapping followed by pressure had been tried, and had failed. On the other hand, there seemed to be nothing unfavourable to ovariotomy, except the adhesion that had evidently taken place along the front surface of the upper part of the tumour; and this, it was thought, might be readily broken down.

On the day of the operation (Jan. 13th, 1864), the patient was in good general health. She measured thirty-seven inches at the umbilicus. An enema had been administered early in the morning, and the urine was drawn off just before the operation. There was some little difficulty in introducing the catheter, the bladder being displaced a good deal to the right. The room was kept as nearly as possible at a temperature of 70° Fahr. Chloroform was administered, and she was kept well under its influence during the whole time. She vomited once before the operation commenced, and again immediately after it was finished; but, whilst it was actually in progress, she was not sick, and she was perfectly unconscious.

I first made an incision of about four inches long, commencing about an inch below the umbilicus, and extending to about two inches and a half from the pubes. When I had dissected to the peritoneum, and opened it on a director, I introduced my finger, and found, as I had expected, considerable adhesions over the upper part of the tumour. I therefore enlarged the incision upwards, and introduced my hand, reaching as far as I could, and separating the adherent cyst from the abdominal wall. I could not, however, get my hand in far enough to break down all the adhesions; so I next tapped the cyst with Spencer Wells's trochar, and drew off all the fluid. This accomplished, the sac was readily drawn through the opening; the remaining adhesions separating readily, and also the omentum, which was lightly attached to its anterior surface. There was a little difficulty in bringing up the large semi-solid masses which are seen in the preparation on the table, and which occupied the lower part of the pelvic cavity; but this done, I came upon the pedicle, which was short and rather broad. A double whipcord ligature was passed through this, and tied on each side; and another circular ligature of the same material was tied on behind the others. The incision had already been stitched up as far as the pedicle, which was now cut; and, a pin having been passed through to retain it, the operation, which had lasted forty minutes, was completed.

There was at once, owing to the shortness of the pedicle, a good deal of tension upon the lower part of the wound, which drew the pedicle between its lips. Two long gilt pins were passed through the whole depth of the wound, including the peritoneum; besides the pin which fixed the pedicle. The rest of the wound was brought together by silver hare-lip pins and silver wire sutures, none of which were passed deeply. Owing to the very able way in which I was assisted, no blood nor fluid from the cyst escaped into the abdominal cavity. After the operation, the patient seemed in a most favourable condition. The pulse remained quiet; and, when she recovered from the chloroform, she was calm and easy; but in the course of the evening she became very sick.

No attempt was made for the first twenty-four hours to introduce anything by the mouth, except a little of Liebig's soup; which, however, she rejected immediately. An enema of four ounces of beef-tea and twenty minims of laudanum was administered every four hours, the opium being omitted when it was not required. These injections remained up well, and were continued for many days. The sickness, however, continued with scarcely any abatement until the 18th, five days after the operation, when, but only from inability to reject it, the stomach retained some food.

It would be wearisome to give in any detail the notes that were taken during this time. She was visited frequently. One of my pupils and a nurse were constantly with her, and she was most assiduously tended by the house-surgeon; but, in spite of all our care, she gradually got worse, and died on January 19th.

I tried in various ways to combat the sickness; but, except that for a short time oxalate of cerium seemed to stay it, nothing did any good. Creasote, hydrocyanic acid, brandy, soda-water, champagne, Liebig's soup, beef-tea, arrowroot, ice, were all alike vomited, and all alike useless. The withdrawal of everything for long periods was also tried, but with no good effect. When she had become very ill, and her case seemed desperate, I opened the wound, and cut away the ligatures; but this was followed by no relief. The pins that involved the peritoneum were taken out on the second day.

The abdomen all through remained soft, and almost free from tenderness. There was very little general fulness, but the stomach was constantly distended with gas. She lay, not as if suffering pain, but frequently with her legs quite straight. Except at the part where the pedicle came through, the wound closed at once, and was well united by the second day. The part through which the pedicle passed remained non-united.

A *post mortem* examination was made on January 20th. The part of the abdominal wall containing the wound was separated and turned down. The wound was found to be closed on the inner side, except at the upper and lower portions. Between the lips of the upper part, there lay a small piece of omentum; the pedicle, not at all adherent to the margin of the wound, occupied the lower. The peritoneum, brought together by the pins, was well united in their immediate neighbourhood, but not elsewhere. The whole posterior surface of the wound was slightly adherent to the intestines which lay behind it.

A thin layer of extravasated blood, spread out over the peritoneum, marked the extent and situation of the adhesion that had been torn away from the upper part of the cyst. Near the centre of this was a small yellow spot of lymph, passing into suppuration.

From near one iliac fossa to the other there passed across a broad band of lymph. In the pelvic cavity, there was a large quantity of matter; and the peritoneum, upon which this lay, was in a state of acute inflammation. The pedicle sank to the uterus through this; and the part to which the ligatures had been applied was in a state of ulceration.

The tumour, which was examined soon after the operation, was a multilocular cyst, the chief compartment of which contained thirteen pints of fluid at the time of the operation. It weighed twenty-seven ounces and a half. The principal cavity measured twelve inches and a half by ten inches; and there were seven secondary cysts, varying in length from five to two inches. These secondary cysts contained a half-fluid material resembling jelly, entangled in the meshes of a dense areolar tissue. Under the microscope, besides the areolar tissue, there were found numerous cells, more or less resembling squamous epithelium, with single nuclei and nucleoli. There were also numerous free nuclei.

Remarks. In the treatment of this case, two principal points called for and engaged my anxious deliberation; and those, I believe, were the chief points of interest in it. The first was, whether, upon the admission of the patient into the hospital, I should subject her to the operation of tapping before undertaking that of extirpation of the ovary; the second was, when the tapping had failed, to decide upon the best method of dealing with the pedicle. And these two being, as I believe, the most difficult matters connected with these cases, they may, I think, usefully engage our attention a little further.

In our present position with reference to the treatment of ovarian dropsy, we cannot discuss the question of paracentesis altogether apart from its relation to ovariotomy. That is, if it could be shown that a single tapping has an unfavourable effect upon the only operation which holds out a fair prospect of curing the disease, then the decision whether a patient coming under one's care shall be tapped or not becomes a subject of great anxiety; it is no longer so trivial a matter as the simplicity of the operation would seem to make it. But we are also called upon to institute a comparison between the two proceedings as to their fatality; for, according to some accounts, the first tapping is as deadly an operation as ovariotomy. When my patient first came into the hospital, I felt this matter to be so important, that I examined carefully into it; and I found that the statistics given by Mr. Southam, Safford Lee, and Kiwisch were those most quoted and relied upon; and, if the conclusions from these could be considered final, the operation of ovariotomy would be found to be no more fatal than that of tapping. The collective number of these cases was 130; and of these, 22 died in the course of a few hours or days, which is about 17 per cent. (Kiwisch, Clay's translation, p. 159.) On viewing these same tables in another light, the case would stand thus: 49 of the total 130 cases were instances of the first performance of tapping; and of these, 22 died within a period of ten days from the operation. (West, *Diseases of Women*, p. 554.) This, you will see, is not far from a half of the whole number, dying in less than a fortnight. And this is the position of the case, as it bears upon the question before us; for it is only with regard to a first operation that we should have to deliberate.

Again, taking the case as it is put by Churchill, it would stand thus. "Taking the reports collected by Southam, Lee, and Kiwisch, amounting to 130 cases, 28 died within a month, directly in consequence of the operation: this gives a mortality of more than 1 in 5. But of 109 of these cases, we are told that 46 died after the first tapping; that is, about 1 in 2⅓." (*Diseases of Women*, 5th ed., p. 530.)

If, then, as I said before, we were to take these tables as a basis for decision, we should elect to perform ovariotomy at once, and not tap at all; for the average fatality of the former operation is 1 in 3 (*Ib.*, p. 529); and with some operators it has become as low as 1 in 4, or with one even as low as 1 in 5. But I did not think that these tables, for some reason or other, gave a fair view of the results of tapping; and, in looking further, I found that this was also the opinion of West and Velpeau, and of others. West says that he has had 31 patients with 2 deaths after the first operation, and 1 after the second. (*Op. cit.*, p. 554.) Velpeau performed it 312 times on about 98 patients, with only 4 deaths; and these were exceptional cases of large compound cysts, which it was found possible to empty only very partially. (*Ib.*, p. 555, foot-note.) I also learned, from a paper of Mr. Spencer Wells, that he had performed paracentesis more than two hundred times with only two deaths. (BRITISH MEDICAL JOURNAL, Dec. 21, 1861.)

Setting, then, these more favourable statistics against the more generally received opinion that the mortality after a simple tapping is about one in six, and wishing also to give my patient the chance, although I scarcely hoped she would realise it, of the cyst collapsing permanently, and being also desirous of getting fuller information as to the relations of the tumour, I considered it better practice to submit her to a single tapping.

With regard also to the more direct influence of the operation of paracentesis upon any subsequent proceeding, the only way in which it could act injuriously would be by exciting inflammation and adhesions; but, with proper care of the patient, this may generally be avoided; and I cannot think that the operation of ovariotomy, except in cases where the cyst is distinctly and markedly multilocular, should be done before tapping has been tried once at least.

Another argument in favour of emptying the cyst once before performing ovariotomy is the danger that attends the sudden withdrawal of a large quantity of fluid from the abdominal cavity—a danger which the addition of a very formidable operation does not certainly tend to lessen. Sufficient stress does not seem to have been laid upon this point, although I believe Mr. Hutchinson has drawn attention to it; but it certainly seems well to remember that certain precautions have always been considered necessary, in order to prevent the patient from collapsing under the operation of tapping; and, as far as ovariotomy is concerned, this may be avoided by a previous tapping, the subsequent operation being performed before the cyst has refilled to any large size.

When the disease had returned, and I was compelled to extirpate the ovary, the only thing about which I could not readily make up my mind was the management of the severed pedicle. The mode in which the surgeon is compelled to deal with this is, I believe, the cause of the greatest mortality in these cases; and, moreover, the other causes of death, as hæmorrhage, exhaustion, etc., are more within our grasp, and more easily dealt with. Other matters connected with the operation, too, have been pretty well decided; as, for instance, that the shorter the incision the better; and that it is advantageous to pass a certain number of pins or stitches through the peritoneum, so as to bring its edges into contact; but upon the management of the pedicle there is still much difference of opinion, and much room for perplexity.

Theoretically, the danger of tying it, and returning it, with the ligatures cut short, or left long and carried out through the wound, seems very great indeed; knowing, as we do, how susceptible is the peritoneum of irritation, and feeling, as we must, that a separating slough is a very sufficient cause of irritation. And, yet contrary to all that one would have imagined, the operator who adopts the first of these two methods, cuts off the ligature short, and drops the pedicle into the pelvis, closing the wound at once (Simpson, *Medical Times and Gazette*, February 6th, 1854, p. 44; and Braithwaite, vol. xlvi, p. 225), has up to this time, had the greatest success—a success which one may well envy; for he has operated eighteen times, and lost only three patients—one in six.* (Churchill, *op. cit.*, p. 529.)

In my own case, I adopted, in almost all particulars, the operation of Spencer Wells, who, I thought, had been the most successful operator, as he certainly has been one of the hardest workers in this field; and I used the ligature in preference to the clamp, because the pedicle was very short. But it is obvious, that a ligature applied in this way and fastened to the wound must be a fearful source of danger, and that it must almost entirely depend upon the speedy closure of the wound against the entrance of pus whether the patient escape or not.

There are some other ways in which the pedicle may be managed; but if Dr. Tyler Smith's success continue, and if his success be due to the mode in which he deals with the pedicle, his is the plan that will, I think, be followed.

If the vagina sloped in another direction than that in which it does, a ready outlet might be made through it for the pedicle, and in a situation that would give exit to the pus that must necessarily be formed around the ligature; but, on trying this upon the dead subject, I found that the direction of any current was towards and not from the cavity of the pelvis.

As this method of Dr. Tyler Smith's, of returning the pedicle and closing the wound at once, appears to be the most successful, it is interesting to know that Mr. Wilson, who was one of the earliest ovariotomists, adopted the plan of cutting through the cyst, tying all the vessels that bled, cutting the ligatures short off, and then, returning the stump, he closed the wound.

CASE OF OVARIOTOMY.

By HENRY MARSHALL, M.D., F.R.C.S.Ed., Surgeon to the Bristol General Hospital.

[*Read April 28th*, 1864.]

THE recent discussion elicited by the reading of Mr. Clarke's paper, shewed that there existed a great diversity of opinion as to the propriety of performing ovariotomy; and I, therefore, believe that the record of the following case may not be uninteresting, and may aid in refuting the theory that such an operation is always unwarrantable.

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* According to a later report, 1 in 5. Dr. Tyler Smith reports twenty cases, and four deaths. (*Medical Times and Gazette*, April 16th, 1864.)

The subject of this operation is the wife of a shoemaker, and was admitted into the Bristol General Hospital on February 6th, but had been for some months an out-patient under Dr. Martyn. She had enjoyed good health up to July 1861 (two years and a half previously), when one day in endeavouring to pass urine she found herself unable to do so; and at the same time was seized with a violent pain across the bowels, which caused her to faint. On brandy being administered, she shortly revived, and was then able to pass urine, when the pain wore off. On the following day, she noticed a swelling of about the size of a hen's egg in the right hypochondriac region. This tumour rapidly increased in size; so that in six months it filled the entire abdomen. About this time (January 6th, 1862), she was seized with violent pain in the abdomen, like labour-pains. She was seen by two medical gentlemen in this city, and was told by them that she had "inflammation of the bowels," and was ordered to apply six leeches, which afforded her great relief.

Six months later, she had a similar attack; and herself adopted the same treatment with a corresponding result. The tumour, however, gradually increased in size, and at the same time she lost flesh; and, from having been stout and tolerably robust, became wan and emaciated. Dr. Martyn has favoured me with the following particulars of her symptoms while under his care.

"For one year previously to her admission Mrs. A. suffered from steadily increasing interference with the digestive system. For the first part of this time (as the bowels enlarged) she got gradually thinner; then the gastric functions began to fail; she became pale and pinched, lost her appetite, and suffered very much from heartburn and gastralgia; now and then the stomach refused all food, and quantities of acrid fluid were brought up with pyrosis. The tongue became coated and the bowels confined, and the general distress and nausea almost constant. Treatment with aperients daily; antacids and sedatives always gave relief; and perfect rest in bed for some days before the operation, restored the appetite, and the stomach symptoms were all somewhat alleviated."

At the time of her admission, the abdomen was greatly distended, measuring forty-two inches in circumference; and, when lying on her back, was everywhere dull on percussion, except in the left lumbar region, where it was slightly resonant. Fluctuation was perceptible over the entire tumour. A vaginal examination proved the uterus to be in its normal position; and the menstrual function had always been regular. She has three children; the youngest being now between eight and nine years old.

A consultation with my surgical colleagues at the hospital, together with Drs. Martyn and Swayne, resulted in the opinion that the case was a suitable one for ovariotomy; and the operation was accordingly performed on March 10th, in a small ward of the hospital, which at the time was heated to between 65° and 70° Fahr. Chloroform having been administered, I made a short incision in the mesial line of the abdominal parietes, commencing an inch below the umbilicus, of sufficient length to admit my finger and ascertain if the tumour was adherent to the parietal peritoneal surface, intending, in the event of such having been the case to any great extent, not to proceed with the operation, but at once to close the wound. Finding, however, that I could pass my finger freely in every direction, I enlarged the incision downwards to within two inches above the pubes and upwards to the umbilicus, which gave egress to a considerable quantity of clear ascitic fluid. The tumour was then punctured with a trochar half an inch in diameter; but, to my disappointment, the contents of the cyst proved to be too thick and viscid to escape even through this large cannula. I accordingly withdrew it; and the tumour being drawn forward with hooks, the puncture in the cyst was enlarged, thereby allowing the escape of about a quart of its thick gelatinous contents; and great care was taken to prevent any from passing into the peritoneal cavity. The opening in this cyst was then still further enlarged, so as to enable me to pass my hand within it, breaking down the partition walls of innumerable secondary cysts, and in this way getting rid of upwards of a gallon of the contents of the entire tumour. I was then able (after some manipulation) to withdraw through the opening in the abdominal parietes the tumour, which is now on the table before you, and weighs ninety-two ounces.

The pedicle (consisting of the right Fallopian tube and broad ligament) being secured by a strong silk ligature tied round it, was then divided, and the tumour removed. The pedicle, after both ends of the silk ligature had been cut short, was dropped into the pelvis, and the wound closed with silver sutures at intervals of three quarters of an inch, each suture being made to include the peritoneum on each side of the incision. A superficial suture was then inserted between each of the deep ones. The hæmorrhage during the operation was very trifling, and not a single vessel required to be tied.

The subsequent history of this case is told in a few words, inasmuch as the patient never had a bad symptom from the hour of the operation; and even during the days immediately following its performance suffered less from shock or constitutional disturbance of any kind, than is usual after most of the major operations in surgery; she was perfectly free from pain; slept comfortably without the assistance of opiates; and showed no tendency to nausea or vomiting. The pulse during the first few days varied from 94 to 104; but by the end of the week was down to 86, and a few days later was at 62. The wound united throughout by the first intention. The deep sutures were removed on the fifth day, but the superficial ones were allowed to remain some days longer. Nourishment was prohibited during the first twenty-four hours; after which, she got milk and lime-water, beef-tea, and gruel alternately, in small quantities, frequently administered. This diet was continued till the eleventh day, when I yielded to her petition to have a chop; which agreed so well with her, that the allowance was doubled at the end of two days; and shortly afterwards she was promoted to a full diet. For the first few days the catheter was regularly passed every six hours. A dose of castor-oil was given on the seventh day; but, not acting, was repeated, and resulted in a free action of the bowels. This is the only medicine she required since the operation. She was able to leave her bed at the end of the month, and a week later to enjoy a walk. The catamenia returned on April 22nd (two months after her last period), and passed off properly. The cicatrix of the incision in the abdominal parietes is now perfectly firm and good, measuring exactly three inches in length. The course I adopted in the management of the pedicle appears to me simpler, as well as safer, than that of securing in the wound, as recommended by Mr. S. Wells and others.

I consider that this case sufficiently proves the propriety of performing ovariotomy in certain cases of ovarian dropsy; and in this particular instance it was the only expedient by which relief could be afforded. Its previous history is particularly interesting in connection with the two attacks of severe pain resembling peritonitis, for which leeches were applied. This made me fear that the tumour was more or less adherent to the parietal peritoneum or intestines. Fortunately, however, such was not the case.

The importance of being well and efficiently assisted during the operation, cannot be over estimated; and having myself been so favoured in this respect, I am able to speak of its advantages, while rendering my especial thanks to Mr. Coe and Mr Clarke for their valuable assistance.

Reviews and Notices.

LECTURES ON THE ELEMENTS OF COMPARATIVE ANATOMY. By THOMAS HENRY HUXLEY, F.R.S., Professor of Natural History, Royal School of Mines; and Professor of Comparative Anatomy and Physiology to the Royal College of Surgeons of England. Pp. 303. London: 1864.

THIS book contains the substance of the lectures which Professor HUXLEY delivered in 1863 at the Royal College of Surgeons. It is his intention, he says, should he continue to hold the position in the College which he now occupies, "to publish the substance of subsequent courses in a similar manner; and by that process to bring out, eventually, a comprehensive, though condensed, systematic work on Comparative Anatomy." Of the fourteen Lectures which the book contains, six are on Classification, and eight on the Vertebrate Skull.

Classifications of objects may be effected according to their properties or relations to each other or to other things, or according to the modes in which they are regarded. Thus, there may be, and have been, various classifications of animals; some, as that by Hunter, founded on organs; others on geographical distribution; others on palæontological arrangement, etc. The classification which the author of this work discusses is one founded purely on structure—a morphological classification, in which animals are considered "as fabrics, each of which is built upon a certain plan."

Having explained his views regarding classification in general, Mr. Huxley proceeds to describe, concisely, the leading characters of the several classes of invertebrate and vertebrate animals. In a table on page 6, he gives a list of these classes, bracketing them together according to the four subkingdoms of Cuvier—whose divisions, however, he must not be understood as accepting. The first three lectures are devoted to a consideration of the principal characteristics of the classes of invertebrata, without any attempt to collect them into larger divisions. In the fourth lecture, the author speaks of the vertebrata; and in them he at once recognises certain common characteristics which bind together the several classes —Pisces, Amphibia, Reptilia, Aves, and Mammalia, and distinguish them from the invertebrata. The most important of these structural peculiarities he, therefore, at once notices.

The first of these differential points consists in the fact, indicated by Remak and confirmed by Professor Huxley, that, while in the invertebrata "the external, or integumentary and parietal, portion of the blastoderm, never becomes developed into more than a *single* saccular or tubular investment", in the vertebrate classes a *double* tube is formed, by the raising up of the parietal portion of the blastoderm on each side of the middle line, so as to form a groove, the margins of which unite, and constitute a second tube parallel with the first. In this second tube, and from it, are formed the cerebro-spinal nervous centres. Hence, there are formed a visceral tube, representing the tube of the invertebrata; and a cerebro-spinal tube, which "appears to be a superaddition—a something not represented in the invertebrate series." The visceral tube in both contains the alimentary canal, the heart, and gangliated nervous cords. These facts open up the question of relation between the nervous systems of the invertebrata and the vertebrata; and on this point the author briefly observes that, "as Von Baer long ago suggested, ... there can be no comparison between the cerebro-spinal nervous centres of the *Vertebrata* and the ganglionated nervous centres of the *Invertebrata*, and the homologues of the latter must probably be sought in the sympathetic."

Other points of difference consist in the perforation of the principal masses of the nervous system by the gullet in the higher invertebrates, and the departure from this arrangement in the vertebrates; the presence of the "chorda dorsalis" or "notochord", and of visceral arches, in the vertebrata; the restriction of articulated limbs to two pair in the vertebrata, and the attachment of their muscles to an internal skeleton; the modification of limbs into masticatory organs in the invertebrata, while in vertebrata the "jaws are always parts of the cephalic parietes specially metamorphosed, and totally distinct in their nature from the limbs"; and the presence of a distinct vascular system and of a "hepatic portal system" in the vertebrata.

In the fifth lecture, the author inquires into the possibility of uniting into larger divisions the classes which he has been describing.

Taking first the highest classes, we find the mammalia, aves, and reptilia, united by certain striking features; viz., the possession of an amnion and an allantois, and the absence through life of apparatus for breathing air dissolved in water. Hence they have been termed *Abranchiate*, in contradistinction to amphibia and pisces, which possess no amnion nor allantois (or at most a rudimentary one), and which, from being provided during part or the whole of their life with branchiæ, have been called *Branchiate vertebrata*. (The terms anallantoid and allantoid are also sometimes employed in a similar manner.) Mr. Huxley, however, is disposed to separate mammals from birds and reptiles into a distinct primary division or province.

"The structure of the occipital condyles, the structure and mode of articulation of the mandibular rami, the presence of mammary glands, and the non-nucleated red blood-corpuscles, appear to separate Mammalia as widely from Birds and Reptiles as the latter are separated from Amphibia and Fishes."

The three primary divisions, then, into which the author divides the vertebrata are: 1, *Ichthyoids*, comprehending fishes and amphibia; 2, *Sauroids*, comprising reptiles and birds; 3, *Mammals*. As he clearly points out, the affinities between fishes and amphibia are very close; while those between reptiles and birds are much more intimate than would be expected on a merely superficial view.

While the different classes of the vertebrata possess characters which render their arrangement into groups comparatively easy, the arrangement of the various classes of the invertebrata is, as Mr. Huxley shews, a much more difficult matter. The subject is discussed by him with his well known ability; and, in the end, he states that

> "In the present state of our knowledge, the whole animal kingdom is divisable into eight primary categories or groups, no two of which are susceptible, in the present state of knowledge, of being defined by characters which shall be at once common and diagnostic.
>
> "These groups are the
>
> Vertebrata,
> Mollusca, Annulosa,
> Molluscoida, Annuloida,
> Cœlenterata, Infusoria,
> Protozoa.
>
> "I leave aside altogether the question of the equivalency of these groups; and...I entertain some doubts regarding the permanency of one—the *Infusoria*—as a distinct primary division. Nor, in view of the many analogies between the *Mollusca* and the *Molluscoida*, the *Annulosa* and the *Annuloida*, do I think it very improbable that, hereafter, some common distinctive characters may possibly be discovered which shall unite these pairs respectively. But the discoveries which shall effect this simplification have yet been made, and our classification should express not anticipations, but facts."

The sixth lecture is on the "Subdivisions of the Mammalia larger than orders." In this chapter, the author first notices the division proposed in 1816 by M. de Blainville, of *Ornithodelphia*, including the Monotremata; *Didelphia*, comprising the Marsupialia; and *Monodelphia*, comprehending all the other orders of mammalia. Of these, he regards the Ornithodelphia and Didelphia as "distinct natural assemblages"; while the further grouping of the Monodelphia into orders has been a difficult matter. The author notices and gives outlines of the placental classification proposed by Von Baer and Eschricht, and Milne-Edwards; and of the cerebral convolution classifications proposed by Mr. Waterhouse in 1843, and (according to Professor Huxley) substantially revived by Professor Owen in 1857. Professor Owen, however, as Mr. Huxley points out, "made some additions to the nucleus furnished by Mr. Waterhouse, which are unquestionably original"; viz., the creation of the class *Archencephala* for the genus *Homo*; and the assignment of the name *Lyencephala* to the implacental mammalia—the Monotremes and Marsupials. The classification of Professor Owen is sharply criticised, and, as will be expected by those who have been cognisant of the differences of opinion between him and the author of the present work regarding the presence or absence of certain parts known as the "posterior cornu" and the "hippocampus minor", is "shown to be devoid of any sound foundation." Professor Huxley then goes on to discuss the classification founded on the structure of the placenta; and to this he gives the preference—at least, he says in concluding the chapter:

> "Admitting all the difficulties and gaps in our information, it appears to me that the features of the placenta afford by far the best characters which have yet been proposed for classifying the monodelphous *Mammalia*, especially if the concomitant modifications of the other fœtal appendages, such as the allantois and yelk-sac, be taken into account. And it must be recollected that any difficulties offered by the placental method, attach with equal force to the systems of classification based upon cerebral characters which have hitherto been propounded."

Of the lectures on the Vertebrate Skull, it would be difficult to give an intelligible analysis—they must be read to be understood. In the last lecture, the author examines the various views which have been advanced as to the structure of the skull. The theory that the skull is formed of a series of modified vertebræ—taught in this country by Owen, and accepted by many—finds no favour with the author. He quotes various observations of anatomists and histologists having a bearing on this subject, gives a summary of what he conceives to be the present state of our knowledge regarding the structure and development of the skull, and observes that the facts brought forward

> "Place the doctrine of the unity of organisation of the vertebrate skull upon a perfectly sure and stable footing, while they appear as clearly to negative the hypothesis that the skull is, in any sense, a modification of vertebræ.
>
> "But, though the skull has not a vertebral structure, and in its membranous and cartilaginous states is not even segmented, it assumes a very definite segmentation in its completely ossified state.
>
> "In every well ossified cranium there is, assuredly, an *occipital segment* ('ear-vertebra' of Oken), formed by the basi-occipital, ex-occipitals, and supra-occipital; a *parietal segment* ('jaw-vertebra' of Oken), constituted by the basi-sphenoid, ali-sphenoid, and parietals; a *frontal segment* ('eye-vertebra' of Oken), composed of the presphenoid, orbito-sphenoids, and frontals; and a *nasal segment* ('nasal vertebra' of Oken), formed by the ethmoid, prefrontals, turbinals, nasals, and vomer." (P. 301.)

We trust that no long time will elapse before Professor Huxley shall bring to light, in accordance with the intention expressed in his preface, another volume of his lectures.

THE CLASSIFICATION OF SKIN-DISEASES; containing a Tabulated Arrangement of all the Principal Modern Classifications, and a Modified Scheme. By W. TILBURY FOX, M.D.Lond., Physician to the Farringdon General Dispensary. Pp. 43; with Tables. London: 1864.

THIS little work is founded on a paper read by Dr. TILBURY FOX before the Medical Society of London during the present year; and its object is to place before the profession, if possible, a clear view of a complicated subject.

Dr. Fox informs us that, "from time to time, in consequence of the variableness of pathological doctrines, different divisions and arrangements" (of skin-diseases) "have been adopted, but not one as yet has satisfied the requirements of the practical physician." These divisions may be arranged into two great ranks —those founded on anatomical considerations, and those founded on causation. The former—the anatomical classification—has been generally preferred; lately, however, it has been urged that skin-diseases should be not classified according to aspect but to causation. Dr. Fox. on the other hand, holds that it is premature to abandon the anatomical classification, and points out that it is difficult, if not impossible, in the present state of our pathological knowledge, to assign this or that disease to its pathological origin.

How, he asks, are we to know what share the nervous system has in any given disease, or what the blood?

> "We err, it appears to me, very greatly in forgetting the *compound* character of the nutritive function. We call this a blood-, that a nerve-, that a lymph-disease; as though the two, for example, nerve and blood, ever, in actual disease, were mutually independent in action."

After reviewing several of the modern systems of classification—viz., those of Messrs. Startin, Hardy, E. Wilson (last classification), Buchanan, etc., Dr. Fox proposes an anatomical arrangement, differing from that of Willan and his followers in being founded on the extent and seat of the disease rather than on its aspect, and modified by causation—an arrangement, in fact, resembling in general outline, and more or less in detail, that proposed some years ago by Mr. Erasmus Wilson. He makes two grand divisions, into *parasitic* and *non-parasitic* diseases; and the latter are further divided into diseases affecting the epidermis, and those of the derma. This classification will be found at the end of the work, in a list of tables shewing the arrangements of Willan and Bateman, Willan (modified by Dr. Gull), Startin, Wilson, Cazenave, A. B. Buchanan, Hebra, and Hardy; and to this table, and the explanatory remarks thereon, we must refer our readers for further information.

Whether Dr. Fox's classification be adopted or not (and he regards it as only provisional), he has given a very fair and just outline of the present state of the classification of skin-diseases, and of the difficulties attending it.

ALLEGED ANTISEPTIC PROPERTY OF THE SUGAR-CANE. In the West Indies the fibrous residue of the sugar-cane, after it has passed through the mill, is called cane-trash. Until now this residue was not known to possess any remarkable properties, and the only use that was made of it was to tie it up into faggots when dry, or else to give it to cattle. But accident, as is generally the case in most scientific discoveries, has lately revealed a property in this refuse of the sugar-mill which it had never been suspected to possess; and henceforth, should further experiments confirm the fact, the cane, while it yields sugar to the community at large, will afford medical men a valuable therapeutic agent. A few months ago a physician of Georgetown was summoned by the authorities to examine the body of a man that had been discovered under a heap of cane-trash. He was surprised to find that the body emitted no smell, and that instead of being in a state of putrefaction, it was dried up, like a mummy. He did not at the time proclaim his discovery, but immediately instituted experiments on dead animals, which completely confirmed his observation. Convinced thereby that by the fermentation of fresh cane trash a disinfecting and antiseptic gas was evolved, he immediately turned his attention to the means of employing the sugar-cane as a preservative against epidemics and contagious diseases, and as a medicinal plant generally. There happened to be at the time a great number of patients suffering from ulcers in the hospitals, and a contagious gangrene had declared itself; the physician caused several tubs containing cane-trash to be placed in the wards, and the supply to be renewed at intervals. In a short time the atmosphere of the hospital was purified, the contagion ceased, and none of the patients who had not caught the gangrene before were attacked with it. (*Standard.*)

British Medical Journal.

SATURDAY, JUNE 11TH, 1864.

CAMBRIDGE SCHOLARSHIPS.

SEVERAL correspondents have recently called our attention to the advantages of University study as a preliminary training for medicine; and especially to the pecuniary facilities offered in our great seats of learning to the careful and intelligent student. The information, indeed, which has been laid before us by Dr. Humphry, Dr. Ogle, and a writer in this day's JOURNAL, in reference to the number and value of the scholarships obtainable at Cambridge, will doubtless be as new to many of our readers as it has been to us. There can, we think, be no doubt that one great reason why more advantage is not taken of University study by medical men is, that sufficient cognisance is not taken, by those whose sons are about to enter the profession, of the material aid afforded in our Universities.

The main facts of the case, as regards Cambridge, have been placed before us. Dr. Humphry, in his letter (JOURNAL, March 5), speaks of the Fellowships, of which several have been held by well known members of our profession. These, indeed, are high class prizes, and are for the advanced student or the graduate, rather than for the incipient. But there are other pecuniary advantages in the University of which we are speaking, much more numerous than is generally known, and capable of proving, if sought for, of great practical value to the student.

Thus, from some notes with which we have been supplied by a gentleman whose information appears based on the best authority, we learn that a student entering Trinity College, Cambridge, may obtain a sizarship worth £60; a minor scholarship worth £60 or £70; and a prize at the end of his first year, of £10, £20, or £30, making in all from £120 to £150 or £160 a year. At the end of one or two years, foundation scholarships (not tenable with the minor scholarships), little short of £100 in value, may be obtained. In St. John's and the other Colleges, there are also scholarships of nearly equal value to those already mentioned; and, throughout the University, there has been in recent years, through good management, an increase in the revenues of the Colleges, and a consequent augmentation of their capabilities of affording money rewards to intelligent and industrious aspirants. Altogether, as our correspondent in this day's JOURNAL informs us, the total sum given annually by the Colleges at Cambridge amounts to £26,000, in four hundred and fifty scholarships, having an average value of £55. And the information to which reference has been made above is confirmed by a statement made to Dr. Ogle by an actual recipient of some of the endowments, who writes as follows:—"In one year, I received £60 from scholarships; and when I came out in the Natural Science Tripos, the Caius Senior Fellows voted me £50 a year to the time of my taking the M.A. degree." (JOURNAL, April 9.) Many men indeed, we learn, have been more than repaid their University expenses, by the scholarships and other prizes which they have gained.

But the pecuniary advantages to which we have referred, of however great value they may be to the student, would be of comparatively little worth if the intellectual advantages whose acquisition they are intended to facilitate were of an inferior order. Happily, this is not the case. Dr. Humphry has well observed that—

> "For the intelligent and industrious student, the Universities are the very best entrance to our profession. Even if he fail to gather those golden apples, of which there is so abundant a crop, he is sure to bear away still more valuable fruit, that will stand him in good stead for the remainder of his life." (JOURNAL, March 5th.)

Dr. W. Ogle, too (JOURNAL, March 26th), himself a Cambridge graduate, confirms generally the opinion expressed by Dr. Humphry; and the correspondent who writes in this day's JOURNAL endorses the same sentiment, and, as a mark of his appreciation of the value of University training, signs himself as one "who regrets not having had an University education." It is not surprising that those who have enjoyed the benefits of an University education, or who have witnessed its advantages in others, should thus express themselves. Independently of the position which the possessor of such an education always holds, it is the mental training undergone by him in its acquirement—the accuracy of observation and of thought which, being at first indispensable, ultimately becomes a habit—that is of so great value. And, however completely we agree with our correspondents as to the value of a sound classical training, and recognise this value as being as great to the medical as it can be to the student of any other profession, we must dissent from Dr. Ogle when he expresses a fear that the recent changes in favour of the "natural sciences", and other proceedings which the Universities are taking in order to adapt them to the demands of the age, will cause them to "lose their character of soundness and solidity". Surely, if there is any soundness and solidity in modern science, the universities cannot lose their character by adopting it. Have not the universities, in fact, held their ground in public estimation by adapting themselves to the requirements of their time? If it were otherwise, they would surely possess no chairs of Medicine or Surgery, of Chemistry, Botany, or Natural Philosophy. It is true that, a few years ago, modern natural science had not obtained in them an amount of recognition commensurate with that which it was gaining among the public; but in this respect an improvement has taken place; and natural science is now in a fair way of taking its place on a par with the older and time-honoured branches of learning, which have ever been associated with the word University. By this judicious conservation of the old and adoption of the new in learning, the Universities assuredly gain rather than lose in *prestige;* and, what is specially to the purpose, they are becoming more fitted for the training of the medical student.

With regard to the strictly professional education required by the universities, we will here merely remind our readers of the fact, that the University of which we are now speaking—that of Cambridge—does not insist that the student's whole time of medical study—four years—shall be passed within its walls. He may, during a part of his studentship, obtain elsewhere the instruction necessary to enable him to obtain his degree. "Half of his time, or six terms," say the Cambridge regulations, "must be spent in medical study in the University, and the remainder in any great medical school." A similar observation is, we believe, applicable to the University of Oxford.

One word, before we conclude, as to the position which the possession of an University degree gives to a medical practitioner. Our esteemed correspondent, Dr. Ogle, whom all will recognise as sincerely desiring the more extensive diffusion of University advantages among our profession, opines that the very fact of the high name which an University degree gives a man, and the consequent idea that it renders his dignity too high for ordinary practice, are sufficient to deter parents from sending their sons to the Universities. If such a notion exist on the part of the public—and we do not deny that some do entertain it—it is a very absurd one. The idea that practitioners of medicine can have so high a name—so great a reputation for their general mental endowments and education—as to cause them to despise what are considered the more humble—though equally honourable—lines of practice, is surely not at all in accordance with the fact that medicine recognises no distinction of persons. If such an idea be prevalent, let it be met by multiplying the number of University graduates in medicine. It may be, that the very rarity of practitioners educated in the Universities has given them a pseudo-standing with the public, which they would never claim for themselves. And assuredly it cannot be the feeling of our Universities, that they will lose dignity by whatever honest and honourable course of practice their graduates may find it advisable to adopt on the commencement of their career. That only would be dishonourable and degrading, which was dishonest in principle.

We would earnestly call the attention of our associates to the outline of the advantages afforded by the University of Cambridge to the student. More extended details they will be able to learn when they attend the annual meeting of our Association in August next; and there is little room for doubt that many of them, when they learn what benefits, both in pecuniary aid and in mental training, are being lost to students of our profession through ignorance of their existence, will fully appreciate the surprise expressed by a late shrewd dignitary of the church, "that the members of our profession are not more alive to the advantages offered by our Universities".

VIVISECTION AND "TORTURE" TRAPS.

The Society for the Prevention of Cruelty to Animals have not yet done with the vivisectionists. They now offer a prize of £50 for "an essay against vivisection in England, and 1,000 *francs* for a similar one in the French language." Our readers should observe that their prize is for a *counterblast* essay to vivisection, not for an essay which shall calmly discuss the question. No one, therefore, need trouble himself to take the subject in hand, unless he is prepared to go the total *delenda est vivisectio* length.

It is rather amusing to observe that the many country gentlemen connected with the Society (and, of course, all country gentlemen are sportsmen) have unconsciously convicted themselves of cruelty to animals in their last Report. They offer a "prize of £50 for an improved vermin-trap." The present vermin-trap, we are informed, causes great and prolonged "torture" to certain of the lower animals; and, as there are no animals that escape the protection of this Society, vermin must be protected against cruelty! Well, our country gentlemen, members of the Society for Prevention of Cruelty to Animals, keep game; and keep game for their sport—for the *amusement* of killing it. But, in order to keep game, certain game-destroyers (and therefore designated vermin) must be destroyed; and their destruction is effected by a process which usually inflicts great and very prolonged torture upon them—torture as great as, and, in fact, often very must greater than, is ever inflicted on animals by men of science labouring in the cause of humanity—labouring for the purpose of relieving the sufferings of man! These country gentlemen, consequently, by an inevitable logic, inflict "torture"—the word is their own—on vermin, simply for their amusement! If, therefore, they were logical—that is, if they applied to themselves the conclusions which they apply to vivisectionists—they would necessarily be driven to the absurdity of giving up "sporting".

We recommend this bit of solid and simple argument to the logical sense of the Society; and we should be glad to hear what answer can be given to it. The sporting members of the Society, by the very fact of this offer of a prize for a vermin-trap which shall not cause "torture", convict themselves of being *participes* to the commission of the crime of "torturing" animals. We ask the Earl of Harrowby how he can reconcile it to his conscience, or common sense rather, as President of the Society for the Prevention of Cruelty to Animals, to allow his gamekeepers to trap—*i. e.*, in the words of the Society itself, to "torture"—animals; and to torture them, be it observed, simply for his amusement—*i. e.*, that he may have the pleasure of destroying game? We could go further. We could put him a puzzling query about this very item of game-destroying; and in this way. Every sportsman knows that, out of every hundred head of game shot at, a certain percentage get away wounded—*i. e.*, vivisected; and to get away wounded means, as a rule, to die a painful and lingering death. If his lordship would look beyond the narrow limits of a blind and bigoted ideal humanitarianism, if he would make himself master of all the facts of the case which his Society takes in hand, he would find that more "torture" is inflicted in this country on the lower animals on any 1st of September, 12th of August, or 1st of October, than is suffered by the lower animals in the hands of physiologists during many years! He will find, moreover, that in one case the "torture" is inflicted simply and solely for the mere amusement and "sport" of a few individuals, and that in the other the "torture" is inflicted for the simple and sole object of relieving the woes and sufferings of all humanity, of the whole human race!

Thus, then, the sporting members of this very illogical Society, with the Earl of Harrowby at their head, actually "*torture*" vermin in the first instance, that they may have the pleasure of *torturing* game in the second; and all this for mere amusement! We would suggest that, until they have dismissed their gamekeepers and thrown their vermin-traps away (which we should deeply regret to hear of their doing), they cannot come, at least as reasoning beings, with clean hands to the physiologists and preach about vivisection. Of course, we make this suggestion simply to show the absurd position in which the Society have placed themselves by taking up extreme and passionate views.

But far be it from us, in saying this, to patronise or palliate the infamous practices, the unjustifiable practices, committed in French veterinary schools, and in many French medical schools, in the matter of vivisections. We repudiate as brutal and cruel (and as most unjustifiable, because unnecessary), all surgical operations performed on living animals. We repudiate the repetition of all experiments on animals for the demonstration of any already well determined physiological question. We hold that no man, except a skilled anatomist and a well informed physiologist, has a right to perform experiments on animals. But we maintain that physiologists have a perfect right—that it is their duty, in truth—to perform experiments on animals, if they can thereby advance medical science—that is, relieve the sufferings of mankind.

We put this case to the Society, and will rest the whole matter on their answer to it. Are they ready to give up the blessings of chloroform—blessings which reach over the face of the whole civilised earth. and will endure to the end of time—if they can get back to life the dozen of rats, cats, dogs, and *vermin* which were *necessarily* destroyed (tortured, if they please) in working out the grand discovery? Let the Society answer this: Will they boldly state that they are ready to give back to the world of the *unknown* the immense and lasting gift of chloroform, in exchange for the lives of the rats, cats, and vermin which were sacrificed in obtaining it? Their answer must obviously be in the negative; and their refusal to part with the gift on such terms is a complete refutation of the position they have assumed, and a complete condemnation of their *unreasoning* onslaught on vivisections.

ELECTION OF COUNCILLORS AT THE ROYAL COLLEGE OF SURGEONS.

Mr. Turner of Manchester will this year again present himself as a candidate for the office of Councillor to the Royal College of Surgeons. We need scarcely repeat the claims which he possesses to fill such appointment, so well known is Mr. Turner to every member of the profession by his reputation as a surgeon. We sincerely trust that he will receive, as he deserves, the warmest support of the Fellows of the College, both in London and in the country. The London Fellows cannot but admit, that it is very desirable to have the surgical profession in the provinces represented in the College by a provincial practitioner; and, of course, the country Fellows must be especially desirous of seeing one of themselves, at all events, occupying a seat in the Council. Indeed, both town and country Fellows should only be too glad to support any provincial gentleman who is willing to devote himself to the duties of Councillor.

This election will again remind the country Fellows of the very unjust position in which they are placed in reference to the manner of the election in question. Our readers may remember that last year the British Medical Association petitioned the Royal College of Surgeons on the subject of the election, and were informed that, as the Charter at present stands, redress of the grievance is not possible. The grievance is this—that the election of Councillors is virtually in the hands of the Fellows who reside in London. Why should it be so on any principle of fairness? It is manifest that the country Fellows cannot express their opinions unless they have the power of voting by proxy, as is done at the elections of Oxford and Cambridge. No class of men are so much tied to their homes, so *adscripti glebæ*, as medical men, and for very obvious reasons. No class of men, therefore, have a greater claim to the privilege of voting by proxy.

We sincerely trust, therefore, that no country Fellow will record his vote for any candidate for the Council who will not pledge himself to use his best endeavours to secure for the country Fellows this power of vote by proxy. If an alteration of the Charter be required to secure the power, let proper steps be taken by the Council to obtain such alteration of the Charter. We appeal to the London as well as to the provincial Fellows, and ask them, Is it just that the election of Councillors should be solely in the hands of the London Fellows, as it in reality is at the present moment?

We have no hesitation in saying that, if the power we are seeking for the country Fellows were given them, a great blow would be struck at the system of canvassing and jobbing, and, we must add, trickery, which has of late too often distinguished the annual election of Councillors to the College. No one will venture to say that the country Fellows are not just as capable of making a good choice as the London Fellows. Most assuredly, they are much more likely to make an unprejudiced one—one in which no personal considerations would enter. They would elect their man on the strength of his professional reputation and character, and not out of any private or personal motives.

Besides, and above all, the great body of the Fellows are, by the present system of election, which requires the presence of each voter at the election, actually deprived of performing the very function for which the body of Fellows were instituted. The Fellows were created for the sole purpose of forming an elective body. On what principle of sense or justice, then, we again ask, is the election permitted to fall into the hands of the London Fellows only?

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A testimonial was presented on Monday last to Dr. T. L. Mackesy of Waterford, in recognition of his services to the public and the profession, and to commemorate the fact of his having been the first provincial surgeon who filled the office of President of the Royal College of Surgeons of Ireland. The testimonial, which was presented at a meeting held in the College of Surgeons, the President (Dr. Jacob) being in the chair, consisted of a portrait of Dr. Mackesy, and of an epergne, having the superior part supported by three female figures, representing Faith, Hope, and Charity, and the following inscription on the base:

"Presented, with a portrait of himself, to Thomas L. Mackesy, F.R.C.S.I., M.D. Honoris Causâ, Trinity College, Dublin, late President of the Royal College of Surgeons in Ireland (the first provincial surgeon that ever obtained that distinction), by a large number of his medical brethren, to testify their high sense of his disinterested and untiring efforts, while consulting the best interests of the public, to sustain and elevate the profession which he adorns."

The Archbishop of York, on the occasion of the distribution of prizes to the students of St. Mary's Hospital on the 8th instant, delivered a very instructive discourse on Education. The Archbishop should know something of the subject, "having passed the best years of his life in the work of education in an eminent place of learning." We are glad to find that the Archbishop fully confirmed the views on lecturing, etc., which have been lately given in this Journal. Curiously enough, indeed, he even used some of our very expressions. He said, as we did, that in our present system the student was too much of a passive hearer, and too little of an active learner.

"He had an impression—it might be quite erroneous—that the system of teaching medicine was too much professorial and too little tutorial. It might be that he was prejudiced in favour of the tutorial method, that this kind of active attention was very easily given on the part of the pupil, whereas the passive attention, which received and gave nothing back was very difficult to maintain. He maintained the tutorial system against the professorial. He had heard that the lectures the students of the hospitals are expected to attend varied from fourteen to twenty-one in the week. He thought that an extraordinary number. At Oxford, where the lectures were easier, they thought twelve in the week a very good average, and even with that number, towards the end of their time, when preparing for examination, students often come to their tutor to be excused from attending lectures, and their request was granted as a matter of course. He was disposed to say a word in favour of mercy with regard to the number of lectures. [*Cheers, in which the students most emphatically joined.*] It seemed to him almost impossible that a man could sit three or four hours, constantly receiving and giving nothing back, without wasting a considerable portion of that time. It was possible, therefore, that a hint from the Oxford system might profitably be taken by their excellent institution; and that, when it was known that the pupils were profitably employing their time, they might with advantage be left more to themselves in the pursuit of their studies."

The *Army and Navy Gazette* of May 28th, 1864, says: "There can be no military character assigned to a non-combatant. The medical officers of the army belong to the civil branch of the army." We suppose that the Duke of Wellington, successive Commanders-in-chief and War Ministers did not understand this, or they would not have committed the blunder of admitting medical officers to the honours of the Military Division of the Bath. The next step will be for the *Gazette* and its military patrons to declare that the medical officers are camp-followers.

A medical Congress, which is to last for six days, will open at Lyons on September 26th. It is to be solely of a scientific character; not a word of politics or professional interests will be discussed. A series of twelve questions are proposed for discussion: 1. Sanguineous Concretions in the Heart and Great Vessels, etc.; 2. Are there really such distinct Diseases as Paralysis Agitans, Progressive Atrophy, etc.? 3. The Proofs of the Curability of Phthisis; 4. The Treatment of Anchylosis; 5. What Progress has Surgery made through Modern Researches touching the Osseous System? 6. What means can be substituted for the knife in order to avoid the accidents attendant upon wounds? 7. Consangunity, and Consanguineous Marriages; 8. The Genesis of Parasites; 9. The Contagious Element in Syphilitic Individuals; 10. The Use of Forceps in Midwifery; 11. The Insane who may be properly removed from Lunatic Asylums, and who may be placed in private families, or put to work on the land; 12. The Value of Iridectomy.

The Demonopathic Hysteria at Morzine in Savoy, which was for a time quieted by the judicious intervention of Dr. Constant, Inspector-General of the Insane, has again broken out there. The Bishop of Annécy, like his predecessor, attempted to assuage the folly; but, so far from being listened to, he was threatened with violence. The Minister of the Interior has, therefore, again sent Dr. Constant to the infected district, for the purpose of arresting the progress of this new species of convulsions. The females affected with the convulsions believe themselves to be possessed with the devil.

M. Flourens, on re-appearing in the Academy on the 3rd instant, after several weeks' absence, thanked the Academy, collectively and individually, for the numerous marks of sympathy which he had received whilst suffering under a painful disease. "I owe my life," he added, "to M. Velpeau, and am glad to express my gratitude to him in the walls of the Academy."

Last year, M. Fournié related to the Academy of Medicine the case of a young man who had been inoculated with syphilis through catheterism of the Eustachian tube by a certain Dr. X. M. Ricord, consulted on the case, remarked that he had previously seen four other patients who had been inoculated with syphilis in the same way and by the same doctor. Dr. Lartet now relates in the journals another case, and still from the hands of the aforesaid blank Parisian.

Hygiene in Bombay. An admirable report on the sanitary state of the island of Bombay, by Dr. Leith, Inspector-General of hospitals, has just been published by Government, which exposes the utter inefficiency of the municipal board, as exhibited in a state of filthiness and want of sanitary measures that is perfectly appalling. Cholera still continues to make sad ravages among the inhabitants of the native town in Bombay.

THE SYPHILITIC SCHOOL OF LYONS.

M. Rollet is retiring from the position held by him for nine years—the senior surgeonship to the Antiquaille—which he has filled with much credit to himself and advantage to science; and he has recently reviewed the progress that our knowledge of syphilitic diseases has made during that period. More than twenty thousand patients have during those nine years been under his observation.

Educated in the school of Ricord, when he took office blennorrhagia was generally recognised as a disease distinct from syphilis. It is now almost universally acknowledged that, in inoculating the secretion from a simple soft chancre, a pustule is produced which becomes a simple soft chancre in its turn. In inoculating the secretion from a blenorrhagia, on the contrary, no result follows. The experiments so often repeated in Paris, upon this subject, were intended to show the difference between blennorrhagia and syphilis. But, in order that they should have any value for the purpose for which they were designed, the results of inoculating the secretion of an *indurated* chancre and the secretion from a blennorrhagia should have been compared. To the astonishment of those who so frequently witnessed and performed these experiments, it is now found that the indurated chancre is no more inoculable on the person who has it than is a blennorrhagia! The experiments so often exhibited, then, at the Hôpital du Midi, to the admiring circle of students, if they proved anything, would have proved that blennorrhagia and real syphilis were the same, rather than different diseases. The doctrine of the non-identity of blennorrhagia and syphilis is of English origin, and is due to Bell. The doctrine of the duality of chancres, on the other hand, originated in France, and is due to M. Bassereau.

Ricord was very near the truth when he said that there were some chancres which were not followed by secondary symptoms, and some which were; but he ought to have gone a step further, and asked himself whether the soft chancre did not differ essentially in its nature from the hard. This all-important question he left for others to solve. One of the principal proofs of the duality of chancres rests upon the past history of the disease. Blennorrhagia and the simple chancre were described by ancient authors; but astonished Europe beheld syphilis, as it affects the constitutions of men, for the first time in the fifteenth century.

After the historical proofs come clinical observations. M. Bassereau proved, in fifty cases, that the indurated sore had been acquired from an indurated sore; but, being biassed by the doctrine of his great master, he left out of his table those cases in which syphilis had been acquired from a person affected with secondary disease. M. Rollet, on the contrary, carried on his clinical investigations on a much larger scale, and showed that secondary syphilis was communicable; and that, wherever syphilis had been acquired, some form of the disease, either primary or secondary, existed in the person from whom it was taken. It is estimated that more than a thousand cases have been known where secondary syphilis has been transmitted to children at the breast, or from them to their nurses, or transmitted by means of vaccination.

Under the head of clinical observation, as a proof of the duality of chancres, is to be noted the period of incubation of the indurated sore, and its first appearance as a papule, in contradistinction to the first appearance of the simple chancre as a pustule. These facts, so well established and recognised in the present day in almost all the countries of Europe, do not agree with the theories of the past. The occasional transmission of syphilis from an apparently simple blennorrhagic discharge, or the occasional inoculation of that discharge so as to produce syphilis, was explained in Ricord's school by the supposed existence of a concealed chancre (*chancre larvé*) in the urethra. The secretion from this concealed sore was supposed, in all such cases, to become inoculated upon the person who received the disease. This explanation will no longer hold, under the new light shed upon the subject by recent investigations. It is now agreed by most who have directed especial attention to this matter, that a person can rarely, and only in exceptional cases, have an indurated sore a second time. It would be a curious fact, indeed, if this sore came for the first time in any individual in the depths of the urethra. Any sore occurring after this first one would be of the suppurative kind; inoculation would produce the specific pustule, and not an indurated sore. But in Hunter's case it was a "thickened sore" which was produced, and this was followed by secondary symptoms. The conclusion is, that if in this case there were a urethra-chancre at all, it was a form of secondary disease, from which the inoculated secretion was derived.

The last kind of proof of the duality of chancres is derived from experiments. The soft chancre may be reinoculated upon the same person almost an indefinite number of times; the hard chancre, only in exceptional cases. M. Fournier succeeded in inoculating this disease twice only in 100 experiments; M. Rollet, twelve times in 200 cases. In the face of these facts, what shall we say to Professor Boeck's directions for employment of the so-called syphilisation? "I take," he says, "the virus of an *indurated* chancre. . . . I make the first inoculations upon the sides of the trunk, three upon each side. After three days have elapsed, I make three more inoculations, etc." (*Recherches sur la Syphilis*, par W. Boeck: 1862.) It is evident that Professor Boeck's experience with regard to the inoculability of the indurated chancre is directly contradicted by the experience of medical men who have directed their attention to this subject in France, Germany, and England. The author of this article has now under his care a gentleman who underwent some hundred and sixty inoculations by Professor Boeck. At the same time, it was supposed to be a most successful case. He is, however, now suffering from much the same symptoms as before his heroic treatment; but the symptoms do not appear to be those of syphilis at all! And, as far as his history goes, it does not appear that he has ever had syphilis, either from the result of the syphilisation, or from any other cause!

It is evident that, if Professor Boeck inoculates his patients at all from indurated chancres, it can be only in such cases as those in which M. Fournier and M. Rollet succeeded, and which must be looked upon as exceptional.

The occurrence of these exceptional cases M. Rollet accounts for by considering them as cases of mixed chancre, or chancres in which a double inoculation has taken place. He believes that a soft chancre retains its inoculability, although it may be seated upon a hard chancre which is not itself inoculable; so that, even in cases where a hard chancre has appeared to have been inoculated, it is not so, but the secretion of the soft chancre has in reality produced the effect, after having become mixed with the secretion of the indurated sore.

But the most decisive proof of all of the duality of the syphilitic poison is the inoculation of the secretion of an indurated sore or of a secondary affection upon a person who has not previously had syphilis. Such experiments are not wanting, and have, in fact, been repeated oftener than the circumstances justify. A papule has, as a rule, followed these inoculations; but a papule not developed immediately, as is the pustule from a soft sore, but after the lapse of some three, four, or five weeks. Taking the average duration of this period of incubation in all the recorded experiments of the kind, M. Rollet found it to be twenty-six days.

Our limits enable us to give an outline of one part only of M. Rollet's admirable discourse, which throughout bears the marks of a liberal and enlightened mind of the first order. Nor must we omit to mention that in that discourse he has done ample justice to those who have laboured in the same field as himself in Vienna, in Munich, and in London.

High Walls and Lunatic Asylums. There is much gloom and discomfort and very little additional security in a high wall. A patient is in the house now who effected his escape a few days ago over the highest part of the highest wall on the male side, and he has returned to boast that a wall *of twenty* feet high would never stop him. He can climb like a cat, and he seems, from his own acknowledgement, to have *been in and out of* various places of confinement. Within the last twelve months he has escaped twice from an asylum in Surrey, and twice from the Suffolk Asylum, and at different times he has been an inmate of the asylums at Hoxton, Brentwood, Maidstone, and Hanwell, from each of which he has either been discharged, or escaped without subjecting himself to any *legal formality*. He bears a brand on his side of the letter D, as a deserter from the army; and he complains of having been punished in barracks by heavy shot drills. He says that after one of his escapes he walked seventy-two miles in twenty-five hours, from Charing Cross to Ashbocking, without food. He still protests against the injustice of his personal detention; with what justice he complains his acts will show. (*Dr. Kirkman's 26th Report.*)

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 10th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Metropol. Counties. [Special General.]	37, Soho Square.	Monday, June 13, 4 p.m.
South-Eastern. [Annual.]	Town Hall, Brighton.	Thursday, June 16th, 2 p.m.
East Anglian. [Annual.]	General Hospital, Bury St. Edmund's.	Friday, June 17th, 2 p.m.
Birmingham and Midland Counties. [Annual.]	Hen and Chickens Hotel, Birmingham.	Friday, June 17th, 3.30 p.m.
Midland. [Annual.]	Exchange Rooms, Nottingham.	Thursday, June 23rd, 2 30 p.m.
South Midland. [Annual.]	Woburn.	Thurs., June 23, 1 p.m.
Lancash. & Cheshire. [Annual.]	Town Hall, Lancaster.	Wednesday, June 29th, 12 noon.
North Wales. [Annual.]	Black Lion Hotel, Mold.	Tuesday, July 5, 1.30 p.m.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Wednesday, July 6, 2.30 p.m.

METROPOLITAN COUNTIES BRANCH.

A Special General Meeting of the Metropolitan Counties Branch will be holden at 37, Soho Square, on Monday, June 13th, at 4 p.m.:

To consider the present position of the Army Medical Service, and to take such steps in the matter as may seem advisable.

A. P. Stewart, M.D.
Alexander Henry, M.D. } *Hon. Secretaries.*

N.B. Members of the Association in London and the neighbourhood, who may be desirous of expressing their opinions in regard to army medical matters, but have not yet joined the Metropolitan Counties Branch, may be admitted to membership on application, in writing, to either of the Honorary Secretaries, Dr. Stewart, 74, Grosvenor Street, W., or Dr. Henry, 15, George Street, Portman Square, W.

SOUTH-EASTERN BRANCH.

The Annual Meeting of the South-Eastern Branch will be held at the Town Hall, Brighton, on Thursday, June 16th, at 2 p.m.; Ed. Latham Ormerod, M.D., F.R.C.P., in the Chair.

Gentlemen desiring to bring forward communications, will be pleased to give notice to the Secretary one week previous to the meeting.

The dinner will take place at the Old Ship Hotel, at 5 p.m. precisely.

C. Holman, M.D., *Secretary.*

MIDLAND BRANCH.

The Annual Meeting of the Midland Branch will be held at the Exchange Rooms, Nottingham, on Thursday, June 23rd, at 2.30 p.m.; W. H. Ransom, M.D., President.

Dinner at the George Hotel, at 5 o'clock.

Joseph White, *Hon. Secretary.*

SOUTH MIDLAND BRANCH.

The Annual Meeting of the South Midland Branch will be held at Woburn on Thursday, the 23rd of June, at 1 P.M.; H. Veasey, Esq., President.

Gentlemen intending to read papers or cases are requested to forward the titles of same to Dr. Bryan, Northampton, not later than the 9th of June.

John M. Bryan, M.D., *Secretary.*

LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-eighth Annual Meeting of this Branch will be held in the Town Hall, Lancaster, on Wednesday, June 29th, at Twelve o'clock, noon: E. D. De Vitré, M.D., President.

Gentlemen intending to read papers are requested to transmit the titles of the same to the Honorary Secretary, Dr. Wm. Roberts, Chatham Street, Manchester, not later than June 16th.

William Roberts, M.D., *Hon. Sec.*

MIDLAND BRANCH: QUARTERLY MEETING.

The Quarterly Meeting of the Midland Branch took place on June 4th at Matlock. There was a very good and influential attendance, most of the leading practitioners of Derby and the neighbourhood being present. Dr. Cantrell of Wirksworth took the chair, in the unavoidable absence of Dr. Goode, the President for this year.

After the usual business had been transacted, and two papers—one by Mr. Lindley on Club-Foot, the other by Mr. Dolman on Hæmorrhage from Palmar Arch—had been read and discussed, the members and friends visited several of the beauties of Matlock.

An agreeable afternoon was pleasantly terminated by a first-rate dinner at the new Bath Hotel. After dinner, some very apposite remarks were made on the inconsistencies of the proposed alteration of the County Court law, and hopes were expressed that the several branches of the British Medical Association would petition both houses against the passing of such an unjust Act. A petition of the Derbyshire Branch has been numerously signed, and will shortly be presented.

Why Bees Work in the Dark. Every one knows what honey fresh from the comb is like. It is a clear yellow syrup, without a trace of solid sugar in it. Upon straining, however, it gradually assumes a crystalline appearance—it *candies*, as the saying is—and ultimately becomes a solid mass of sugar. It has not been suspected that this change was a photographic action—that the same agent which alters the molecular arrangement of the iodide of silver on the excited collodion plate, and determines the formations of camphor and iodine crystals in a bottle, causes the syrupy honey to assume a crystalline form. This, however, is the case. M. Scheibler has enclosed honey in stoppered flasks, some of which he has kept in perfect darkness, whilst others have been exposed to the light. The invariable result has been that the sunned portion rapidly crystallises, whilst that kept in the dark has remained perfectly liquid. We now see why bees are so careful to work in perfect darkness, and why they are so careful to obscure the glass windows which are sometimes placed in their hives. The existence of their young depends on the liquidity of the saccharine food presented to them; and if light were allowed access to this, the syrup would gradually acquire a more or less solid consistency; it would seal up the cells, and in all probability prove fatal to the inmates of the hives. (*Quart. Jour. of Science.*)

Correspondence.

IRIDECTOMY.

Letter from James Dixon, Esq.

Sir,—The gentlemen who appear in this day's Journal as witnesses on Mr. Bowman's behalf have attempted that which is proverbially difficult,—namely, to prove a negative.

In reply to my assertion that *I have seen* numerous instances in which iridectomy has been abused, they affirm that *they have not seen* such cases. It must depend, therefore, upon my character for truthfulness, and upon the extent of the opportunities I have had for careful observation, whether the profession at large will accept my statements or not.

I should feel it altogether undignified and unbecoming to hand about for signature a counter manifesto in opposition to that which has just appeared; but, were such a reply to be drawn up, I feel assured that a series of names, as well known and as respectable as those which appear in your Journal of to-day, would testify that the writers had seen numerous instances of the abuse of iridectomy.

During the course of the present controversy, I have repeatedly stated the opinion I entertain as to the great value of the operation in a certain special form of disease. As a cure for that disease, I practise, and have long practised it, with success. The clamour which Mr. Bowman has raised against me will neither induce me to employ it on what I deem unsuitable occasions, nor deter me from publicly expressing my opinion as to the evils resulting from its abuse. I am, etc., James Dixon.

Portman Square, June 4th, 1864.

SCHOLARSHIPS AT CAMBRIDGE.

Sir,—In his letter in this day's Journal, Dr. Ogle undervalues the scholarships at Cambridge in speaking of them as being from £20 to £40; whereas I find, from a list published in the *Lancet* (April 12th, 1862), that the greater number are above £40, many being as high as £60 or £70 *per annum*. Some of these are competed for by students before they enter the University, and some are given to those who have been at College about a year. Indeed, it is stated that the total sum given by the colleges at Cambridge is about £26,000 annually, in 450 scholarships, of the average value of £55 each. This is besides fellowships and University scholarships. Such prizes offer no small inducements to the better class of students, whether intended for the medical or for any other profession, to go to Cambridge; though I quite agree with Dr. Ogle, that the chief prize is the "mental training", that "best foundation" which is laid in reading for a degree.

While underrating the value of the scholarships, I think Dr. Ogle rather overrates the difficulties which beset the English graduate in first commencing practice. Difficulties enough, it is true, beset us all; but I do not see that they are greater to the university man than to those who enter the profession by other routes. Are they not, on the contrary, less? Does not a Cambridge or an Oxford degree prove a considerable assistance towards a good position in the profession? And do we not wish our children to get as good a position as possible? In London, I am told, the graduate has great advantages. My own knowledge supplies me with the names of several graduates who are doing well in the provinces.

The general tenor of Dr. Ogle's letter is so favourable to his *Alma Mater*, that he will be glad to have any contrary impression that may arise from its perusal corrected; and I attempt to do that, because I concur in the remark quoted from Dr. Humphry's letter, that "for the intelligent and industrious student, the universities are the very best entrance to the profession." I am, etc.,

F.R.C.S. WHO REGRETS NOT HAVING HAD AN UNIVERSITY EDUCATION.

March 26th, 1864.

PROFESSOR BENNETT ON MEDICAL EDUCATION.

LETTER FROM JOHN HUGHES BENNETT, M.D.

SIR,—As my remarks on Medical Education appear to have been much misunderstood, I have to ask, as a favour, that you will insert the abstract of them which I now forward. The insinuations of your Edinburgh correspondent are alike unfounded and ungenerous. I beg emphatically to deny that I have ever manifested dislike and disrespect to the extra-academical school of this city. I am satisfied, also, that if the opinion of the Edinburgh students could be ascertained, they would repudiate the correctness of his statement, that assessors were required in the University in order to secure to them a fair examination. I am, etc.,

J. HUGHES BENNETT.

1, Glenfinlas Street, Edinburgh, June 4th, 1864.

Lectures. It has been said that lectures occasion loss of time to the student, and that better information is to be obtained by private reading and reflection. But this cannot with correctness be said of such lectures as are good and well delivered. An able condensation of our existing knowledge, drawn up by one thoroughly acquainted with the subject, delivered orally, with proper emphasis and gesture, and illustrated by well executed drawings and experiments, must be regarded as amongst the best means of instruction. But if the lecturer knows little of his subject, reads a monotonous compilation incapable of fixing the attention of his class, or has not sufficient means for illustration and experiment, then the lecture can produce little effect. What, then, is required is not the suppression of lectures, but that such as are necessary should be well delivered and sufficiently illustrated. In short, pains should be taken to obtain good instructors; and this point, which has escaped all writers on the subject, is one which primarily demands the attention of the Medical Council. No one should be permitted to become a lecturer in medicine, unless he can show that, by previous studies at home and abroad, he possesses: first, an extensive knowledge of his subject; and secondly, the power and means of communicating what he knows to others. In France and Germany, this is sufficiently secured; but in this country, lectureships in medicine are distributed in schools irrespective of any knowledge or aptitude for teaching special subjects.

But whilst, on the necessary and essential subjects, the greatest care should be taken in the appointment of teachers, every encouragement should be given to those who lecture on extra topics. The greater number of specialties that can be treated of the better; and as such courses are not imperative, there is no danger of their being any tax on the student's time and resources—at least, so long as the essential branches are well taught. There are many subjects which, in every medical school, admit of supplementary instruction, such as ophthalmology, dentistry, syphilitic and mental diseases, practical histology, etc.

Examinations. With examinations, as with teaching, the first point is to secure that the examiners thoroughly know the subjects upon which they examine, and are capable of eliciting from the student the amount of his knowledge. On looking over the list of our examining boards, it will too often be seen that some of the gentlemen who compose them have never taught or especially studied the matters on which they examine.

The only parties capable of examining are experienced teachers, who, in consequence of their annually reviewing their special subjects, must be cognisant of details. It is easy for boards or for the Medical Council to regulate on paper what may appear to be an effective examination; but unless they secure good examiners, who will conscientiously perform their duty, all such regulations must be vain. In Edinburgh, there are certain parties who allege that all teachers are too lenient to their own pupils. They have had sufficient influence to cause a portion of the limited sum granted to the Scotch Universities to be set aside for the payment of what are called assessors. It has been sufficiently shown that these gentlemen, for all the purposes of a true examination, are unnecessary, and that, so far from acting as guards for the public against incompetent practitioners, they are more indulgent to the students than the professors themselves.

What the Medical Council, therefore, should especially pay attention to are: 1, the means of securing good teachers; 2, the means of obtaining efficient examinations; and 3, how to extend the practical methods of learning the science and art of medicine in our schools.

[We insert those parts of Professor Bennett's lecture which refer to the point in hand. We certainly do not see that he anywhere condemns the extra-academical schools. EDITOR.]

FOREIGN BODIES IN THE EAR.

LETTER FROM PAUL BELCHER, ESQ.

SIR,—With your permission, I will make a few remarks upon the subject of which Mr. Thompson treats in last week's JOURNAL.

I do not think it needs any apology as a "little matter for insertion", because these *difficiles nugæ* make up chiefly the sum of the country practitioner's daily work. The other day, I saw a little child who had put a stone into his ear. He had been seen by an experienced surgeon, who had failed to extricate it by forceps, etc. Immediately upon syringing the ear, and before the syringe was more than half emptied, the stone was expelled. It was polished, smooth, and white, and of the size of a horse-bean.

I think I may state it as a fact, that there are very few cases where syringing with more or less assiduity will not be effectual; and that not only is it a means to which "it may not be amiss" to resort, but that it is the remedy *par excellence*, and will disappoint us far less often than the most ingenious or complicated instruments.

Dr. W. Kramer, in his book on *Diseases of the Ear*, says (New Sydenham Society's edition, p. 46: "Laceration of the membrana tympani, serious injury to the periosteum of the tympanic cavity, with consecutive and fatal inflammation of the dura mater, are consequences which, even in the hands of eminent surgeons, I have seen result from attempts to remove foreign bodies from the meatus. It would, therefore, be quite useless to enumerate the various instruments which have, even up to a very recent period, been suggested for this purpose." It is only, he says, when the body lies in the outer part of the meatus, does not quite fill it, or is of a fibrous nature, that we should resort to forceps. In all other cases, he advises syringing. The water, he adds, penetrates behind it, and "raises it even where most firmly impacted, and, in a perfectly gentle and quiet manner, washes it unfailingly out of the ear."

I am, etc., PAUL BELCHER.

Burton-on-Trent, June 1st, 1864.

GRATUITOUS MEDICAL SERVICES.

LETTER FROM SEPTIMUS GIBBON, M.B.

SIR,—In a letter on this subject, or, as he calls it, "professional charity", Dr. William Ogle has, I think, entirely misrepresented the spirit and motives with which the Metropolitan Counties Branch discussed this question, when he says: "I think the narrow and self-interested view of advice gratis, which was taken, for instance, by the Metropolitan Counties Branch (see resolutions proposed by Dr. Gibbon, 1863), is most damaging to our professional reputation."

As far as I am concerned, my view was assuredly not *self-interested*, for I have long ceased to fill any gratuitous medical appointment; and, further, I have repeatedly declined to assist friends in securing such offices. It is more difficult to refute the charge of *narrowness*. Perhaps I shall best do this, together with that of selfishness, by referring your readers to the list of members present at the discussion, and to the fact that the resolutions were unanimously agreed to.

I have always argued this question in the patient's interest. In urging the Association to take action, I wrote you (Sept. 6th, 1862) as follows:

"There is one point which perhaps has not been sufficiently insisted upon; namely, the *inefficiency* of the out-patient practice, especially at our metropolitan hospitals, where one unpaid medical officer is expected to register the names and addresses of from 50 to 100 new patients, and to examine and treat 300 or 400 cases at one sitting. An assistant officer fresh from the schools, with abundance of time on his hands, and anxious to gain experience, may possibly do something like justice to the task. But what man, who has his bread to earn, can year after year afford the time necessary for the proper investigation of 100 cases—making, where necessary, stethoscopic, urinary, abdominal, and vaginal examinations? It soon degenerates into such rapid routine, if not *scamped* work, that he begins to think that the steam-engine which grinds the drugs might, with advantage to all concerned, be made also to do the prescribing work."

At the meeting, after detailing the injury which such a system inflicted on the public, I admitted that medical service might be rewarded by honour as well as by money; that, as unpaid labour was unprofitable labour, it ought to be paid for in some shape. And then I contended that the honour of a hospital appointment in London had been so diluted of late years as to be no longer adequate to secure that amount of skill and care to the labouring classes that was desirable.

I do hope, sir, Dr. Ogle will favour the Association with an exposition of what his views *really* are; for at present, although I have twice read his letter, I do not comprehend the drift of them. If they are at all practicable, and conducive to the medical relief of the poor, they shall have my best attention. Dr. Ogle bids us follow the example of the divine in this matter—the very thing that one of my resolutions pledges us to do. No clergyman gives his services gratuitously to any hospital or other public institution. As to surplice fees, my experience accords with that of your sensible correspondent "F. H. H." There may be a few exceptional instances in which they are remitted. For instance, some of the London clergymen administer free baptisms on Easter Monday; and, at the Cambridge Hospital, a dozen clergymen at one time undertook to read prayers *gratuitously* in weekly rotation. The results, however, were anything but satisfactory; and I believe the governors have since appointed a *paid* chaplain. I visit the homes of the London poor a good deal, and fail to recognise the great unpaid labours of the Protestant clergy. Certainly they do not profess, *as we do*, to work gratis. The Bishop of London is now asking for three millions sterling to meet the spiritual destitution of the metropolis. The bishops of our profession, including Dr. Ogle, cannot do better than follow this example.

Dr. Ogle is in error to suppose that my resolutions are directed against *private* advice gratis. It would be impossible, as well as wrong, for the Association to discourage this form of true benevolence; but it would be a boon to every one concerned to suppress the system of public gratuitous medical services.

I am, etc.,
SEPTIMUS GIBBON, A.B. & M.B.(Cantab.)

3, Finsbury Square, April 20th, 1864.

SIR,—I trust that your efforts in arresting the plague of gratuitous medical practice will be more successful than was the attempt of our JOURNAL on the same subject some ten years ago. The harder worked portion of the profession owe you gratitude for your plain-spoken views on this question, despite the sneers of the *Medical Times and Gazette*, which will not annihilate you. For my own part, I can hardly believe that the dons amongst us know the injury they do to their professional brethren, especially to those who have hard work to make both ends meet. Is there any great difference between starving a brother to death and cutting his throat? Perhaps the latter is the more merciful plan.

It does not seem sufficient to some that they should already give their time and skill freely at hospital and dispensary work, but they must add to this advice gratis, at a certain hour, at their own houses. There is nothing that I can discover to palliate this. I have known a patient of mine obtain advice in this manner, who was well able to pay me four or five shillings a visit—a farmer, farming upwards of a hundred acres. It could not be said that I had misunderstood the case. I had never been consulted about it; he acted simply to save himself expense. Yet the giver of this advice was one of my greatest friends professionally, who perhaps at the time little thought of putting his hand into my pocket, robbing me, but none the better himself.

There is another form of this hydra-headed monster, which is equally degrading to us professionally, although *it does* bring something to the pocket. I allude to the fact that many profess to give advice gratis, and then in certain cases say, "Yes, but your circumstances are too good," etc. Is not this a form of *obtaining money under false pretences?* I have known this frequently. Not long since, a patient of mine was anxious to consult a physician. I recommended one to him; he chose to select his own; and I subsequently found that, with the view of getting his advice, etc., for nothing, he had gone to one of those public yet private special disease dispensaries; but, on the plea of paying more attention to his case, the presiding medical luminary of that institution persuaded him to go to his private residence; and, on going into the case, he found it necessary to deplete freely, not from the arm, but the pocket. He was ordered to see his adviser again in a week; and the weekly depletion rendered him, I suppose, weak in faith, as he soon returned to me. A very similar case I have known quite recently, the medical adviser being a *leading* practitioner in Bath, and giving this advice gratis at his own house; but the patient paid smartly for it.

Much has been said and more written lately on the necessity of our having representatives in Parliament, with many other devices of the same character, intended to place our profession in its proper position in the world. These things may be useful; but I apprehend they will fail, unless there be a greater degree of cohesion amongst ourselves. Whilst we are untrue to each other—whilst we voluntarily cut our own throats and those of our brethren, and give out to the world, in unmistakeable language, that we ourselves place no value on our advice and service, but are ready to give them to all comers—we cannot but expect that the public will value them still more lightly. Then follows the reasoning: "If Dr. A. is willing to give me advice gratis, I cannot see the necessity of settling the account I owe my poor country doctor, Mr. B.; so he may wait." And, alas! so he does often, until "hope deferred maketh the heart sick".

Whether you are successful or not in this warfare, time alone will prove; but, in any case, you deserve the warmest gratitude of many amongst us. Accept a large portion from A COUNTRY SURGEON.

Near Bath, April 1864.

ARMY MEDICAL DEPARTMENT.

SIR,—At a time when the condition of the army medical service is engaging much of the attention of the profession, I wish to invite attention to the false position assigned to regimental medical officers in the *Army List*. The mere fact of their names being placed in that list *last*—even after that of the quartermasters—is not probably worthy of notice, although it indicates the feeling of the military authorities towards the medical profession; but evils result from this arrangement which are not only unpleasant for the individual, but which tend to degrade the whole profession socially. Very many persons consider the *Army List* as the criterion of precedence in the army, and act accordingly; and so long as the present very objectionable arrangement is persisted in, the true relative position of the medical officers will never be generally recognised.

It is suggested that the names of all officers should be placed in the *Army List* according to their relative rank; thus, first, of course, as at present, the name of the colonel; then that of the lieutenant-colonel; then, in the case of a surgeon-major, his name, as holding the relative rank of lieutenant-colonel; then the majors; and after them, the name of the surgeon (when not a surgeon-major), as holding equal relative rank; then that of the paymaster, if an honorary major; then those of the captains; and after them, the names of such officers as hold equal relative rank, the junior paymasters, and senior assistant-surgeons with more than six years' service; then those of the lieutenants; and after them, the assistant-surgeons with less than six years' service, and any other officer of equal relative rank; and then the ensigns.

Such is the relative position assigned to the various officers in a regiment; and there is no valid reason why their names should not be so placed. By the proposed plan, no individual would be unduly elevated above his superiors, as at present; but the relative position of the different ranks would be made apparent, and all cause for misapprehension and bickering be at once and for ever removed.

By the adoption of the proposed plan, no additional expense would be entailed on the country; nor would the medical officers become more military than at present; it is a simple matter of arrangement, and each individual's profession would be as clearly defined as at present.

I am induced to bring this to the notice of the profession, because I am in possession of several facts proving that the present *Army Lists* cause misconception, to the disadvantage of the medical officer, and because the remedy is so simple and inexpensive, and would not require any concession of additional rank.

The case of the paymasters is not so bad as that of the medical officers, because they have the use of the military title to indicate their relative rank. I have heard of a medical officer assuming the military title in order to prove his rank; doubtless, the imprudent man was driven to that act of folly by the present faulty arrangement of the *Army List*.

I commend the subject to the serious consideration of my professional brethren. I am, etc.,

FORTIS EST VERITAS.

THE LORD CHANCELLOR'S NEW COUNTY COURT BILL.

LETTER FROM HUGH NORRIS, L.R.C.P.ED.

SIR,—There is no doubt that the Lord Chancellor's new Bill will, if passed, prove a very serious injury to the provincial members of the medical profession. In the poorer rural districts, many must be well-nigh ruined.

I would suggest, with Dr. Gramshaw, that a strongly worded petition should be immediately presented from the British Medical Association, or even that a deputation might wait on the Lord Chancellor, to explain the position in which a very large proportion of medical men will be placed if his proposal becomes law. I am, etc., HUGH NORRIS.

South Petherton, June 2nd, 1864.

VACCINATION.

SIR,—On looking over the Register of Vaccination for this subdistrict, I find that at the present time (May 1864) there still remain unregistered as successfully vaccinated about 50 per cent. of the births for the year ending March 25th, 1863; and for the following year, about 75 to 80 per cent. We have the usual arrangements for vaccinating gratuitously; viz., one medical officer appointed to each Poor-law district; and I cannot learn that either of the medical officers in this union are more neglectful of vaccination than ordinary. Still the above named facts prove that some other arrangement is urgently needed, if a larger proportion of the population is to be protected against the ravages of small-pox.

Within the present week I have been informed by one of my patients, a draper in extensive business, that his youngest child has been vaccinated by a chemist and druggist—one of the fraternity who visits as well as dispenses; and to-day another patient, who called to request me to vaccinate his child, stated that a midwife had offered to perform the operation, as she was in the habit of doing it for those whom she had attended.

Now, sir, let me suggest that one way of satisfying the poorer classes of people that a sufficient care is taken in the selection of vaccine lymph is the throwing open the matter of vaccination to the whole number of medical men residing in the union; so that each parent may select whom he chooses to vaccinate his child. The more I think the matter over, the more am I convinced that nothing short of this will gain the confidence of the ignorant classes. It will, of course, be urged that by so doing the fees of the union medical officer will be reduced; but, as this plan would allow him to vaccinate in other districts as well as in his own, and more children would be vaccinated, I am fully convinced that he would suffer no diminution of the paltry pittance he is able to secure from the Board of Guardians for his laborious services. I am, etc., M.D.

Medical News.

Royal College of Surgeons of England. The following members of the College, having undergone the necessary examinations for the Fellowship, were reported to have done so to the satisfaction of the Court of Examiners; and at a meeting of the Council on the 9th instant, were admitted Fellows of the College.

Beddard, James, Edgbaston, Birmingham; diploma of membership dated April 30, 1861
Carter, Robert Brudenell, Stroud, Gloucestershire; Dec. 12, 1851
Cresswell, Alfred, P. and O. S. N. Comps. Service; May 28, 1858
Folker, William Henry, Hanley; July 4, 1851
Nankivell, Arthur Wolcot, Torquay, Devon; January 30, 1862
Travers, William, Charing Cross Hospital; April 17, 1860
Vernon, Bowater John, St. Bartholomew's Hosp.; April 22, 1862
Webb, William, Wirksworth; April 30, 1852
Wheelhouse, Claudius Galen, Leeds; May 25, 1849
Willey, Henry, Poplar Hospital; November 19, 1862
Wotton, Henry, Gloucester Place; February 18, 1859

At the same meeting of the Council, the following members, who had been *elected* Fellows at previous meetings of the Council, were admitted as such.

Selwood, Josiah Henry, Ampton Place, Gray's Inn Road; diploma of membership dated November 27, 1829
Webber, Charles Samuel, Connaught Square; March 25, 1836

Apothecaries' Hall. On June 2nd, the following Licentiates were admitted:—

Casey, Edward, King's College Hospital
Churchill, John Foot, Poole, Dorset
Haycock, George, Hackney Road
Pearson, Edwin Bold, Yeaveley, near Ashbourn
Salter, John Henry, Arundel, Sussex
Squarey, Charles Edward, University College Hospital
Viaut, Henry, Guy's Hospital
Wey, William John, Stonehouse, Devon
Williams, David Martin, Camborne, Cornwall

At the same Court, the following passed the first examination:—

Denne, Henry, Guy's Hospital
Ewen, Algernon, Guy's Hospital
Perkins, John S. S., Guy's Hospital

APPOINTMENTS.

Army.

Bacot, Surgeon J. T. W., 89th Foot, to be Surgeon-Major, having completed twenty years' full-pay service.
Corlaw, Staff-Assistant-Surg. J., to be Assistant-Surg. 58th Foot.
Ffolliott, Staff-Assistant-Surgeon N., to be Assistant-Surgeon 20th Hussars.
Fuller, Assistant-Surgeon F., 17th Lancers, to be Assistant-Surgeon 19th Hussars.
Haward, Staff-Assistant-Surgeon W., to be Assistant-Surgeon 21st Hussars.
Hensman, Staff-Assistant-Surgeon H. F., to be Assistant-Surgeon 77th Foot, *vice* F. E. M'Farland.
Hoile, Staff-Assistant-Surgeon E., M.D., to be Assistant-Surgeon 11th Foot.
Jessop, Staff-Assistant-Surgeon C. M., to be Assistant-Surgeon 6th Dragoon Guards, *vice* V. M. M'Master, M.D.
Mackenzie, Staff-Assistant-Surgeon J., M.D., to be Assistant-Surgeon 10th Foot, *vice* B. Reed.
Mackinnon, Staff-Assistant-Surgeon C., to be Assistant-Surgeon 20th Hussars.
M'Master, Assistant-Surgeon V. M., M.D., 6th Dragoons, to be Assistant-Surgeon 18th Hussara.
Munday, Assistant-Surgeon J., 20th Foot, to be Assistant-Surgeon 21st Hussars.
Martin, Staff-Assistant-Surgeon W. T., M.D., to be Assistant-Surgeon 45th Foot.
Reed, Assistant-Surgeon B., 10th Foot, to be Assistant-Surgeon 12th Foot.
Rutherford, Surgeon C. C., 13th Hussars, to be Surgeon 18th Hussars, *vice* H. M. Webb, M.B.
Sinclair, Assistant-Surgeon E. M., M.D., 97th Foot, to be Staff-Assistant-Surgeon, *vice* C. M. Jessop.
Stuart, Assistant-Surgeon J., 13th Foot, to be Staff-Assistant-Surgeon, *vice* J. Mackenzie, M.D.
Webb, Surgeon H. M., M.B., 18th Hussars, to be Surgeon 13th Hussars, *vice* C. C. Rutherford.
Woods, Staff-Assistant-Surgeon D., to be Assistant-Surgeon 19th Hussars.

Indian Army.

Amesbury, Assistant-Surgeon (Brevet-Surgeon) J. W. K., to be Surgeon Bengal Army.
De Renzy, Assistant-Surgeon A. C. C., to be Surgeon Bengal Army.
Fletcher, Surgeon F., Madras Army, to be Surgeon-Major.
Hunter, Surgeon A., M.D., Madras Army, to be Surgeon-Major.
Mackay, Surgeon G., M.D., Madras Army, to be Surgeon-Major.
M'Kellar, Assistant-Surgeon E., to be Surgeon Bengal Army.
Scott, Surgeon W., M.D., Madras Army, to be Surgeon-Major.
Stewart, Assistant-Surgeon C., M.D., to be Surgeon Bengal Army.

Royal Navy.

Wright, George E., M.D., Assistant-Surgeon, to the *Black Prince.*

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Holmes, M., M.D., to be Assistant-Surgeon 8th Derbyshire R.V.
Lowe, J., M.D., to be Assistant-Surgeon 4st Administrative Battalion Norfolk R.V.
Mann, C. W., Esq., to be Assistant-Surgeon 1st East Riding of Yorkshire A.V.
Smith, F. P., Esq., to be Assistant-Surgeon 1st Administrative Battalion Norfolk R.V.

BIRTHS.

Godden. On May 29th, at Sudley House, Birkenhead, the wife of *Joseph Godden, Esq., of a son.
Willett. On May 27th, at Easton, Bristol, the wife of *Matthew Willett, M.D., of a son.

MARRIAGE.

Wills, Cuthbert, Esq., H.M.'s Customs, to Lætitia Mary, only daughter of *Edwin Haward, M.D., of 28, Harley Street, at All Souls' Church, Langham Place, on May 19.

DEATHS.

*Cox, Abram, M.D., of Kingston-on-Thames, at Bern, Switzerland, on May 26.
Jameison. On June 1st, at Bath, aged 61, Harriet May, wife of Q. Jamieson, M.D., late of the Madras Horse Artillery.
Murphy, Brownwell R., Esq., Assistant-Surgeon R.N., on board the Cape Mail Steamship *Briton*, aged 28, on May 28.
*Pennington, Jas., Esq., at Needham Market, Suffolk, on June 6.
Pratt. On March 30th, killed in action by the rebels in China, Lethbridge, son of Henry Pratt, M.D.

Medical Men in England. According to Dr. Farr the number of medical men in this country is on the decrease. In 1851 there were, he says, 11,105 medical practitioners in England under 40 years of age, whilst in 1861 there were only 9,910.

St. Mary's Hospital. The prizes and certificates of honour awarded in the past year to students of this hospital were distributed by the Archbishop of York. The following were the successful candidates. *Winter Session*, 1863-64: *Scholarship in Anatomy* (£25), Mr. Philip G. Philps. *Prize for Students of the First Year*, Mr. Henry F. Parsons; *certificate of honour*, Mr. Edward B. Owen. *Prize for Students of the Second Year*, Mr. Augustus Müller and Mr. William J. Land.—*Summer Session*, 1863: *Prize for Students of the First Year*, Mr. W. J. Land; *certificate of honour*, Mr. Theodore T. Taylor. *Prize for Students of the Second Year*, Mr. Francis J. Marshall; *certificates*, Mr. A. Müller, Mr. P. G. Philps, and Mr. Hamilton de Tatham. *Comparative Anatomy*, 1863, Mr. Henri Bertin. *Natural Philosophy*, 1863, Mr. James F. Sargent; *certificate*, Mr. J. H. Webb. *Practical Anatomy*, 1862-63, Mr. H. Bertin; 1863-64, Mr. N. Bisdee Major.

Keeping an Unlicensed Lunatic Asylum. Mrs. Sophia Leander has been found guilty of keeping an unlicensed house for the reception of lunatics. The commissioners had no wish to press for punishment; all they desired was the suppression of the establishment. Mr. Baron Bramwell said that being the case, the better course to pursue would be to direct the lady to enter into her own recognisances to appear for judgment if necessary, and in the meantime some arrangement agreeable to all parties could be entered into.

Royal College of Surgeons in Ireland. The College met on Monday the 6th inst., to elect a president, vice-president, and council for the ensuing year. The following were declared duly elected:—*President:* Arthur Jacob. *Vice-President:* Samuel G. Wilmot. *Secretary:* Edward Hutton. *Council:* W. Colles, W. Hargrave, R. Adams, J. Barker, H. Irvine, E. Hutton, R. Pentland, R. G. H. Butcher, T. L. Mackesy, A. P. Banon, P. Shannon, R. Macnamara, H. Labatt, B. McDowell, E. Ledwich, W. Jameson, A. Carte, W. Healy, J. H. Wharton.

A Compliment. Mr. Frederick Marsh, of Thaxted, Essex, having recently resigned his appointment of Medical Officer to the Dunmow Union, the following complimentary resolution was passed at a meeting of the Board of Guardians on May 10th. "The Board of Guardians of the Dunmow Union, accept the resignation of Mr. Frederick Marsh with regret, and desire to express their entire satisfaction at the manner in which the duties of his office have been discharged, during the long period (nearly twenty-one years) he has held it."

Sanitary Movements in India. The Sanitary Commission, presided over by Mr. Strachey, is busying itself with the condition of towns and cantonments, and its efforts will in all probability add much to the comfort of the soldier in India, no less than of the general population. The attempt to mitigate that great evil which sends a third of our army into the hospitals, by the adoption of a strict system of supervision, can scarcely be otherwise than successful under the cautious regulations recently decided upon by the Supreme Council.

A Pithy Yankee Review. "The name of Von Tröltsch is a sufficient guaranty for the good qualities of his works. He never was guilty of writing works or even the briefest essays to trumpet his learning to the world to earn their praises. He always wrote to communicate all that he knew, that others might learn, and thus aid him in performing the nobler and elevating duties of a physician. The translation by Dr. Roosa is a good one. To translate German and make intelligible English, is a difficult matter, but to translate German technical terms is yet more difficult."

Suicide in Europe. A highly interesting paper has been read at the Academy of Medicine from M. Legoyt, Director of the Office of Statistics of France, on the number of suicides in Europe. It appears that suicides increase in a more rapid ratio than the population and mortality in general in Bavaria, Denmark, France, Hanover, Mecklenburg, Prussia, Saxony, and Sweden. Suicides are most frequent in Northern Germany and in the various parts of Denmark. Sweden and Norway, though belonging to the same race, are proportionally inferior to Denmark in that respect. Contrary to a generally adopted opinion, England stands nearly at the bottom of the scale; and so do Belgium, Austria, and Spain. France holds an intermediate position; she would rank with the three last named countries, were it possible to eliminate the suicides of Paris, which are one-seventh of the total number in France. Generally, for every 100 suicides of men there are 29 or 30 of women. The number of suicides increases with the age of individuals, at least until the age of 60; it is generally lowest in January, and highest in July. As to the causes, insanity and physical suffering are about as active in producing suicide among men as among women; the latter yield more to grief occasioned by moral causes than men, who are chiefly affected by material affliction, such as loss of property, bankruptcy, etc. Drunkenness and debauchery form an insignificant item among the causes impelling women to suicide. In Denmark, Spain, and Saxony, the only countries where it has been possible to obtain reliable information on the subject, married people are least subject to commit suicide, and widowers, on the contrary, are most liable to it; but suicides occur most frequently among married people that have been divorced or separated. In Prussia, in the course of two years, there were 153 suicides of Protestants per million, 51 of Israelites, and only 47 of Catholics per million. Suicides are much more numerous in capital cities than in the country. The general result of all these investigations shows a universal and rapid increase of suicides. The author is of opinion that this is attributable to unlimited competition, to the immoderate thirst after wealth, to the progress of public instruction which excites ambition, to political agitation, and to speculation.

OPERATION DAYS AT THE HOSPITALS.

Monday.......	Metropolitan Free, 2 P.M.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 P.M.—Samaritan, 2.30 P.M.—Royal London Ophthalmic, 11 A.M.
Tuesday.	Guy's, 1½ P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.
Wednesday...	St. Mary's, 1 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.
Thursday.....	St. George's, 1 P.M.—Central London Ophthalmic 1 P.M.—Great Northern, 2 P.M.—London Surgical Home, 2 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.
Friday.......	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
Saturday.....	St. Thomas's, 1 P.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1·30 P.M.—Charing Cross, 2 P.M.—Lock, Clinical Demonstration and Operations, 1 P.M.—Royal Free, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Monday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

Tuesday. Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Mr. Toynbee, "On Sebaceous Tumours in the External Auditory Meatus"; Dr. Dick and Mr. W. Adams, "On Subcutaneous Incision in Stricture of Urethra"; Mr. E. Barker, jun., "On Progressive Atrophy of the Tongue."—Zoological.

Wednesday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."—Meteorological (Anniversary).

Thursday. Zoological.—Royal.—Linnæan.—Chemical.

Friday. Royal College of Surgeons of England, 4 P.M. Professor Fergusson, "On the Progress of Surgery during the Present Century."

Saturday. Association Medical Officers of Health.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

Medical Education.—Sir: In your remarks on medical education in the Journal of April 30th, you state that there are numbers of persons who have no qualification, save the License of the Apothecaries' Society, but who practise surgery, although this forms no part of the examination to which they have been subjected. You further add, that such dangerous irregularities surely ought not to be allowed; and that the public should be protected against the ill consequences which cannot fail to arise from this state of things. Now, sir, what can the public do in a case like the following?

Mr. Black possesses a license to practise medicine; and Mr. White holds a surgical diploma, in addition to a medical license. Both parties reside in the same street or village; and both display to public gaze the brass plate, with the title of surgeon in large letters. Thus both are, in the eyes and estimation of the public, on a par; in fact, both are surgeons, although Mr. White has studied for, and passed his examination in, anatomy, surgery, etc., at the College of Surgeons, paid his £21, and obtained his diploma authorising him to practise the art and science of surgery, all of which is quite foreign to Mr. Black.

How often do we see in the police reports accounts of parties convicted for obtaining money under false pretences? and what is Mr. Black doing, I would ask, but obtaining money under false pretences? He is, in fact, gulling the public, and obtaining fees to which he has no just claim. It is true, we have the Medical Act, the fortieth section of which pretends to furnish a provision for such cases; but whose duty is it to interfere in such cases? Is it the duty of the College of Surgeons (which, I consider, ought to defend the rights and privileges of its members), or is Mr. White justified in bringing Mr. Black to account to answer for his pretensions to the title of surgeon? Of what value is the diploma if any one who does not possess it can still take the title?

I would suggest that a man be not allowed to be registered or practise until he obtains the double qualification; and I think that, until something of the kind does take place, the profession will never gain that standing in the estimation of the public which it ought to have; there ought to be more equality. I should like your opinion on the foregoing supposed case.

I am, etc., Equitas.

[The true remedy lies with the Medical Council, who should insist that Examining Boards pass no candidates who are not qualified to practise both medicine and surgery. Editor.]

The following interesting notices appeared in the *Times* of the 31st ult.

"Female Medical Society, 1, Norfolk Street, Strand, W.—Ladies requiring the services of a superior class of fully qualified midwives, can apply as above, to Mrs. James Tugman, Secretary."

"Epileptic Fits, Paralysis.—Mr. Padman urges public attention to the unparalleled cases of cure of epilepsy and spinal complaints effected by him. May be consulted daily from 11 till 1, at 1, Thorney Street, Bloomsbury Street."

COMMUNICATIONS have been received from:—Mr. Furneaux Jordan; Mr. W. M. Clarke; Mr. B. E. Brodhurst; Mr. Thomas Jones; Mr. Gamgee; Mr. P. Belcher; Mr. Dixon; Mr. Thomas Martin; Dr. E. Haward; Dr. Holman; Mr. J. Godden; Fortis est Veritas; Mr. H. J. Alford; Mr. T. M. Stone; Mr. Joseph White; Mr. John W. Fry; Mr. John Roberton; Dr. Henry Marshall; Dr. Hillier; Mr. T. Southam; Dr. Paget; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Seaton; Mr. A. H. Dolman; and Dr. Stewart.

BOOKS RECEIVED.

1. Lectures on Epilepsy, Pain, Paralysis, etc. By Charles B. Radcliffe, M.D. London: 1864.
2. Pyrmont: its Chalybeate and Saline Springs. By Dr. Th. Valentiner. Leipzig: 1864.
3. First Annual Report of the Coroner for the Central District of Middlesex. By Edwin Lankester, M.D., F.R.S. London: 1864.
4. A Handbook of Uterine Therapeutics. By Edward J. Tilt, M.D. Second edition. London: 1864.
5. Rheumatism, Gout, Sciatica, and Neuralgia. By John Pursell, M.D. London and Brighton: 1864.
6. Observations on Fatty Heart and Smoking. By H. Kennedy, M.D. Dublin: 1864.
7. The Essentials of Materia Medica and Therapeutics. By A. B. Garrod, M.D., F.R.S. Second edition. London: 1864.
8. Advice to a Wife. By P. H. Chavasse, F.R.C.S. Sixth edition. London: 1864.
9. Physiological and Medicinal Properties of the Veratrum Viride. By S. Percy, M.D. Philadelphia: 1864.
10. The Ophthalmoscope: its Varieties and Uses. Translated from the German of Dr. Adolf Zander. By R. B. Carter, M.R.C.S.E. London: 1864.
11. Manual of the Medicinal Preparations of Iron. By H. N. Draper, F.C.S. Dublin: 1864.
12. Ireland, Past and Present; The Land and the People. A Lecture. By Sir William R. W. Wilde. Dublin: 1864.
13. The Croonian Lectures for 1864. The Significance of Dropsy. By W. R. Basham, M.D. London: 1864.
14. Lectures; Chiefly Clinical. By Thomas K. Chambers, M.D. London: 1864.

Established 1848.
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Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY
C. H. F. ROUTH, M.D.,
PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE II (*continued*).

ON SOME POINTS HAVING REFERENCE TO THE DIFFERENTIAL DIAGNOSIS OF FIBROUS TUMOURS OF THE UTERUS.

III. The principal conditions with which fibrous tumours of the uterus may be confounded are: pregnancy, normal and extrauterine; conditions where fluids are contained within the uterine cavity, as hydrometra and hæmatometra; cancer of the uterus; retention of urine; hæmatocele; cellulitis; ovarian dropsy and fibroid disease; exostoses; encysted peritoneal dropsy, or dropsy of the Fallopian tube; fibrous tumour of the broad ligament; hydatid cysts; and tubercular and cancerous disease of the uterus, or even of the abdomen.

The limits of this lecture will, however, necessarily preclude reference to all of these, particularly as I have already incidentally referred to some of them. I shall content myself with referring to two complications of frequent occurrence, which often make the diagnosis obscure.

Pregnancy. Even with this condition, error in diagnosis has been made. Three cases, at least, have occurred in our London hospitals, in all of which pregnant women, supposed to have had ovarian or fibroid disease, have been operated upon, and have, unfortunately, died. It is seldom, when females have fibrous tumour, unless it be of diminutive size, that the appearance of the abdomen does not at a very early period attract their attention. It becomes larger, and they will often tell you that they feel a tumour. In most cases, especially if married and desiring children, they believe it to be pregnancy; and there are certain symptoms present at such periods which lead them to suppose so.

First and foremost are the *breasts.* Now, I do not think this symptom is sufficiently dwelt upon; but, in several cases of fibrous tumour, I have noted marked changes in these organs. They have been larger, in some cases hypertrophied; and this not only from adipose deposit, but from enlargement of the lacteal vessels. The areola has been marked, and even œdematous; the follicles enlarged; and, on milking the breast, a drop or two of a fluid, which microscopically presented all the characters of colostrum, have been obtained. Add to this, there is occasionally a *pseudo-ballottement* felt. I have detected this on two occasions. I shall best illustrate my meaning here by a case.

Eliza H., aged 37, married twenty years, had had one child and two miscarriages. The first miscarriage occurred nineteen years ago, and was followed by prolapsus, which had persisted ever since, but not to such an extent as it now manifested. The last miscarriage occurred between three and four years ago. She was generally a healthy woman. About ten weeks before I saw her, she was seized with pain in the left groin and back, very severe, so that she "could not breathe or walk". Two medical men were summoned, who applied mustard poultices and fomentations. One of the medical men in attendance stated that she was pregnant, and about to miscarry. The other said it was inflammation, etc. She kept her bed fourteen days, and her room three weeks. There was no unusual discharge *per vaginam.* She had been regular every month, the catamenial period lasting three days. The discharge was copious; and the catamenia persisted even during the time when she was suckling. After her recovery, and so soon as she was able to go out, she began to experience unusual feelings about the abdomen. These movements were exactly similar to those she had felt when pregnant before. She occasionally suffered from morning sickness, bringing up sour water. The abdomen also had been gradually enlarging. On examination of her breasts, I found that they were much enlarged; and she stated that for three weeks back she had noticed their sensible increase, and felt them unusually painful. This enlargement was not merely of adipose tissue, but of large lacteal tubes. The areola was very large, covered with follicles *of the same colour as the areola;* and those on the right side were *less developed* than those of the left side. On attempting to milk her, a few drops of a milky-looking fluid were obtained, microscopically consisting of a large abundance of milky globules, but with a deficiency of liquor lactis. The abdomen was large, and felt heavier than usual to her. There was considerable dulness over the lower part of it; but, as she was an unusually fat woman, the limits of the enlargement could not be made out at all accurately. It seemed, however, to extend to the umbilicus. There was no vaginal discharge; and connexion gave her no pain. The appearance of the external parts was peculiar. Projecting from the vulva was a fleshy-looking body without rugæ, not unlike a glans penis. There was an opening into it, which was very large, so as to admit the finger an inch. This proved to be the cervix and patent os; it was three inches long. Inclusive of the cavity, the sound penetrated five inches. The uterus was very large. Between the cervix and rectum was a large tumour, directly connected with the uterus, which seemed to fill up the pelvic cavity. This was very hard. It seemed, however, to be separated by a furrow, which to the finger closely resembled that of the sagittal suture. At any rate, it distinctly marked out the existence of two tumours. Both were hard and resistant; but one half seemed to be softer than the other.

I do not stop here to dwell upon minor points. I have mentioned enough to show that, if the sound had not been used, the case would have deceived, and might deceive a second time, a medical man. In noting carefully the condition of the breasts in similar cases, we may observe several points of difference. 1. The appearance of the breasts is unsymmetrical. This is not usual at all in pregnancy, but is very common in fibroid and ovarian disease. On one breast you may have several follicles; on the other none, or only one or two. The sizes of the follicles also differ on both sides. 2. The follicles were of the same colour as the areola, and did not become white on being tightened—*i. e.*, when the skin was pulled aside. 3. True vesicular or papuloid follicles—*i. e.*, white follicles—separate or clustered, are never found in a pure case of fibroid tumour, but are common in pregnancy. 4. The follicles, of the same colour as the areola, are most numerous near the nipple in fibroids; very few, if any, being on the outer border of the areola. The reverse is the case in pregnancy. 5. The peculiar white honeycomb layer external to the dark areola is, I believe, never found in cases of fibroustumours. In the above-mentioned case, we were fortunate in not making an error of diagnosis. A very remarkable case, in which this error was made, occurred in the service of M. Bouillaud (*Bulletin de la Société Anatomique*, vol. xxii, p. 178.)

A patient, aged 40, married and regular, but not of very bright intellect, was admitted. She complained of labour-pains. The abdomen was large, hard especially on the left side, where a sort of ball could be felt under the hand. The first day, the quick and rapid pulsations of the fœtal heart were supposed to have been heard; but no notice was taken at the time whether they were synchronous or not with the pulse of the woman. The *toucher* made by M. Capuron revealed an uterus low down in the pelvis; the head of the child could be felt, also the triangular fontanelle. Everybody present agreed to this diagnosis. The cervix of the uterus was completely effaced, and the os placed very high behind the symphysis. No dilatation occurred of this os for the subsequent fifteen days. On the contrary, the cervix seemed to elongate; and after a time the pains, although closely resembling labour-pains, also ceased. For several hours, however, during their prevalence, a largish quantity of yellow white matter, supposed to be the shew, continued to flow. The *toucher* was practised several times. The diagnosis was always the same—impending miscarriage. In a few days, however, fever set in; pain and œdema of the extremities supervened; and diarrhœa, with very fœtid stools. Fifty-two days after admission the patient died. At the *post mortem* examination (beside many very interesting appearances in the bladder, which was empty, but hypertrophied; the ovaries, which were enlarged to the size of an egg; the Fallopian tubes, which were full of small cysts, etc.), the uterus was found pushed to the right side; a fibroid tumour, hard and rounded, smooth, and of the size of a fœtal head of five or six months, occupied its left side. It was this tumour which during life simulated the feel of a fœtal head. The same sensation was even communicated by the *toucher* after death.

This is a remarkable case, but by no means an unique one. I have seen one of, perhaps, the most eminent accoucheurs in London mistake a fibrous ovarian tumour for a fœtus, and actually assert that he could feel the foot of the child. The *post mortem* examination revealed his mistake. The case quoted by Dr. Bradford, in his *Midwifery*, is an eminently interesting one, yet exceedingly sad in its results, as the false diagnosis led to the young lady's death.

2. The double cardiac or single cardiac sound are so seldom absent in cases where fibrous tumours assume large proportions, that their absence alone ought to make us doubt. The aorta, it is true, is sometimes heard through a child's head, or some solid part of its body, when the abdominal sounds are attentively listened to; but the movement of the part leads at once to the extinction of the sound.

3. The projecting umbilicus in pregnancy, and its puckering in cases of fibrous tumour, forms a marked diagnostic difference.

But, again, if the difficulty of diagnosis between a case of ordinary pregnancy and one of fibroid uterine tumour be not small, the differential diagnosis between *extrauterine pregnancy* and these tumours is still greater. I believe that the chief difficulty here has relation to the value of symptoms observed in the early history of the case, more especially the catamenial function. There seems to be no very precise knowledge of the normal character of this flow in extrauterine pregnancy. Some believe that it is almost always arrested. If I am not misquoting an eminent authority, Dr. F. Ramsbotham, that experienced accoucheur informed me, in conversation, that of eighteen cases which he had seen of this affection, in all there was suppression of the menses. It can scarcely be otherwise than often so.

In one of Dr. R. Lee's papers in the *Medico-Chirurgical Transactions*, on the Membrana Decidua which surrounds the ovum in cases of tubal gestation (vol. xl.), he has given us some twenty cases of extra-uterine gestation in which the decidua existed in the uterus, and in several the uterus was plugged by mucus. If so, it is difficult to understand how the catamenia could go on. The absence, in this way, of this secretion would in some measure assist us in concluding that the case was not one of fibrous tumour within the cavity or projecting into it. On the other hand, the catamenia do occur, and these are the cases in which more difficulty would be found. Not to enter further upon this point, I may allude to cases mentioned in the volumes of the *Obstetrical Transactions*.

One was narrated by Dr. Drage (vol. ii, p. 254), in which the catamenia recurred three times between the period when first seen by him in January, when she supposed herself three months gone, and the following March. At the end of June, there was considerable hæmorrhage. In July, all symptoms of pregnancy, except that the sounds of the fœtal heart were noted. In August, it ceased. From this time, she continued quite regular. The fœtus came away *per vaginam* as an abscess two years after. The other case is that related by Mr. Grace (p. 49), a case of tubal pregnancy, in which the patient had menstruated copiously before being seen by him. She was then in collapse from rupture of the sac. Again, Dr. J. H. Davis relates a case of extrauterine gestation, in which menorrhagia had been very prevalent, and persisted for six weeks at a time. This case turned out, in the sequel, to have been a case of ovarian pregnancy.

To determine the relations of the catamenia in these cases, I have made the following analysis. The table might be very largely extended.

Out of twenty-seven cases, the state of the catamenial function was stated in twenty-one. Of these, in seven cases, it was entirely suppressed; in seventeen, it was suppressed for periods varying from one to three months, and then followed by menorrhagia, sometimes very profuse. In two, it recurred normally after suppression, in the one case of one month, in the other of nine months; and in two, there were slight uterine losses, but not of any consequence.

The probable explanation is, that there is a stoppage so long as the decidua exists; but when this is thrown off, then menorrhagia follows, owing to the uterine excitement, and precisely as after a labour, owing to the loss of the mucous membrane. The second case I shall quote is a proof of this explanation.

In this very remarkable case, an extrauterine pregnancy was diagnosed as a case of fibroid or ovarian tumour. It is given in the *Annales de Chirurgie* (vol. xiv, p. 249), and occurred to M. Jobert de Lamballe. This woman was a multipara; had three times had symptoms of pregnancy and miscarried, ejecting, as she said, tumours *per vaginam*. The catamenia, when present, were very copious. In April 1844, they stopped, only a few drops passing away. This suppression was followed by lumbar and inguinal pains, colicky pains, and vertigo. In July, pains like labour-pains supervened. A medical man now consulted diagnosed a polypus uteri. Next month, the breasts began to enlarge as well as the abdomen. The movements of a child were felt internally by herself and could be felt externally by the hand. In February 1845, there was recurrence of labour-pains, constipation, and difficult micturition. Eight days subsequently, a kind of membrane (decidua?) came away *per vaginam*, followed by catamenia for three days. From this time, all fœtal movements ceased. The general pains and other symptoms recurred from time to time. The tumour had moved apparently from the median line to the left side. An eminent Parisian accoucheur, now consulted, diagnosed a fibroid tumour in the uterus or ovarian disease. On June 3, the catamenia recurred, and lasted six days.

On admission, the following were the symptoms observed. *By Palpation, etc.:* Large abdomen; round hemispheric tumour, more on the right than on the left side; percussion dull anteriorly, clear in the lumbar regions, extending from six *centimètres* below the xiphoid cartilage to the pubes over a space of thirty *centimètres*; circumference, seventy-five *centimètres*; no uterus to be felt, nor fluctuation; external veins not enlarged. When she was placed on her side, the tumour fell to such side, but without pain. There was no souffle. *Vaginal Examination:* The cervix lay rather to the left side, and hypertrophied, behind the pubes; flattened from before backwards. The os was open, admitting the index finger. Between the vagina and rectum, in the posterior *cul-de-sac*, a tumour filled the cavity. There was no feeling of a fœtus. M. Jobert diagnosed extrauterine pregnancy and a dead fœtus.

The question may be asked, would it be justifiable to make a puncture with an exploratory needle in a case of dubious pregnancy, in the hope of being able to obtain a small quantity of amniotic fluid, and thus diagnosing the correct nature of the case? It seems hazardous to answer this question. Yet it would appear wiser to do so, than to make an exploratory incision and cut down upon the pregnant uterus, as has now been done some three or four times, and always with a fatal result. The opinion of Scarpa might be quoted, who dreaded no evil effects from paracentesis abdominis in pregnancy, and who believed the gravid uterus might be safely punctured, and supported his opinion by cases related in the writings of Campa, Brown, Sarquis, and Reiscard. (*Cycl. of Prac. Med.*, iv, p. 385.) In Dr. Hall Davis's case of ovarian pregnancy, the woman was tapped when pregnant, and lived twenty-six days afterwards. So did one of M. Rostan's. In these cases, however, an ordinary trocar was used. A very small opening might not have had the same result; and, by affording a smaller quantity of fluid for examination, might have cleared up the difficulty.

The subject of *hydrometra* and *hæmatometra* need scarcely detain us. The stoppage of the catamenia and fluctuation present would in themselves show that the disease was not of a fibroid character; so, also, in the case of retention of urine. The introduction of a catheter would remove the difficulty in the diagnosis; *and this should always be done in all doubtful cases.*

[*To be continued.*]

Illustrations
OF
HOSPITAL PRACTICE:
METROPOLITAN AND PROVINCIAL.

ST. GEORGE'S HOSPITAL.

OBSERVATIONS ON CEREBRAL HÆMORRHAGE, FROM AN ANALYSIS OF FORTY FATAL CASES.

By Thomas Jones, Esq., Assistant Resident Medical Officer at the Hospital.

[*Continued from page* 494 *of last volume.*]

2. *Tremors, Twitchings, Convulsions, Rigidity, and Spasms.* At variable periods after the attack of hæmorrhage into the brain, one or more of the above forms of altered motility supervened in 14 cases out of the 40, *i.e.* in 35 per cent. In four, two or more of these symptoms were observed in the same patient simultaneously or alternately, but not necessarily affecting the same parts. Thus, in one case there were observed tetanic spasms and tremor affecting the whole body, while there existed at the same time persistent rigidity of both arms. In others, spasms and rigidity were confined to one side, but there were convulsive affections of the whole body.

Tremor. This symptom was noted as having been observed in four of the fourteen cases. It affected the parts paralysed in three, and in the other it was general, while the paralysis was confined to one side. What is its relation to the seat of the clot? In three of the cases the clot was situated in one or more of the ganglia in the neighbourhood of the base; in the other, however, it was situated in the substance of the right middle lobe, but to such an extent, and so near the ventricle, as to completely obliterate it. Thus we find that the clot existed in close contact with the origin of the motor nerve-fibres in all the cases. Again, in three cases, the clot was confined to one side of the brain, in two of which tremors were general, but in the other this symptom was confined to the opposite and paralysed side. In the other case, the clot was situated in the central parts of the pons Varolii, and the tremor was general. In two of the cases, there existed softening of the parts around the clot; in the other two, it is distinctly stated that there was no softening. In the former two, the tremor was slight and occasional; and in the latter, this symptom was more severe and continuous. There seems to be a decided connection between the urgency of this symptom and the duration of life; for in the two cases in which it was severe and general in its extent, the patients lived but few hours; while in the other two in which it was either confined to one side, or to both, but to a slight degree, they lived as many days.

Muscular Twitchings. This symptom was only observed in two cases. It affected the side opposite to the one paralysed in one, and the hand in the other; the muscles of the eyeballs and face alone were mentioned as being paralysed in the latter. The clots in both cases were situated in the meshes of the pia mater over the cerebral hemispheres; in one, there was also some blood in one of the lateral ventricles. No softening was observed around the clot in either of the cases. The patients lived two days after the supervention of this symptom.

Convulsions were noticed in seven cases. The time at which this symptom supervened varied from an hour to eighteen days, and after the appearance of this symptom the attack proved fatal in from few hours to seventeen days. In one instance, the patient recovered, but was readmitted for another and fatal attack. Of the six cases in which the parts involved by the convulsions were noticed, they were general in two, in each of which the paralysis was confined to the right side; in two, the convulsive affections were limited to one side; in one of these the paralysis was on the opposite side, and in the other it was general. In another case, the convulsions affected the muscles of the face, but the paralysis was confined to the left arm and leg. In the other case, the hands were the site of these movements, and the muscles of the face alone the parts paralysed. Thus, there does not seem to be any connection between the seat of the paralysis and the parts affected by these convulsive movements except this, that they are not generally observed on the side paralysed, where this is partial.

What is the relation existing between these convulsive movements and the site of the *clot?* Of the seven cases, the clot was in contact with the meninges in three, in one of which the crura cerebri and pons, and in another, one of the lateral ventricles, were implicated. In two, the clots were situated in the substance of the hemispheres; in one, the hæmorrhage was in the corpus striatum, opening into the ventricle; and in the other, the clot was in the centre of the cerebellum near its root. These movements seem generally to occur when the hæmorrhage is either in contact with the membranes on the surface of the brain, or when these extend into the ventricles, or with some of the ganglia at the base. They seldom occur when the clot is situated in the substance of the cerebral hemispheres, unless there be extensive softening or breaking down of the tissues around, as was noted in the above two cases.

Of six cases, in two the convulsive movements were on the same side of the body as the clot in the brain; in two, the clot was on one side of the brain, whilst the paralysis was general; and in the other two, the clot was on both sides of the brain, and the convulsions were general. It seems to be the prevailing rule that when the lesion is confined to one side of the brain, the convulsions are either general or on the same side of the body—seldom on the opposite side alone. In all the cases except one, there existed softening around a recent clot or old clots and cysts.

Rigidity was observed in five cases, and in all of these this symptom was continuous. It supervened in some cases in few hours; one patient died in two hours after seizure, and another in six hours. It almost always affects the parts paralysed. This symptom was associated in all the cases with a clot in one of the cerebral ganglia; and in all the cases except one, the structure around the clot was softened or broken down.

Tetanic Spasms. This is a phenomenon similar to the latter, but is greater in degree, and more general in extent. These spasms were noted in three cases, each attack being of short duration. They were general in all the cases, and accompanied with rigidity, or rather this symptom was observed in all the cases during the *intervals* of the spasms. Of all symptoms, this is the most fatal; for of the three cases, one died in few minutes after the supervention of this symptom, and another, which lived longest, died in six hours. In the former, the parts around the clot were healthy; it was a case of small amount of effusion into both lateral ventricles, issuing from a large dilated vessel in the tænia semicircularis; in the other two, there was softening around the clot.

b. Alterations of Sensibility. Cutaneous anæsthesia and paralysis generally coexisted. In consequence of the frequent existence of coma in these cases, it was difficult, and indeed sometimes impossible, to decide upon the presence or absence of this lesion of sensibility. In all those cases in which this symptom is noted, it always existed in those parts which had lost their power of motility. In few instances, however, where paralysis existed, anæsthesia was absent throughout. The loss of motion is almost always greater than the loss of sensibility. In those cases in which both symptoms coexisted in equal degree, anæsthesia was the one first to pass off. This seems to point out that greater pressure is required upon a nervous centre to cause anæsthesia than to cause paralysis. Of the *mucous membranes*, that of the eyes was most frequently affected with loss of sensibility. Occasionally the conjunctiva becomes so insensible, that the excito-motory action of the eyelids is completely abolished; so that the finger can be passed over the anterior surface of the eyeball without causing the least movements of the lid, and without the patient evincing the least indication of pain. This I look upon as a very grave symptom, and the patients who present it to a great degree almost always die. Sometimes anæsthesia is confined to one eye, which is generally the one corresponding to the side of the face paralysed.

c. Alterations of the Special Senses. Amaurosis was noted in two cases only; in one of which the lesion in the brain was in the pia mater, and the corresponding cortical substance of both hemispheres. This case tends to show that loss of sight is not always due to pressure upon the tubercula quadrigemina. Very probably it was due, in this instance, to irritation transmitted from the seat of the clot to some parts of the nervous apparatus of vision. In the other case, there was sufficient hæmorrhage, and that in the central ganglia at the base of the brain, which would account for the amaurosis, by the pressure which must have been exerted either upon the tubercula quadrigemina, optic tracts, or the optic commissures. Amaurosis is a symptom more frequently attending cases of softening, abscess, or tumours of the brain, than of hæmorrhage.

Deafness and tinnitus aurium are not mentioned in any of the cases as having occurred.

d. Alterations of Intelligence. In the majority of cases, the intellect was perfectly clear up to the time of the attack; or, if altered, the change was so transient as to escape observation; but in some cases, however, certain alterations were noted: as drowsiness, loss of memory, etc. At the time the hæmorrhage supervened, three conditions of the intelligence were observed.

1. The loss of consciousness was *complete.* This was observed in the majority of cases; for, out of thirty-eight, it occurred in twenty-six, or 68.4 per cent.

2. Consciousness was but *partially* abolished. Of the thirty-eight cases, this condition of intelligence occurred in 12, or 31.5 per cent.

3. Lastly, the intelligence was perfectly clear; although, in the cases in which this state was observed, there existed complete hemiplegia.

The chief cause of these differences in the state of the intelligence was the *extent* of the effusion. The *site* of the hæmorrhage seems to have influenced the state of consciousness but little. Generally, however, the coma is less deep where the clot is situated in or about the ganglia at the base, than where it occurs near the surface of the hemispheres; for it is interesting to note that, of the thirty-eight cases in which the intelligence was more or less impaired, the principal site of the hæmorrhage was in the arachnoid cavity in fourteen; and in all these, with the exception of one, consciousness was *completely* abolished. Again, of the fourteen cases, there was no paralysis in nine, and of these the hæmorrhage was *entirely* confined to the arachnoid in four; in five, there existed partial paralysis, but there was lesion in other parts, besides the arachnoid, in all except one.

In most of the cases the coma continued until death—an event which very rapidly supervened. Occasionally, however, the patients lapsed from a state of complete coma into that of partial unconsciousness. In others, again, consciousness was completely re-established; but in these cases the memory was feeble, and some became quite childish in their manner, even shedding tears on being talked to. Most of these cases marked by improvement, were seized by other attacks, of which they died.

As to the relation of loss of consciousness to paralysis, I find that, of the twenty-six cases of *complete* unconsciousness, there coexisted complete paralysis in eight, partial paralysis in eight, and no paralysis in nine; of the twelve cases of partial loss of consciousness, there coexisted complete paralysis in two, partial paralysis in nine, and no paralysis in one. Affection of the speech has been said to be dependent upon lesion in the anterior lobes. This symptom was noted in three only of the cases under discussion, and in none of them were the anterior lobes implicated. In one case, the arachnoid was the seat of the clot; in another, the middle lobe; and in the third, the corpus striatum.

There does not seem to be a very decided connection between the condition of the pupils and the alterations of intelligence. Of the twenty-nine cases in which the state of the pupils was noted, both were contracted in nine, and dilated in five; and *one* pupil was dilated in six cases, and one contracted in one. In four cases the pupils were inactive, and in four they were natural. In those cases of altered intelligence in which the pupils were contracted, paralysis existed in 88.8 per cent.; and in those in which the pupils were dilated, paralysis coexisted in 55 per cent.

From the foregoing, I think we may infer that in those cases of deep unconsciousness associated with partial, or with no paralysis, and contraction of *both* pupils, the clot is most probably in contact with the membranes.

[*To be continued.*]

Original Communications.

RHEUMATIC FEVER: ITS DANGERS AND ITS TREATMENT.

By John Roberton, Esq., Manchester.

[*Read before the Manchester Medical Society, February 3rd, 1864.*]

I have now for many years taken a deep interest in the treatment of acute rheumatism; and I incline to think (though in this I may be mistaken) that in Manchester we manage the disease more successfully than is done elsewhere. The importance of the subject cannot be questioned, especially when it is considered how large a proportion of all who have had rheumatic fever is found to suffer from some form of heart-affection. Facts in proof of this have long been well known; but none that I have met with are so startling as those lately given to the public in a very able work by Dr. Fleming of Glasgow, entitled *Medical Statistics of Life Assurance*. In the first place, Dr. Fleming states that, of fifty-seven deaths from disease of heart which occurred in members of the Scottish Amicable Life Assurance during a period of thirty-five years, as many as one in four had suffered from rheumatism in some form before acceptance. He next gives the results in no fewer than 894 cases of this disease, taken from the works of various authors, which, in Dr. Fleming's opinion, warrant the inference that the heart is affected *in at least one-half* of the cases of acute and subacute rheumatism; and, lastly, he supplies data illustrative of a most important feature in this disease—its frequent occurrence, and its ill consequences, in early life. Thus, from a table of 379 cases of acute rheumatism at different ages, compiled from the work of Dr. Fuller, we learn that 196 were under the age of twenty-five; and that of these, 110, or a fraction over 56 per cent., had heart-complication.

Dr. Fleming dismisses this portion of his subject in the following words. "Rheumatic fever may take place at a very early age, as early as the fourth or fifth year, and lay the seeds of irremediable disease of the heart. I have known two such cases where the circumstance was forgotten, and only recalled to mind by the parents, many years afterwards, when serious disease had become evident."

Such being the danger from acute rheumatism, what, we may now inquire, is the treatment best fitted to arrest the disease and so prevent heart-affection? I will state in few words the remedies I have been in the habit of using for more than thirty years in rheumatic fever; and perhaps the readiest way of doing this will be to give the two following cases. The first is that of a vigorous adult male. After fatigue and unusual exposure to the weather, my patient became feverish, and complained of headache, with acute pain in the right knee. By the evening of the same day, the pain had extended to the ankle, as well as to the other knee; and the following morning the joints of the lower extremities were generally affected, with the addition of pain in the loins and one shoulder. In a few hours, nearly all the joints were the seat of acute inflammation. The nature of the case being obvious, a pill, consisting of a grain of opium and two and a half grains of calomel, was administered every three hours till six grains of opium and fifteen of calomel had been taken. The effects were some relief of the pains and a moist skin. I then ordered a purgative mixture, composed of an ounce and a half of Epsom salts and two drachms of the wine of colchicum, in eight ounces of cinnamon water; the dose, a wine-glassful, was repeated every four hours until there was free, not profuse purging. This being accomplished, I prescribed Peruvian bark with quinine, compounded thus: one ounce of powdered cinchona bark, with twenty-four grains of the sulphate of quinine, were shaken up in eight ounces of water, with the addition of a little dilute sulphuric acid to secure the solution of the quinine. Of this a tablespoonful was given every third hour, and also during the night, when the patient was awake. Lemon-juice in water was taken freely as a beverage; and dry cotton-wool, made warm, was wrapped round the joints that were most painful. This course, being steadily maintained—I refer especially to the use of the cinchona and quinine—allayed in a few days the articular inflammation, and speedily effected a cure. Indeed, where this treatment is pursued, I rarely have a patient who is obliged to remain within doors longer than three weeks. Of course, the remedies mentioned have to be varied as to doses, etc., according to the age of the patient and other circumstances. For instance, when the muscles are the chief seat of the disease—a most painful variety of rheumatism—opium may have to be given nightly throughout the illness.

The other case was that of a tall vigorous girl, twelve years old. When I first saw her, she was in bed, suffering from what appeared to be a sharp feverish cold. The following morning, there was pain in the joints of one limb; and, by the evening, painful swelling in the joints of both the upper and lower extremities, such as left no doubt as to the nature of the complaint. Indeed, late in the evening of this second day, the joints of the fingers and toes were all affected. I immediately ordered for her eight pills—one to be taken every three hours—each containing a grain and a half of calomel, with a quarter of a grain of opium. In about twenty-four hours from this, an aperient mixture was prescribed, consisting of Epsom salts half an ounce, wine of colchicum a drachm, an ounce and a half of the compound tincture of senna, with cinnamon water to six ounces; of which an ounce was given every fourth hour to cause free purging. When this had been accomplished, and the fever and pain much reduced, the following was ordered.

> Quinine, xxiv grains; dilute sulphuric acid, xx minims; red cinchona bark (in powder) ʒ vj; and water to ℥vj.

Of this, well shaken up, was given, *perseveringly*, a teaspoonful every three hours by day, and also in the night, when she was awake. Before the end of the eighth day, the pain had left; and in a fortnight she might be said to be quite well. This case occurred about two years ago, and the health has ever since been sound and vigorous. Last autumn, I treated a strong girl of eleven, living in the country, in the same manner as the above; and she had to keep her bed only for nine or ten days, and has since been in excellent health.

It is assumed, when I am speaking of the treatment of acute rheumatism, that the patient is seen by me *at the commencement*. When a case has been going on without treatment, it may be, for two or three weeks, the remedies I have mentioned might not be altogether applicable.

Certain important particulars, with reference to the general management of this disease, I give in the following order.

1. Be the patient ever so robust, and the fever and pain severe, I never bleed, either by the lancet or with leeches.
2. I avoid diaphoretics; that is, doses of the Dover's powder to cause and keep up profuse sweating; which was, I may say, the universal practice in my early days.
3. I forbid the use of fomentations to the inflamed joints; indeed, I forbid every kind of application to the joints, excepting *dry warm cotton*, or a dry warm silk handkerchief. The use of friction with some anodyne liniment (apt to be had recourse to by the friends of the patient, unless guarded against) I also prohibit.
4. In patients under the age of twenty, I do not allow even the hands or face to be sponged or washed during the fever; indeed, I dread every kind of liquid application. I well remember, early in my residence here, a fine young man, about the age of sixteen, brought home from a boarding-school with acute rheumatism, his knees enveloped in wetted bandages. The consequence was death in three days, from cardiac inflammation.
5. The quinine and bark should not be given until the feverish symptoms have been allayed by the use of calomel and opium, followed by a purgative.

I will just add that, when the patient has been seen early, and treated as here recommended, I have never, during the last thirty years, known heart-affection to follow in a single instance.

I may state, in conclusion, that I am quite aware there are several eminent authors who recommend, in rheumatic fever, other remedies and modes of treatment than what I have mentioned; but I have thought it best, for the sake of brevity, to give an outline merely of my own views and experience.

ON DIPHTHERIA.

By J. West Walker, M.B.Lond., Spilsby, Lincolnshire.

[*Concluded from p.* 586.]

General Treatment. Chlorate of Potash. This medicine must be a special favourite in the treatment of diphtheritic diseases; for, no matter what else be recommended, it invariably receives favourable mention. The many points of resemblance between the diphtheritic false membrane and the white patches of thrush and its allied diseases, naturally suggest the idea of their being analogous morbid products; and any remedy known to possess a marked influence over the one was likely to be introduced as applicable in the treatment of the other. The result is that, whenever the diphtheritic sign presents itself, it has become a matter of custom to resort to chlorate of potash. The action of this medicine is involved in obscurity. "It does not appear to undergo any chemical change in its passage through the system; a fact fatal to the hypothesis of the chemico-physiologists, who fancied that it gave oxygen to the system, and was, therefore, well adapted to patients affected with scorbutic conditions, which were supposed to depend on a deficiency of that principle." (Pereira.) Yet, notwithstanding all this, like many other articles of our materia medica, its use is pretty well recognised and its employment understood, though its *modus operandi* may not admit of ready explanation. It is generally considered to be one of the so-called salines; to possess cooling, diuretic, febrifuge powers; and to have a similar action to the nitrate, though, according to my experience, in accomplishing its effects it is vastly inferior to the last named salt. In the treatment of foul ulcerated conditions of the parts within the cavity of the mouth, ample experience confirms its value; and, under such circumstances, its beneficial action may be relied on.

Nitrate of Potash is an older and better established fever medicine, while its use in cases of inflamed states of the mucous membrane of the faucial region has long been acknowledged.

Speaking summarily, then, chlorate of potash is the special remedy in diphtheritic affections of the mouth, and is of secondary importance in feverish states of the general system. Nitrate of potash is more applicable to affections of the throat in sthenic cases, and is one of the best febrifuges we possess.

Guaiacum. At the close of Dr. Watson's lecture on Cynanche Tonsillaris, he says: "I ought perhaps to add, that recently Mr. J. Bell of Barhead has very strongly recommended the internal administration of powdered guaiacum in large doses, as being almost a specific in the case of cynanche tonsillaris. He gives as much as half a drachm, suspended by means of mucilage in a draught, every six hours. Mr. Bell has no doubt that the remedy, if timely administered, will cut the disease short in ninety-nine cases out of a hundred. It has been found successful in other hands also." I have not had an opportunity of consulting Mr. Bell's contribution; but have had ample means for testing the efficacy of his remedy. It has long been my custom to prescribe it with confidence and satisfaction in the treatment of cases of ordinary sore-throat; and I have no hesitation in recording my belief that, under such circumstances, it possesses a very decided influence for good. I was, consequently, early induced to resort to it in diphtheritic affections; and, according to my experience, the best means of general medical treatment of *epidemic sore-throat with diphtheritic complications* will be found in the judicious employment of this medicine.

Ammonia. The *London Pharmacopœia* furnishes us with a preparation, the ammoniated tincture of guaiacum, wherein guaiacum and ammonia are in happy combination — a preparation admirably adapted to affections of the throat in connection with general asthenic conditions; in a word, the desideratum in the treatment of diphtheria. I generally suspend the guaiacum by means of honey, and give it in the proportion of half a drachm of the tincture to an ounce of water. Of this mixture, from a tea- to two tablespoonfuls are given every hour or every four hours, according to the age of the patient and the severity of the case. In sthenic conditions, the remedy admits of admixture with nitrate of potash; while, when asthenia prevails, excess of ammonia may be added. Independently of the part which ammonia plays in the preparation just alluded to, it is of itself worthy of being considered one of the most serviceable of remedies in the treatment of diphtheritic diseases. It has long enjoyed the reputation of being the best stimulant we possess in adynamic states of the general system. In the low fevers, and wherever the heart's action shows signs of feebleness, this remedy, either in solution or in a state of vapour, must always be employed. But, more than this; of late, ammonia has been introduced as possessing special powers over the fibrine of the blood—checking its formation and promoting its solution; and, on these grounds, according to Dr. Richardson, in affections accompanied with excessive formation and separation of fibrine, it is to be looked on in the light of almost a specific. In the treatment of scarlet fever, Dr. Witt and others speak most highly in its favour; though here, again, I prefer it in the preparation of guaiacum before alluded to.

The *Tincture of Perchloride of Iron* takes a deservedly high place among the numerous remedies brought forward as applicable to the treatment of diphtheritic affections; for, when administered in answer to suitable indications, it is undoubtedly gifted with potent virtues. It has now fully established its claim to be considered the best therapeutical agent we have, when properly administered, in the management of erysipelas. And the nearer any diphtheritic case shall approach in its characteristics those of that disease, the more confidently can its beneficial action be relied on. In closely packed, badly drained, badly ventilated districts of large towns, we look for erysipelatous affections more than in the open country; and in such localities, it is, I doubt not, that this remedy, first introduced by Dr. Heslop in his practice amongst diphtherial cases at Birmingham, will be found more specially indicated and more generally successful. It has also long been known to be particularly applicable to certain affections of the kidney, and to have a very decided controling power over albuminuria, when occurring in the course of general diseases. Purpura, too, is a symptom which calls for its administration in suitable combinations. Again, knowing the intimate relationship between erysipelas and some forms, at least, of puerperal fever, this is the medicine we should be most inclined to trust in any case of the latter disease putting on the diphtheritic character. Lastly, I make it a rule of practice, to prescribe this preparation in the convalescent stages of all diphtheritic affections, and to continue its action for some time; for not only is it a most useful tonic and assistant toward recovery, but also, as I am inclined to think, a powerful prophylactic against sequelæ. From what has been said, it follows that, whenever the diphtheritic sign occurs in connection with erysipelas, erysipelatous affections, or puerperal fever—whenever, in a diphtheritic case, albuminuria or purpura manifest themselves—and whenever we require a tonic to assist convalescence, or to ward off secondary affections—the tincture of perchloride of iron becomes a remedy worthy of special commendation.

Iodine and the Iodides. In chronic enlargements of the tonsils, a condition particularly predisposed to assume the diphtheritic character, the iodide of iron, with cod-liver oil, becomes the most suitable remedy; while the syphilitic throat—and I have known bad and obstinate cases of so-called diphtheria to be nothing more than this disease complicated—requires, if to be satisfactorily treated, the employment of the iodide of potassium. The diphtheritic syphilitic affection, like erysipelas, is, doubtless, more frequently met with in urban than in rural practice; and, consequently, the practitioners of our cities will be more constantly called upon to resort to this particular remedy in the treatment of diphtheria than we of the country. Dr. Willoughby Wade claims great powers for the iodide of potassium as a diphtherial medicine. He gives the following propositions: 1. "Assuming the presence of a substantive poison in the system, we know no drug which will act as a direct eliminant but iodide of potassium. It positively eliminates lead, and, we may presume, it positively eliminates syphilis." 2. "I employ iodide of potassium in two-, three-, or four-grain doses every two or three hours. I have been in the habit of conjoining with it chlorate of potash in five- or ten-grain doses." 3. "I have known no instance of fatal termination where this plan of treatment has been carried out. I have known no instance of serious symptoms or of secondary paralysis supervening where this plan has been rigorously carried out."

Quinine may be employed as a general tonic in diseases attended with such often rapidly induced debility as is to be witnessed during a diphtheritic epidemic, though, to my mind, with very uncertain consequences. It is as a fever medicine, as an antiperiodic, rather than as a tonic, that its beneficial effects are displayed; and whenever the general disease puts on the intermittent character, and this is often the case in districts where ague is wont to abound, quinine and arsenic become our sheet-anchors.

The *Mineral Acids* are, perhaps, as useful as anything in the treatment of diphtheritic complications of the relaxed throat; and, according to Dr. Chambers and those who go with him, they furnish us with the best medicine for cases of the continued fevers.

Calomel. Much—and, to my thinking, unnecessary—fear has prevailed on the subject of the use of calomel as a diphtherial medicine. It behoves us to study well our disease; to be fully alive to its asthenic character; and to exercise due caution in the administration of depressants; but, on the other hand, let us beware lest our caution become overcaution, and we neglect to employ means of benefit to our patient. A smart purge of calomel, in connection with rhubarb, jalap, etc., when indicated, will have a rectifying influence on disordered secretions; it will assist in eliminating *materies morbi*, and often cut short the disease. In diphtheritic croup, calomel is to be administered in like manner as in croup not so complicated. The usual emetics and expectorants having been tried, a small dose of calomel every hour, until one of its physiological effects, the chopped spinach evacuations, be produced, has in my hands proved a successful mode of treatment, and one to which we must not be afraid to resort.

From this survey, rapid and meagre though it be, of the different medicaments which have been brought forward as applicable to the treatment of diphtheria, we are enabled to see, firstly, that each one may become the most suitable remedy, according as certain states of the system shall indicate; and secondly, that the study of the proper place and relative value of such general remedies, which, by continuing to look upon diphtheria as a single disease, must remain a matter of the greatest perplexity, becomes, by substituting the view of its complex nature, a matter of the greatest simplicity.

Now and then epidemics of miasmatic disease come amongst us in such a terrible shape, that curative treatment, be it ever so rational, seems completely powerless. No matter how well we think, how judiciously we act, patient after patient succumbs; and we are driven, sorrowfully yet honestly, to confess the total inability of medicines to cope with the destroying influence. Some cases are so rapidly fatal as to give no time for the sufficient introduction of remedies; and others, owing to the parts concerned in the function of swallowing being implicated, admit not, it may be, of their suitable administration. The true explanation, however, of our want of success, lies probably deeper than in reasons such as these; and is to be found in the conviction daily growing upon us that therapeutic agents are not, especially in diseases of this class, to be looked upon as directly curative; but rather only as adjuvants and amongst the means of ordinary treatment. So long as we confine medicines to their proper places, expecting from them only what they can possibly perform (and much it is, I grant), we shall not be disappointed; but if we invest them with mysterious powers for good, which they certainly do not, and possibly it is not according to the nature of things that they ever can, possess, we not only lay ourselves open to bitter disappointment, but bring discredit on our art. When curative treatment becomes so unsatisfactory, it is well to turn our attention to preventive. Diphtheritic diseases are known "to manifest a decided tendency to be restricted to particular places, and to cling, as it were, to particular houses." (Greenhow.) The dwellers on one side of a river, in one village in a district, in one or two not necessarily contiguous houses in a village, are not unfrequently the only ones affected. The diseases resemble in this particular certain vegetable blights; which, as we know, will appear in one farm in a neighbourhood, one field in a farm, or even one furrow in a field. This peculiar feature at once suggests a preventive remedy; which the confused notions prevalent on the subject of contagion have hitherto prevented from being carried out as fully as it deserves to be; viz., the prompt removal of at least the unaffected from infested to non-infested localities. Nor need we, in order to accomplish this, always go far; for I firmly believe I have seen the disease prevented in the unaffected, and stayed in the affected members of a family, by removing them no further than across the road.

Sequelæ. Any contribution on the subject of diphtheria must be considered incomplete which leaves unnoticed the secondary affections, proved by experience liable to affect the diphtheritic patient. "A peculiar character of the voice, resembling that produced by affections of the throat in secondary syphilis, is a common result of diphtheria, and often continues for many weeks after recovery. The power of swallowing is sometimes so impaired, that there has been difficulty in sustaining life during convalescence, and liquids especially are apt, even after a comparatively slight attack, to be regurgitated through the nostrils. Extreme anæmia, impairment of vision, a peculiar form of paraplegia, weakness of the hands and arms, numbness, tenderness of the limbs, tingling, wandering pains, and, more rarely, nervous sequelæ of a hemiplegic character, are, in the order here written, ulterior consequences of diphtheria. Gastrodynia, and sometimes dysenteric diarrhœa, occasionally follow diphtheria. Pain of the ear, deafness and abscess, are occasional but rare results of the disease." (Greenhow.) Add to these sudden, often fatal, syncope, and a more or less persistent feebleness of the heart's action, and we have a tolerably complete epitome of the diphtheritic sequelæ. By those who hold the specific disease theory, these secondary affections are considered to bear a special relation to one and only one primary affection; and in all definitions of diphtheria liability to such affections is included. I have previously attempted to show, that the diphtheritic formation—the pathognomonic of the supposed distinct disease—is merely a characteristic of an epidemic of many general diseases; and I venture to assert, that these secondary affections are quite as readily understood and explained by supposing them, in like manner, to belong to many rather than to one disease. They simply indicate the prior existence of a certain pathological condition; and such condition, whatever it be, may quite likely be the common property of many analogous diseases. At present, the special pathology of these sequelæ is clouded in obscurity. Some seem to indicate that the nervous system has received an influence capable of perverting its healthy function, though morbid anatomy is as yet quite unable to disclose alteration of structure, by which to account for such perversion of function. Others seem more readily interpreted by the light which has recently been thrown on pathology from the study of emboli and their relation to overfibrinated blood. And others, again, may perhaps be more properly classed as second affections taken on during the convalescent stage, the anæmia or spanæmia of such stage mainly predisposing thereto; for 1, they not unfrequently occur *longo intervallo* after the primary disease, to which, too, they bear no regular proportion, either direct or indirect, *quoad* severity; and 2, the only remedy found serviceable in treatment, change of air, becomes, by adopting this supposition, more easily understood. Further observation is, however, required, before the final settlement of this part of my subject; it is enough for my purpose, to state that hitherto no fact has been advanced in connection with the diphtheritic sequelæ, which cannot quite as readily be explained by the theory which considers them to be common to many diseases, as by that which connects them only with one.

Ancient Rome. "In Rome," says Galen, "no one seeks after truth; money, public offices and voluptuousness are the sole objects of life. He who devotes himself to the acquisition of knowledge, is considered insane. I am often blamed for applying myself too closely to researches after truth. They say that I will never gain any advantage, either for my friends or for myself, until I throw aside this habit, and pay my court to the great in the morning, and sup with them in the evening. It is thus, rather than by merit and learning, that confidence is inspired. And how can it be otherwise? Who are the judges between us? They are men who pass every hour of their lives in frivolous and disreputable occupations. When ill, they do not seek the attendance of the best informed physician, with whom, when in health they had no acquaintance; but they call in those who have been their boon companions, who flatter them; give them cold water, if they so desire; baths if they wish ice, wine, in a word, anything they fancy."

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

CASE OF DISEASE OF THE LIVER, WITH DROPSY, SUCCEEDED BY BRAIN-AFFECTION.

By JAMES H. GRAMSHAW, M.D., Gravesend.

[*Read at Gravesend, April* 1, 1864.]

THE case of an hotel-keeper in this town presents some interesting points in its history, so far as my memory will serve me to relate it; for, I am sorry to say, I have kept no written record of it. I have attended his family for a considerable number of years; and though he has much oftener required medical supervision than he was willing to allow, or willing to receive it, I have yet had him under my care a good many times, and for lengthened periods. He had been a strong hearty man at one time, with a good appetite; but of late years liquids have much preponderated over solids in his own bill of fare. He had been by no means an habitual drunkard, but a free liver, and one who always enjoyed the good things of this life.

For some years, his principal complaints consisted merely of occasional attacks of diarrhœa, alternating with constipation. He had also a troublesome ecthymatous rash on the legs, which was sometimes better and sometimes worse; but was not sufficient to confine him to the bed or the house. By and bye, frequent attacks of epistaxis occurred; and these were so profuse and intractable as to occasion me to entertain serious alarm for his life more than once. The rapidity with which he used formerly to recover from the effects of the loss of blood—at least, so far as to be able to transact his business—was very remarkable; but latterly these attacks became much more persistent. Although he continued at his business till within the last two years, yet he gradually became more and more unfit to do so, and at last was obliged to desist entirely from taking any part in it.

At that time, the principal symptoms from which he suffered were the occasional diarrhœa and constipation mentioned before; the eruption on his legs; a throat-cough; difficulty in walking up-hill, very probably arising from an hypertrophied heart; some emaciation and pallor; and a frequent sensation as of a sharp-pointed instrument being run into his flesh, chiefly the legs, and making him quite jump off his seat; besides occasional flying rheumatic pains in his limbs. These, with the epistaxis, and some swelling of the ankles always subsiding at night, with loss of appetite, and increase of thirst which he took care to gratify, were the most prominent. The brain appeared yet unaffected; except that he complained often of a giddiness and swimming in his head, which I used to attribute to the frequency of his losses of blood. His lungs were healthy, except, as I believe, slight emphysema. He had an hypertrophied heart, with a feeble pulse and a full epigastrium. His urine was always quite free from albumen. His age was about 48.

A change of residence was recommended, as much to detach him from the scene of temptation as for any other cause; but, as this did not suffice for that purpose, his friends persuaded him to take a house some miles away from the town, and to let his business. I had never been able to induce him to follow any plan of treatment persistently. He was as irregular in taking his medicine, as he was regular in taking what he should not. The medical men under whose care he placed himself were as unsuccessful as I had been, in persuading him to submit to a regular system of treatment.

It was not till his abdomen began to swell considerably, that he became frightened, and then a little more tractable. I was called to see him in consultation a short time after this, when it had become so large and tense, that tapping became almost imperative; but it was thought that some small doses of elaterium might be given with advantage even then. This was accordingly done, and the swelling decreased; but he had been so reduced in strength that he was for a long time quite given over by his medical attendants, and supported entirely by stimulants and enemata. His throat and mouth became dry and parched; and it was with difficulty that he swallowed anything except what was quite fluid. His urine was scanty, high-coloured, and turbid. His mind now gave way; and, though he knew all around him, he used to believe constantly that he was either going out to or had just come home from a day's exercise with the Cobham Yeomanry, of which he had been a member. Strange to say, however, the decrease in the size of his abdomen was persistent, till the fluid had disappeared, and it had returned to its natural size. As soon as it was thought reasonable to give him medicine, he took slight tonics, and, after a further lapse of time, quinine; and he gradually, though slowly, recovered, as far as we can call his present state a recovery, and returned to Gravesend. Of course, I do not mention all the medicines he took as occasional symptoms called for them, but merely the general plan.

His present symptoms may be thus briefly described. He is pale, and considerably reduced from the condition in which he was two years ago; but very much stouter then he was six months since. His cough is gone; his pulse is small, feeble, and quick. The heart's action is regular, but its impulse is extended. He has a very fair appetite, and drinks a bottle of sherry daily; occasionally, some gin and water. The epigastrium is still full. There is no appearance of dropsy of the abdomen, though there is occasional swelling of the ankles, disappearing as before. The urine is healthy in appearance and quantity; it contains no albumen. There is still the same aberration of mind; but he has now learned to conceal it, and one might talk to him for hours without its making its appearance. He will talk on common subjects with his family, play a game at whist, or read the newspaper; but he prefers to sit crouching almost into the fire, and taking no notice till his attention is attracted forcibly. He gets up about the middle of the day, as he is urged to do so; but would always prefer to lie in bed if allowed. He complains a good deal of headache, and of an inclination to fall forwards, which has been the case ever since his return to this place. He takes no interest in his business; but leaves it all to his wife, and says he does not feel competent to attend to it.

Two or three circumstances in this case appear to me remarkable. The first is, that an habitual drinker should reach so far in his career as to get disease of the liver and ascites, and yet lose the latter, and become very much better in health, though continuing, to a great extent, his habits of excess. With regard to treatment, nothing more was done than has been done over and over again for the same disease, and not very often with as much success. The aberration of mind is also remarkable. Was it in consequence of the blood circulating through the brain with an effete something existing in it, which a partially disorganised liver was unable to eliminate, but which that organ in perfect health would have removed?

Again, was the whole of the liver, so to speak, imperfectly disorganised? or was a portion of it totally so, and the remainder healthy? The relation, too, of some of the first symptoms to disease of the liver was well marked. Constipation alternating with diarrhœa is, I believe, very generally due to such a cause; and a dose or two of calomel will cure the latter as well as the former. Flying rheumatic pains, unsettled in position, have also often the same cause, as have many skin-eruptions, and such lancinating pains in the limbs as my patient suffered from.

These notes have been written down in a hurried manner from memory only, and that must be my excuse for omissions, and a want of more regularity in detail. I think it is by running over cases of this sort, which may be likely to happen again, and by discussing them, that benefit is likely to arise, rather than by the bringing forward the record of extraordinary cases which may never occur again. At least, though the other should not, perhaps, be altogether omitted, this plan would be frequently attended with much advantage.

Reviews and Notices.

Lectures on Epilepsy, Pain, Paralysis, and certain other Affections of the Nervous System, delivered at the Royal College of Physicians in London. By Charles Bland Radcliffe, M.D.; Fellow of the Royal College of Physicians; Physician to the Westminster Hospital; etc. Pp. 340. London: 1864.

It is now above twelve years since the physiological world was startled at being informed by Dr. Radcliffe, that the ordinary views of muscular action required a complete revision; that, in short, our ideas of activity and passiveness in regard to muscular contraction and relaxation ought to be reversed. With these views Dr. Radcliffe's name has become intimately associated; but, as he points out in an appendix to the present volume, although to him is due the merit of having arrived at his conclusions by independent observation and reflection, doctrines similar to his had already been expressed by other observers.

Thus Dr. West of Alford, as long ago as 1832, wrote, that the function of the nerves of muscle is to "restrain or control the tendency to contract which is inherent in the muscle, and that contraction can only take place when by an act of the will this influence is suspended, the muscle being then left to act according to its own innate properties." About the same time, also, Sir Charles Bell, in speaking of muscular action in a lecture delivered at the Royal College of Surgeons, said that "*relaxation* might be the act, and not contraction." Six years afterwards, Professor Dugés of Montpellier argued that muscular contraction was nothing more than the cessation or annihilation of expansion. At a later period also, but without Dr. Radcliffe's being aware of the fact till some time afterwards, Professor Matteucci, Professor Engel of Vienna, and Professor Stannius of Rostock, enunciated opinions regarding muscular contraction varying from those which have been commonly entertained. Extracts from the writing of these authors are given by Dr. Radcliffe.

In the eight Lectures of which the volume before us consists, the author treats of the Physiology of Ordinary Muscular Motion; the Physiology of Rhythmical Muscular Motion; the Physiology of Sensation; Convulsions; Tremor; Spasm; Pain; and Paralysis in Certain Aspects. The object which Dr. Radcliffe has in view is stated to be—

> "To show that a fundamental change is necessary in the theory and treatment of all disorders of the nervous system which are characterised by convulsion or pain, or by any symptom analogous to convulsion or pain."

In entering on the consideration of the Physiology of Muscular Motion, the author first calls attention to the part which animal electricity has to play in this process. The subject is opened by a historical sketch of the researches of Galvani, Volta, Von Humboldt, Aldini, Nobili, Matteucci, and Du Bois-Reymond; and it is observed, that it is especially to the researches of the two last named experimentalists that physiology is indebted for the means of clearing up much that would be otherwise obscure in regard to muscular action and to sensation.

Dr. Radcliffe now proceeds to express the doctrines which he holds, in a series of aphorisms or propositions, each of which is made the text for a commentary in the way of evidence or explanation.

The first subject considered is, the Electrical Phenomena presented by living muscle and nerve during the state of *rest*. In this state, the longitudinal surfaces of the muscular fibre and nerve are electrified positively, and the transverse surfaces negatively; and the degree of electric tension varies at different points, "the longitudinal surface being most positive at the point most removed from the transverse surface; and the transverse surface most negative at the point most removed from the longitudinal surface." Sometimes, also, the electrical relations of the surfaces of muscle and nerve become reversed. Again, during inaction, the presence of an electric current, and of electricity of high tension, is capable of being indicated. But the relation of this current electricity to action is not, according to Dr. Radcliffe, that which would be *à priori* imagined, nor what Dr. Radcliffe himself once believed it to be. He thinks it probable that, during inaction, muscle and nerve are in a state of statical and not of current electricity; and that "the electrical current which passes into the galvanometer from the muscle and nerve at this time is a secondary and not a primary phenomenon." He also suggests here, that the elongation of fibres of living muscle is due to the presence of electricity; and that the state of the fibres in *rigor mortis* is the consequence of the extinction of the electricity.

In commenting, next, on the electrical phenomena which belong to nerve and muscle in the state of *action*, Dr. Radcliffe notices the fact observed by Matteucci, that action in muscle and nerve is accompanied by an electrical discharge analogous to that of the torpedo. Further, the statical electricity, which has been described as being present during inaction, is now, during action, almost or altogether absent; this has been demonstrated by M. Du Bois-Reymond with regard both to muscle and to nerve.

Dr. Radcliffe next considers the effects of *artificial electricity* on muscular motion. The facts to which he calls attention are the following. Action in nerve and muscle is produced by instantaneous currents of high-tension electricity; while a paralysing effect is produced by continuous low-tension currents. Action, however, cannot be induced by artificial electricity, unless natural electricity be present; and, in the case of a motor nerve stimulated by artificial electricity, the natural electricity is diminished or discharged. Various other results also, arising from modifications in the application of a galvanic current to nerve, are described; but we must, for an explanation of these, refer the reader to the work itself.

The next subject which comes under notice is the part which certain *non-electrical agents*, viz., the blood and the so-called "nervous influence", play in regard to muscular motion. The author here notices the condition called *rigor mortis*. This, in a preceding lecture, he has stated to be probably a result of the extinction of the natural electricity of the muscular fibre; and he now, after mentioning the fact that this condition is associated with stagnation and coagulation of the blood, comments on the experiments of Brown-Séquard and Stannius, by which it has been shown that "muscles which have passed into the state of *rigor mortis* will return into the state of vital relaxation, if their fibres be supplied with a sufficient amount of blood." From the facts described by the above named observers, he draws the inference that *rigor mortis* depends in part upon the simple absence of that action of the blood which seems to have to do with the production of vital relaxation in muscle; and further, that increased disposition to ordinary muscular contraction during life seems connected with diminished supply of blood. In addition to experiment, there are several facts in anatomy which bear out the latter statement. For instance, the circulation is less active in fishes and reptiles than in birds and mammals; and the muscular system is more irritable in the former classes than in the latter. A similar relation is observed in involuntary, as compared with voluntary muscle; and in hybernating animals during hybernation, as compared with the period of summer life.

From these physiological considerations, the transition to pathology is easy. Sudden hæmorrhage—as shown in the slaughter of animals in the shambles—or sudden arrest of the arterialisation of the blood, as by strangling, are well known to produce convulsions; and further, "there is reason to believe that one way in which strychnia or brucia brings about spasmodic muscular contraction is by producing a change in the blood which is equivalent to loss of arterial blood."

It thus appears that Dr. Radcliffe ascribes to the absence of arterial blood the production of an abnormal propensity to muscular contraction. In the same way also—*i. e.*, by the absence of arterial blood—he explains the phenomena found by Dr. Brown-Séquard to result from rendering the blood venous, and ascribed by the last named physiologist to a power possessed by venous blood "of producing muscular contraction by acting as a stimulus to a vital property of irritability in nerve and muscle."

The next point which comes under consideration is the part which "nervous influence" has to play in muscular motion. On this subject, Dr. Radcliffe's views are remarkable, inasmuch as they differ from those accepted by many physiologists; but he certainly supports his propositions by very strong arguments.

According, then, to Dr. Radcliffe, muscular contraction and nervous influence stand in an inverse ratio to one another; that is to say, *rigor mortis* and ordinary muscular contraction are associated with absence or diminution, and not with increase, of nervous influence. In proof that ordinary contraction is associated with diminished nerve-influence, the author cites the convulsion of hæmorrhage.

"If it be true, as it undoubtedly is, that the functional activity of an organ is directly proportionate to the activity of the circulation of arterial blood in that organ, and if the function of certain nerve-centres be to supply nervous influence to the muscle, then it follows that this supply of nervous influence must be interrupted in the most effectual manner when the whole muscular system is thrown into a state of convulsion by loss of blood." (P. 93.)

This inference is supported by experimental evidence; especially by some experiments related by Sir Astley Cooper and Drs. Kussmaul and Tenner, in which convulsions were produced by obstructing the vertebral and subclavian arteries of rabbits, so as to cut off the supply of arterial blood from the brain. On the other hand, the cutting off of the supply of arterial blood from the trunk and limbs, so that the circulation is confined to the head and neck, does not produce convulsions, although the supply of nervous influence may be supposed to be increased; paralysis occurs in the parts from which the blood is excluded—convulsion nowhere; but, as soon as the blood-supply to the head and neck is also obstructed, then general convulsions set in (Kussmaul and Tenner).

Nervous influence, then, according to Dr. Radcliffe, does not produce muscular contraction by acting as a stimulus to a vital property of contractility in muscle. But it has a function; and, in our author's opinion, it acts on the muscles through the instrumentality of the natural electricity of the nervous system. We shall, perhaps, better show Dr. Radcliffe's views on the relation of nerve-influence to muscular action by quoting a few of his propositions.

"There is reason to believe that there may be in nervous action a reversal in the electrical relations of the exterior and interior of the nerve-fibres in some parts of the nervous system; and that nervous action may be the consequence of such reversal." (P. 105.)

"When a muscle is made to contract by means of its nerve, there is reason to believe that the electrical discharge (analogous to that of the torpedo) which accompanies nervous action, has reversed the electrical relations of the exterior and interior of the muscular fibres in the part acted on; that this reversal has led to the discharge of the electricity which is present in the muscular fibres during the time of rest, and which keeps these fibres in a state of relaxation so long as it is present; and that this discharge of electricity brings about muscular contraction by leaving the muscle free to yield to the action of the attractive force which is inherent in the physical constitution of the muscular molecules." (P. 110.)

The convulsions arising from hæmorrhage and suffocation, and also nervous action arising from mechanical or other local causes, may be, Dr. Radcliffe believes, reasonably explained by supposing that the hæmorrhage or the local cause has produced a reversal of the electrical conditions of the exterior and interior of the nerve-fibres. The state known as "irritation" also is supposed by him to be due to a similar reversal of electrical relations in some part of the nervous system.

Nerve-electricity, then, according to Dr. Radcliffe, plays a very important part in muscular action. What, then, of the will, and of so-called "nervous influence"? As to the will, Du Bois-Reymond and Dr. Radcliffe have observed that voluntary action is attended by a disappearance of natural electricity; and hence,

> "After what has been said, there is reason enough for the assumption that the will may avail itself of the help of the natural electricity of the nervous system in the production of muscular motion. And, so far as I can see, there is nothing in this view which in any sense compromises the dignity of the will as the paramount expression of vital power." (P. 124-5.)

As to the existence of nervous influence, Dr. Radcliffe has been led to the conclusion that "nervous influence", apart from electricity, is, to say the least, a very indefinite idea; and he winds up this division of his subject with the following remarkable words.

> "At the same time . . . . I fully believe that what is called electricity is only a one-sided aspect of a law which, when fully revealed, will be found to rule over vital as well as physical phenomena—not materialising the former, but spiritualising the latter, and ennobling both; for the law which is sufficient for both purposes is more universal, and therefore more spiritual and noble, than that which is only sufficient for one purpose." (P. 125.)

Dr. Radcliffe now goes on to frame from the preceding premises a theory of muscular action; and this theory, in his opinion, must be a purely physical one—connected altogether with the state of the natural electricity in muscle and nerve, and altogether independent of the existence of a vital property of irritability in motor nerve, or of irritability or tonicity in muscle. Adopting this theory provisionally, he goes on to examine whether it is contradicted or supported by certain facts. And he finds that it is not contradicted by any facts necessitating the idea that the natural electricity of the muscular system is converted into contractile force—an idea which has arisen out of the doctrine of the correlation of physical forces; nor by any peculiarity in muscular contraction that cannot be explained on physical grounds; nor by the fact that dead muscle is less strong than living muscle; nor by the fact that muscle cannot act without intervals of rest; nor by the fact that muscle may contract and relax without change of volume or loss of time; nor by any fact "which renders it necessary to suppose that an increased disposition to muscular contraction is connected with a state of exalted functional activity in a vital property of irritability in motor nerve or muscle." These facts are capable, as Dr. Radcliffe shows by reference to collateral phenomena, of being explained on physical grounds; and therefore cannot be adduced in opposition to a physical theory of muscular motion. On the other hand, the physical theory is shown to have the great merit of comprehensiveness—to be capable of explaining phenomena in which the purely vital theory fails.

> "This theory of muscular motion would seem to derive no small amount of confirmation from the fact that it explains muscular relaxation no less than muscular contraction; that it is equally applicable to ordinary muscular contraction and to *rigor mortis;* and that it brings the phenomena of muscular motion into subjection to physical law.
>
> "The current theory of muscular action makes no account of the state of muscular relaxation; and it is obliged to assume the existence of two different vital properties of contractility—irritability and tonicity—in order to explain the differences between ordinary muscular contraction and *rigor mortis.* Hence the current theory fails in comprehensiveness, when it is compared with the theory under consideration." (P. 142.)

Having disposed of ordinary muscular motion, Dr. Radcliffe now goes on to comment on *Rhythmical* Motion, as manifested in the beating of the heart, the peristaltic movements of the intestines, and the respiratory movements of the chest. In all these instances, after a study of the researches which have from time to time been made, the author concludes that the blood- and the nerve-influence play one and the same part as in ordinary muscular motion; that "the theory which is applicable to ordinary muscular motion is applicable also to rhythmical muscular motion, and that an insight into the cause of the rhythm is a result of so applying it."

Summing up his remarks on the physiology of muscular action, Dr. Radcliffe observes:

> "To my mind, the very strongest argument in favour of the theory of muscular motion set forth in these lectures, is to be found in the fact that it leads nearer to the discovery of a common law for organic and inorganic nature—a law to the existence of which the instincts and discoveries of science alike bear testimony—a law which does not entomb life in matter, but which quickens matter into life, and surrounds life with a halo of divinity; for it is but a step from the discovery of a common law to the central point in which the immediate operation of the One Divine Lawgiver becomes visible in the law. To my mind, I say, the fact that this theory of muscular motion tends to bind a certain number of vital and physical phenomena together in a common bond, is the very *experimentum crucis* in its favour." (Pp. 168-9.)

Dr. Radcliffe's remarks on Sensation are brief, but important. They amount to this: that the same views regarding natural and artificial electricity which have been adduced in explanation of muscular action are capable of being equally applied to sensation; and that "there is reason to believe that there is no essential difference between the action which issues in sensation and the action which issues in muscular contraction."

Thus far we have endeavoured to follow Dr. Radcliffe through the very interesting and important physiological remarks which form the first four of his lectures. We must reserve the notice of the pathological and therapeutical part of the work to our next number.

[*To be continued.*]

ON THE NATURE, PATHOLOGY, AND TREATMENT OF PUERPERAL CONVULSIONS. By RICHARD HODGES, M.D., F.R.C.S. Pp. 96. London: 1864.

THERE is no special originality in this work; but the author offers it to the profession as the result of more than twenty years' obstetric practice, on the ground that "each physician and surgeon should record the results of his experience".

Dr. HODGES recognises two forms of puerperal convulsion—the apoplectic, and the hysterical; the former being distinguished by the complete and persistent coma, and by the absence of repeated paroxysms; and the latter by the absence of complete insensibility, and, generally, of frothing at the mouth, biting of the tongue, stertorous breathing, and distortion of the features.

In the treatment of puerperal convulsions, Dr. Hodges advocates free and early blood-letting; that is to say, in young robust women, whose general health is good, and who are free from organic disease. In weak patients, and in convulsions of the hysterical kind, "the application of leeches, or, at the most, a small bleeding, with the careful inhalation of chloroform, will accomplish the end in view." Chloroform is regarded by Dr. Hodges, not as an agent to be mainly depended on, but as being a possibly useful agent after venesection has been employed, and in cases where the convulsions "appear to be the result of pain, or mental emotion, or excitement."

This little work will, no doubt, aid practitioners, either by confirming them in the practice which they have habitually followed, or by removing doubts from their minds as to the course which they should pursue in cases of puerperal convulsion.

British Medical Journal.

SATURDAY, JUNE 18TH, 1864.

THE ARMY MEDICAL SERVICE.

A VERY important meeting of the members of the Metropolitan Counties Branch of the British Medical Association was held on the 13th inst., in Soho Square. The object was to discuss the present lamentable condition of the army medical service. As will be seen at another page, after a very interesting discussion, a series of resolutions were passed, and are to be presented to the Government and in other quarters.

These resolutions touch upon the injustice done to the army surgeon by the frequent alterations and nonfulfilment of the Medical Warrant of 1858; but it should be known that there was a strong opinion expressed at the meeting that the Director-General was very much to blame, and was in fact responsible, for many of the evils under which the medical service of the army is now suffering.

The grievances, indeed, under which the army medical officers at present labour are, we are satisfied from evidence which lies before us, not solely such as result from the Horse Guards' breach of faith. There are also certain serious strictly professional grievances under which these gentlemen suffer, which have been too much overlooked in the discussion of this question.

The grievances of the army medical officers are twofold. There are grievances from without—*i. e.*, non-professional—which lie at the door of the Horse Guards, and which can be removed only by the action of the Government; and there are grievances within, attaching to the internal administration of the service, which can be removed only by the action of the Medical Direction.

What is mainly required of the Government is this:

1. That a definite period of service—say ten or twelve years—shall be fixed, at the expiration of which assistant-surgeons shall become surgeons, with the pay and allowance of surgeons.
2. That surgeons shall have the right of retiring after twenty years' service, at a rate of pay at least equivalent to what is now given after twenty-five years' service.
3. That Clause 17 of the Medical Warrant of 1858 shall be restored and acted upon in the spirit in which it was originally framed by General Peel. This clause, be it remembered, was made at the recommendation of the Royal Sanitary Commissioners, after a most thorough and searching investigation into all matters concerning the army medical department. Their Report still exists.

Unless these terms be granted, we are convinced that no permanent state of contentment will be established in the service; and, of course, so long as dissatisfaction exists in the ranks, it is useless to expect that medical men will enter the service, and much less that such talent as is indicated by the term competition will apply for admission.

Now, what we call the strictly professional grievances of the army medical officer are those under which he suffers through the inadequate management or the incapacity of the Army Medical Direction—of those who come between the Horse Guards and the army medical officers; and it is for these grievances in particular that the Direction-General is responsible. We are, in the first place, informed on excellent authority that the *military* authorities are to this moment incredulous as to the difficulty of procuring medical officers for the service. Military authorities, again, have never been taught to see any distinction between the medical officer of liberal education and well-grounded professional attainments and the medical officer who is destitute of all these things. To most *combatant* officers, the "doctor" who visits his hospital regularly and "gives the least trouble" is the best man.

Now, are we to believe that such evils as these (for great evils they surely are) could exist if sufficiently forcible representations on the points in question had been made to the Commander-in-Chief by the authorities whose business it is to make them—by the Medical Direction? Had the Commander-in-Chief been made sufficiently alive to these things, common sense assures us that he would never have allowed the Direction-General to make the fatal mistake of issuing advertisements for *acting* assistant-surgeons for home service.

Again, army medical officers complain that they meet from their medical head neither professional sympathy nor encouragement; that they are subjected to a dull uniformity of routine, which discourages all free scientific action; that their actions are cramped by a burdensome economy, which meets them at every turn; that every other branch of the service except the medical has resisted the economising pressure from without; that the army medical expenditure in 1863 was less by about one-fourth than it was in 1862, having been reduced from £327,000 to £255,000 in one year; that the result of this has been wretched economies in diets, medicines, and instruments; that at present the most legitimate demands of the army surgeon are met with questioning and carping, and that a system of worry and harrass is exercised on those gentlemen who do not consider the practice of such economies on all and every occasion as *their* title to honour; that medical officers are surcharged the price of extras given in those instances in which records of the cases have not been taken—a system which has set the welfare of the sick in direct opposition to the interests of the medical officer, inducing indolent and unconscientious medical officers rather to leave the sick without the extras than comply with the tedious and often frivolous forms which case-taking, etc., requires; that surgeons have been called upon by the Direction-General to make confidential reports upon their assistants, stating, *inter alia,* the estimation in which they are held by their commanding and brother officers; that, under the present Direction, regimental surgeons from India are prevented from exchanging by private arrangement, as do officers of all other ranks; that the medical staff, who are more under the Director-General's control than regimental surgeons, are unfairly subjected to removes and changes, and the expenses attaching thereto, and solely through the present deficiency of medical officers; that there are special orders (not, however, issued by the present Direction-General) to boards held on sick medical officers, which differ from those affecting other officers—other officers, as a rule, getting from six to twelve or eighteen months' leave, whilst the medical officer has from two to four months only; that the *fiat* of the Director-General can interfere with the deliberate opinion of the medical board. Thus, for example, a medical officer who has suffered severely from illness, after many years' service in India, has eighteen months' leave in England. At the end of that time, being still unwell, he is ordered to return to India. He demurs, and asks for an extension of leave, and is thereupon put on half-pay, though perhaps able and willing to serve in a temperate climate. No other officers are thus treated.

The army surgeons also complain that medical officers in general, if seriously ill, are removed from their regiments and put on half-pay at a much earlier period than *combatant* officers; that in all these things the army medical officers require protection against their own chief, who should be their natural protector; that at the present time promotion goes on so slowly, that men entering must look to remaining assistant-surgeons all their lives; that many medical officers often pay for jelly and extras out of their own pocket, either when the extras are not allowed, or rather than go through the drudgery of sending in returns—*of watching and reporting the results of administering jelly;* that, as the result of all this wretched economising supervision, the sick soldier suffers; that medical officers, seeing the drift of all these things, are naturally tempted to trim their sails so as to float in the direction of the Direction-General's bark—so that, indeed, at length some have become *plus royalistes que le roi;* extras having in some corps sunk nearly down to zero. Our readers may remember that, at the voting of the army medical service money in Parliament this year, our Director-General could boast a splendid economy of some £2,000 or £3,000 in the matter of "comforts, etc., to the soldier".

We have mentioned all these griefs of the army surgeon, because they seem to us to show to demonstration that the medical executive in the army is not equal to its work.

THE COLLEGE OF SURGEONS OF ENGLAND: ELECTION OF COUNCILLORS.

Our readers should by this time be well acquainted with the constitution of the Royal College of Surgeons; of its Council and its Court of Examiners, and their mode of election. Year after year we have pointed out the faultiness of its constitution; year after year have the words "reform! reform!" resounded at the annual election of Councillors. But, notwithstanding, has run and still runs on the College in its old path of unchangeableness. Change of men, new men of reforming tendencies, infusion of new blood (as the term goes), have still kept things and facts where they were.

But something has been done. We have reason to know that our pen has not been plied in vain. Men's minds have been opened to the Council's improper conduct of the College affairs. Men, even in high places in the College, have begun to lend a gracious ear to the voice of the Fellows without, feeling that they can no longer wrap themselves up complacently in the cloak of office. Verily, we believe that there is awakened, in what was once the most conservative of old corporations, a spirit which gives hopes for better things.

Nothing has, however, yet been done, actually done, as a sign of progress. Up to this time—we have again to proclaim the fact—the Council has not in one single instance carried into act the words—the express injunctions—of their new Charter. They have never elected an Examiner who was not one of themselves; nor elected a President or Vice-President who was not in the Court of Examiners.[*]

Well, then, are we to be driven by the force of facts to the conclusion, that a radical change is still required; that an alteration of the Charter must still be made before any practical reform can be carried out? For ourselves, we must confess, after long consideration of the subject, that we see no hope for any real reform in the College until its present constitution is altered. What is required is this: First, that the members of the Court of Examiners, as at the Royal College of Physicians, shall cease to be members of Council; and secondly, that the country Fellows shall have the privilege of voting by proxy.

So long as the election of Councillors resides virtually in the hands of the London Fellows, so long will corruption in election prevail; so long will private canvassing be carried on; and, in a word, so long will elections be influenced by private motives. That an alteration in the Charter is required, to give country Fellows a vote, is doubtless true; but what earthly objection is there to the Council applying, as Oxford and Cambridge have done, for such an alteration? It is a mere matter of money; and surely a noble corporation, with an income of £9,000 or £10,000 a year, can afford to spend a hundred or two in doing a great act of justice to the great body of its Fellows.

True, we had an election of *reforming* Councillors last year. But what have they done towards carrying out the principles of the Charter? On the very first occasion which was offered them, did they display any reforming tendencies? Did they fight the battle, for example, of electing Examiners from outside the Council? No, nothing of the sort! All the world knows that the last election of an Examiner was simply a fight in the Council between two London hospitals.

But how, indeed, can the College refuse to do this act of simple justice to the country Fellows? Let the country Fellows only demand their rights loudly enough, and we promise them that they will not demand in vain. The College is condemned of doing an injustice in resisting such a reasonable claim.

Baron Bramwell, a few days ago, in a court of law, volunteered an opinion touching the value of medical evidence in insanity.

"Mr. Baron Bramwell observed that, for his part, although medical men were often heard in courts of justice to define insanity and lunacy, he thought ordinary men of the world were just as well qualified to form an opinion on those matters as they."

The Horse Guards *animus* exhibited against army medical officers may be in part gathered from the fact that, in the United Service Club, surgeons, though ranking as field officers, have not yet been allowed to offer themselves as candidates. We may also add that, only a few days ago, three medical officers were blackballed at the Junior United Service Club.

We beg to call the attention of our readers to the following statement, as illustrative of the article which appeared in last week's Journal.

"At Downing College, Cambridge, Collins and Schroeder, of the third and first years respectively, have been elected Foundation Scholars, at £50 a year, with rooms and commons; and Brailey (distinguished in Natural Science), Hare (in Classics), Lankester (in Natural Science), and Payne (in Law and French), Minor Scholars (£40 annually, with prospect of foundation scholarships, if successful in future examinations). A gratuity of £20 was awarded to Dickson for proficiency in Natural Science."

Although no official announcement has yet been made of the candidates in the field for the office of Councillors to the Royal College of Surgeons, it has been ascertained that, up to the last day for receiving names, the following gentlemen had complied with all the regulations, and would offer themselves: Mr. Thomas Turner, of Manchester; Mr. Andrew Melville McWhinnie, of Serjeant's Inn; Mr. Thomas Blizard Curling, of Grosvenor Street; Mr. Frederick Le Gros Clark, of St. Thomas's Street; and that Messrs. George Gulliver and Henry Hancock would offer themselves for re-election. From all we hear, we have every reason to believe that Mr. Turner will be one of the successful candidates.

Certainly they do very often "manage these things better in France." Marshal Randon, in a report to the Emperor on the medical service of the French army, says that, in definitively settling the regulations for this branch of the service, he caused a report to be drawn up by a commission appointed for the purpose; "the commission being composed of a body in which science, the traditions of the schools, and the administration, were equally represented." We give the names and qualities of the members of this commission, in order that the profession may compare the English and the French systems of administration. In England, neither science nor the traditions of the schools are represented, or have any force, at the Army Medical Board. The unscientific administration is the only active agent presiding over the health of the army. Medicine is merely an office-clerk of the Horse Guards. In France, when the Minister of War desires provisions to be made for the service of the health of the army, he calls together men of the following stamp to advise and tell him what to do: MM. Michel Lévy, Medical Inspector of the Army, Director of the Imperial School, etc., President; Hutin, Medical Inspector, Member of the Council of Health; Poggiale, Medical Inspector, Member of the Council of Health; De Lavalette, Military Sub-Intendant; Vigo-Roussillon, Sub-Intendant, Professor at the School of the *Etat Major;* Laveran, Physician of the First Class, Sub-Director of the *Ecole Supérieure* of Military Medicine and Pharmacy; Mears, Surgeon-major of the First Class and of the same School, Secretary. Such is the experience, and wisdom, and science, which regulate the health of the French army. Where is the experience, where the wisdom, where the science, which regulate the health of the English army?

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[*] Mr. Cæsar Hawkins, it is true, is no longer a member of Council, though still an examiner; but his rejection from the Council was effected by the Fellows, who could not touch his examinership. But here in this very case we have a proof of the fact, that a man may be a very excellent examiner though not a member of Council

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In the report of the meeting of the Metropolitan Counties Branch on the army medical service, reference is made to the seventeenth clause of the Warrant of 1858, and to the Warrant of May 1st, 1863, substituted for this (and other) clauses. In order that the difference between these may be perceived, we subjoin copies of the clause referred to, and of the newer partial Warrant.

1. *Warrant of* 1858. "17. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts-martial, where Our Will and Pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, rates of lodging money, servants, forage, fuel, and light, or allowances in their stead, detention and prize-money. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters."

The Warrant of May 1st, 1863, after a preamble revoking a Warrant assigning the rank of junior major to surgeons, and stating that it is desirable to make new regulations regarding civil and non-combatant military officers, runs as follows:

"Relative rank shall carry with it all precedence and advantages attaching to the military rank with which it corresponds, and shall regulate the rate of lodging money, number of servants, rations of fuel and light, or allowances in their stead, except for officers and others to whom special rates have been assigned, detention and prize money, according to the regulations, and upon the conditions, in force from time to time; but such relative rank shall not entitle the holder to military command of any kind whatsoever, nor to the presidency of courts-martial, courts of inquiry, committees, or boards of survey, but when the president of such courts, committees, or boards shall be junior to the officer of the civil department, then such member of the civil department shall attend as a witness, and not as a member.

"Choice of quarters shall be regulated by relative rank according to date of commission; except in the case of commanding officers' quarters, and in cases where special quarters shall be permanently appropriated, with the approval of the Secretary of State for War.

"Relative rank shall not entitle the holder to salutes from ships or fortresses, nor to the turning out of guards; but it shall entitle him, if commissioned, to salutes by sentries, or by individual soldiers.

"Honorary rank of paymasters shall carry with it all the privileges and advantages attaching to relative rank of corresponding degree.

"All commissioned officers, serving with the troops, shall be entitled to funeral honours, according to their relative military rank."

The young women employed in a shop in Paris having been continually falling ill, an inquiry was made into the cause, and it was found that a large quantity of anhydrous sulphate of copper in fine powder was continually flying about the work-rooms. This powder was derived from the copper chimneys used for carrying off the vapour of the gas. The sulphuretted hydrogen of the impure gas decomposed the copper. A fine dry powder was formed in the copper tubes, and this powder was readily distributed by currents of air through the room. On the removal of the copper tubes, the poisoning accidents ceased.

Dr. Kalb, surgeon of the military hospital at Chiari, recommends, as the most economic and infallible method of curing itch, a bath, to which is added from one to two *kilogrammes* of sulphuric acid. The patient, on entering the bath, soon feels an itching, which causes him to scratch himself; and, in this way, the scabs, etc., are removed, and the acid allowed to operate on the acarus, its larvæ, and its eggs. In the course of a few minutes more, the stinging sensation caused by the acid is replaced by a most agreeable feeling, so that the patient gladly remains in the bath during the thirty or sixty minutes required for his cure. One bath usually suffices; but Dr. Kalb finds that a repetition of the bath every second day is an excellent means of cure of the ecthyma, ulcers, impetigo, and eczema, which so often accompany itch. By way of economy—and we would recommend this fact to the economic consideration of Dr. Gibson—Dr. Kalb adds, that the same bath may be used for several soldiers, as its efficacy is not readily destroyed.

Professor Sigmund of Vienna, as the results of sixty-one cases, tells us that when the mother is syphilitic, the child is almost invariably syphilitic also. The intensity of the disease in the child is in proportion to its intensity in the mother, and to the recency of the poisoning of the mother. Infantile syphilis thus acquired is of great gravity. In Dr. Sigmund's sixty-one cases, there were seventeen premature births; and of these, eleven were born dead. Of the forty-four children born at full time, four were born dead. Of the forty-six born alive, four only survived three months. The mean length of their lives was twenty-six days; ninety days being the longest, and one hour the shortest period.

Dr. Mourier has been sent on a scientific mission to Japan by the French Government.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 10th, 1864.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, the 30th of June, at a quarter before Three o'clock p.m., *for Three precisely.*

Business.—To receive communications from the President.

To prepare the Report to be presented at the Annual Meeting.

Any other business which may be brought forward.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, June 15th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Midland. [Annual.]	Exchange Rooms, Nottingham.	Thursday, June 23rd, 2.30 p.m.
South Midland. [Annual.]	Woburn.	Thurs., June 23, 1 p.m.
Lancash. & Cheshire. [Annual.]	Town Hall, Lancaster.	Wednesday, June 29th, 12 noon.
North Wales. [Annual.]	Black Lion Hotel, Mold.	Tuesday, July 5, 1.30 p.m.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Wednesday, July 6, 2.30 p.m.
Metropol. Counties. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 12, 3.30 p.m.

MIDLAND BRANCH.

The Annual Meeting of the Midland Branch will be held at the Exchange Rooms, Nottingham, on Thursday, June 23rd, at 2.30 p.m.; W. H. Ransom, M.D., President.

Dinner at the George Hotel, at 5 o'clock.

Joseph White, *Hon. Secretary.*

SOUTH MIDLAND BRANCH.

The Annual Meeting of the South Midland Branch will be held at Woburn on Thursday, the 23rd of June, at 1 p.m.; H. Veasey, Esq., President.

Gentlemen intending to read papers or cases are requested to forward the titles of same to Dr. Bryan, Northampton.

John M. Bryan, M.D., *Hon. Secretary.*

LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-eighth Annual Meeting of this Branch will be held in the Town Hall, Lancaster, on Wednesday, June 29th, at Twelve o'clock, noon: E. D. De Vitré, M.D., President.

Gentlemen intending to read papers are requested to transmit the titles of the same to the Honorary Secretary, Dr. Wm. Roberts, Chatham Street, Manchester, not later than June 16th.

William Roberts, M.D., *Hon. Sec.*

METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A Special General Meeting of the Metropolitan Counties Branch was held at 37, Soho Square, on Monday, June 13th, at 4 p.m.; Francis Sibson, M.D., President, in the Chair. There were also present, Drs. Risdon Bennett, Camps, Harley, Henry, Kirkes, Markham, Merriman, Ramsay, Routh, Semple, Sieveking, Stewart, and G. Webster; and Messrs. Holmes Coote, Gant, H. Lee, Lord, W. Martin, C. H. Moore, and Propert. The object of the meeting was "to consider the present position of the Army Medical Department, and to take such steps in the matter as might seem advisable."

The President, in opening the proceedings, remarked that the meeting had been called to consider a subject of the greatest importance. The state of the medical service of the army had become such, that for about two hundred vacancies, there were but few or no candidates; and the authorities, in this state of things, had applied an extemporaneous remedy, by appointing acting assistant-surgeons for home duty. It must be plain that, when a service of such high position as the medical department of the army was not supplied, there must be some fault at the bottom. The army medical officers were placed in a disadvantageous position, in being disabled from standing on their own defence; and, therefore, they had a special claim to such protection and advocacy as could be afforded them by this Branch, and by their professional brethren in all parts of the kingdom. He would remind the meeting, that the British Medical Association had had a great share in obtaining for the naval medical officers the Warrant of 1859; the provisions of which, he believed, were still carried out. He called on Dr. Stewart to move the first resolution.

Dr. Stewart, before speaking on the resolution to be proposed, said that he had received letters from Drs. Burrows, Begley, Andrew Clark, Cotton, Dobell, Habershon, and Hyde Salter, and from Messrs. Brodhurst, Curling, De Morgan, Hird, and Lawson, regretting their inability to attend the meeting, in the object of which they fully concurred. He supposed that the members were well aware of the dissatisfaction which existed among the medical officers of the army, arising out of the circumstance that the distinction between combatant and non-combatant officers was kept up resolutely, and very injuriously to the position of the medical men and interests of the soldier. The disastrous results of the conflict between the military department and the medical had been shewn in the Crimean war, where the military authorities had positively refused to give effect to the recommendations of the medical officers. In the Peninsular war, the recommendations made by Sir James McGrigor to the Duke of Wellington were carried out; for, if there was any hesitation, Sir James used to remark that he had advised what he thought right, and that the responsibility of carrying it out or neglecting it lay with the Duke. But now the position of the medical department of the army was such, that the lowest step had been reached; at least, it was by many hoped that matters had become so bad, that the intervention of the medical profession could not but be successful. After the Crimean war, a commission had inquired into the state of the medical department of the army; and the result of their labours was the granting of the Warrant of 1858. This warrant placed matters on such a footing, that universal satisfaction prevailed both among medical men in the army and in civil practice. It was thought that there would be no recurrence to the former unsatisfactory state of matters; but the warrant had been obtained in spite of the army authorities; and these, by a series of partial regulations, had retracted that which was most valuable in it. Dr. Stewart dwelt, *inter alia*, upon the alterations made in Clause xvii of the Warrant; and observed that he thought enough had been said to make it by no means wonderful that there should be a deficiency of candidates. As to the employment of civilians to perform the duties of military medical officers, this was thought bad enough during the Crimean war; but what could be said, when the army medical staff was not sufficient even in the time of peace, and recourse was had to an expedient which should be regarded only as an extreme war-measure? The true reason why men entering the medical profession would not look to the army as a career, was a want of confidence in the good faith of the army authorities. The Warrant of 1858 had been so often altered, and so extensively abrogated, that medical men were unwilling to place themselves in a position in which they could be subjected to indignity. It was a remarkable fact that, while the army authorities had raised the standard of medical education for the army, they had diminished the inducements to enter the service; so that, as was lately shewn by Dr. Parkes, a considerable proportion of the few candidates who applied for admission were men of such inferior attainments, that it was impossible to admit them. It was to be hoped, however, that there would be an improvement, and that the eyes of public men would be opened to the truth of the sentiment expressed by Homer, and rendered by Pope, in the lines,

> "A wise physician, skilled our wounds to heal,
> Is more than armies to the public weal."

He moved the following resolutions—

"That, owing to the successive changes in the Warrant of 1858, which gave general satisfaction, and to the practical departure from that warrant by the Executive, the medical profession have lost confidence in the good faith of the military authorities, and have, in consequence, ceased to apply for admission to the medical department of the army.

"That the frequent non-enforcement of the precedence granted by the Warrant of 1858, and its modification by the Warrant of 1863, which disqualifies the medical officer from presiding at boards (although on other than purely military matters), even when he is the senior officer present, have, by lowering his status, done more than any other grievance to deter the profession from joining the service."

Dr. MARKHAM seconded the resolution. He hoped, however, that the meeting would not be satisfied with merely attacking what the government had done. He had good evidence that much of the fault lay with the heads of the army medical department. The grievances to be amended were not only those which drove men from joining the army, but also those which were suffered by medical officers in the service.

Mr. HOLMES COOTE, having had an opportunity of witnessing the services of the army medical officers during the Crimean war, felt deeply for the grievances under which they laboured. As a lecturer in a large medical school (St. Bartholomew's), he had always exerted his influence with his pupils to prevent them from entering the army until the grievances complained of should be redressed; and, he believed, other lecturers acted in a similar manner. The idea had been expressed, that the diminution in the number of applications for the army medical service arose from a lessening in the number of students; this, however, was quite incorrect. The reason why more medical men did not enter the army was, that many other and more attractive fields of occupation were open to them. As to the annoyances to which army medical officers were subjected, he was well acquainted with them. The authority possessed by the army medical department was not sufficiently independent, and ought to be increased. He hoped that this meeting would be but the prelude to larger meetings of medical men for the purpose of advocating the claims of the army medical officers.

Mr. GANT supported the resolution.

Dr. G. WEBSTER observed that on a former occasion—during the Russian war—the Branch had appointed a Committee in regard to army medical matters. He had himself taken much interest in the matter, and had had an interview with the then Director-General, Dr. Andrew Smith; who acknowledged to him that, although nominally director, he had four or five masters. The result of the inquiry of the parliamentary committee had been to find that the disasters of the Crimean war did not arise from the fault of the medical officers, but from the manner in which they were impeded by other departments. As to the effect produced by the Branch Committee, he believed that, out of about eight or ten grievances pointed out by a deputation to Lord Panmure, six or eight had been amended in the Warrant.

The resolution was carried unanimously.

Dr. SIEVEKING moved—

"That, in the opinion of this meeting, in future the warrants which express the terms of service under which medical men enter the army shall be perfectly defined, so that no misapprehension can arise; and that no alteration shall be made in such warrants without an inquiry, which shall be open to the medical service, of the same extent and care as that which led to their first promulgation; and, moreover, that any such alteration shall be made with formality and publicity, and after an explanation to the medical officers of the grounds on which it has been considered necessary to alter the terms of service."

He said that, if there were any lukewarm persons in the meeting, it might be necessary to remind them that the army medical officer had no alternative but to associate with a particular class of men; and that his very life depended on the manner in which he was treated. He believed that the army medical service was generally entered for the purpose of avoiding the harass of ordinary practice; and, unless a medical man in the army could have a proper position secured to him, he lost all that for which he entered the service—for his pay and provision were but small, and his means of bringing up his family were limited. If, too, the value of the British soldier were remembered—a value which exceeded that of the soldiers of other nations—we ought to take care that the army medical officer was properly supported. He held that it was the privilege and duty of himself and the meeting, not only as members of the British Medical Association and as medical men, but also as Englishmen, to support any measures which aimed at improving the condition of the medical officers of the army.

Dr. WEBSTER seconded the resolution. He concurred in the opinion that the question was one which ought to be taken up by the Association, and by this Branch in particular.

The motion was carried unanimously.

Mr. W. MARTIN proposed the following resolution—

"That, in the opinion of this meeting, the Warrant of 1858 should be the basis of future regulations for the Army Medical Department, subject to the following modifications:

"1. The proper definition and enforcement of the precedence of the medical officer, in accordance with his rank, at boards, mess, and committees of all kinds.

"2. Increased pay of assistant-surgeons and surgeons.

"3. Promotion to the rank of surgeon after, at most, ten years' full-pay service.

"4. Optional retirement after twenty years' full-pay service on an adequate pension.

"5. Controlling power and free agency in his own department, especially in times of emergency.

"6. Regular leave for medical officers, and sick leave on the same footing as is granted to all other officers.

"7. Non-deduction of pay for expenses incurred in the execution of his duty.

"8. The abolition of the system of 'confidential reports' on the conduct of medical officers.

"9. That all punishment inflicted by order of the military authorities should be carried out by them; the medical officer's duty on such occasions being limited to the protection of the soldier."

Mr. Martin said he would enter into but few details. There were two warrants at present in operation; that of 1858, which had been partially altered; and that of May 1st, 1863, which had been substituted for the seventeenth clause of the warrant of 1858.* He read the clause and the new warrant; and observed that, while the former was clear and precise, the latter was very unintelligible, and appeared to deprive the medical officer of the presidency, not only of courts-martial (which no one wished him to have), but of boards of all kinds. This was the first point suggested for improvement, and it was very important; but he feared that the medical officers of the army would not now be contented with such a simple redress of grievances as would have satisfied them in 1860. The pay of assistant-surgeons might be sufficient at the commencement; but it was not so for them, nor for surgeons, when they had been some time in the army. With regard to the third point, he observed that promotion was sometimes very rapid, at other times very slow; and must always be retarded if made dependent on the occurrence of vacancies. If, too, a reduction in the army medical staff were made, the chance of promotion would be thereby diminished. It was therefore suggested that, in all cases, promotion should take place after a maximum period of ten years' service. The question of retirement was a very important one. Medical men entered the army late in life, as compared with ensigns; but were required at present to serve twenty-five years. The importance of the sixth recommendation was evident. As to leave, it was a very great grievance that, from the small number of medical officers in the service, leave could not be obtained by them. The army medical officer was, he considered, specially entitled by the nature of his duties to fixed terms of leave, and especially to a more liberal allowance of sick-leave. The explanation of the seventh recommendation was that, in many cases, where extras for the sick soldiers had been ordered by the medical officers, these had been disallowed on frivolous pretences, so that the medical men were fined for expenses incurred by them in performing their duty. As to the eighth recommendation, a system of confidential reports on the conduct, sobriety, etc., of the assistant-surgeons, was expected to be carried on by the surgeons; but this was often thought to be so great an injustice and hardship, that many surgeons had refused to perform it, and had consequently fallen into disfavour. The ninth and last recommendation was intended to include the operation of branding deserters, which was required to be performed under the superintendence of the medical officer. The special points to be borne in mind were: first, that the rank of the medical officer ought to be strictly defined; and secondly, that, as the soldier was entitled to the best surgical aid, every means should be taken to ensure this for him.

Dr. Henry seconded the resolution.

Dr. Sieveking asked whether it was desired that army medical officers should have the privilege of being presidents of courts-martial.

The President replied, that this was certainly not desired.

Dr. Henry said that the Warrant of 1863 appeared to prevent the army medical officer from being president of any board whatever, such as one of sanitary inquiry, etc.

The resolution was unanimously carried.

Mr. Martin also moved, and Dr. Henry seconded, the following resolution, which was carried unanimously.

"That it is deemed inexpedient that the systematic employment of deputy or acting assistant-surgeons without examination be continued; since it will inevitably introduce an inferior class of medical men into the service, and at the same time inflict great hardship on the military medical officer by increasing indefinitely the period of foreign service; and so still further deter medical men from entering the medical department of the army."

Mr. Propert moved, Mr. Henry Lee seconded, and it was resolved—

"That every means should be taken, through the medium of the military journals, and otherwise, to explain to the combatant officers that, if they desire to secure, for the promotion of the soldier's welfare, the services of the better members of the profession, they must receive as one of their own body, and cease to treat with jealousy, the medical officer, who, equally with themselves, is a gentleman, and is exposed in time of war to the risks of the field."

Mr. Lord moved, Dr. Harley seconded, and it was unanimously resolved—

"That these resolutions be embodied in a memorial, to be presented (as a petition) to the Houses of Lords and Commons, and to the Prime Minister, the Secretary and Under Secretary for War, the Commander-in-Chief, and the Director-General of the Army Medical Department; and that the members of both Houses be personally requested to support the prayer of the petition.

"That these resolutions be communicated to the Executive Committee of Council; and that the other Branches of the Association be invited to take early steps towards the promotion of the movement."

Dr. Camps proposed, Mr. Gant seconded, and it was resolved—

"That the Council of this Branch be requested to carry into effect the resolutions carried by the meeting."

Medical Portraits. This year at the Royal Academy, the late Sir J. W. Gordon has contributed two portraits—Professor Christison and Dr. W. Sellers—both for the Hall of the Royal College of Physicians in Edinburgh. The portraits of Dr. Brinton and that of Alexander Guthrie, Esq., of Brechin (on his completing his fiftieth year of professional life in that town), deserve notice. Weekes has contributed two fine marble statues—one of John Hunter, which is to be placed by public subscription (for which a thousand guineas are already subscribed) in the Hall of the London College of Surgeons; the other of W. Harvey, for the Hall of the new Museum at Oxford. There are statues of Dr. Babington and Mr. W. Cock, and a statuette in bronze, by Halse, of the late H. C. Johnson. (*Dublin Medical Press.*)

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* See page 670.

Reports of Societies.

ETHNOLOGICAL SOCIETY.

TUESDAY, JUNE 7TH, 1864.

ON CIVILISATION AND CEREBRAL DEVELOPMENT.

BY R. DUNN, ESQ., F.R.C.S.

MR. DUNN began by premising, as a basis for his observations, the following postulates.

1. That the brain or encephalon is the material organ of the mind.

2. That there exists a close correspondence in form and size between the cerebrum and its outward bony covering—the skull; so that the varying forms of the human cranium indicate, as outward and visible signs, with certain well understood qualifications, corresponding differences or changes in the shape and size of the cerebral substance within.

3. That the genus *homo* is one; and that all the races of the great family of man are endowed with the same intuitions, sensational, perceptive, and intellectual—the same mental activities, however they may differ in degree; and that they all have the essential constituent elements *in common* of a moral, religious, and intellectual nature.

He waived the question as to the monogenesis or polygenesis of man; but asserted that from all historic times there have existed, and do still exist, aboriginal and typical races of men, widely differing from each other, and easily distinguishable by well-marked physical and psychical characters: such, for instance, are the Negroes of Africa, the Mongols of Asia, the red men of America, and the white men of Europe. From time immemorial, he said, there have always existed, besides the rude and savage hordes of hunters and fishers, two forms or phases of civilisation—the *nomadic* or the pastoral, and the *agricultural;* the former essentially *stationary* in its character, but the latter eminently and strikingly *progressive;* the nomadic tribes of Asia at the present day differing so little in their habits from those of their ancestors, that the Turkoman or Arab chief still welcomes the stranger after the same way which Abraham of old is reported to have done. The earliest traditionary record we possess of the state of the world when the earth was first peopled shows that there existed a *nomadic population,* who lived in tents; and *artificers,* who built cities—the earliest of all manufacturing towns. These two schemes of life, so far as we know, were contemporary. The dwellers in tents had seen the dwellers in cities, but preferred their own wild independence.

Now, among the purely nomadic races, Mr. Dunn observed, where civilisation is stationary, there exists, as might be expected, an *uniform sameness* and *characteristic fixity* in the shape of the head, strikingly in contrast with what is seen to prevail among the agricultural races and cultivated Europeans. For, where civilisation is progressive, there is increased mental activity among the faculties of the perceptive and intellectual consciousness, and, in consequence, a corresponding development of the nervous apparatus—the cerebral substance, through which they are manifested. He dwelt on the importance of viewing, in contrast, the typical crania of the Negroes or Australian savages, the Mongolian nomades, and the cultivated Europeans; maintaining that, as the skull is the outward measure and index of the brain's development within, we are able fairly to estimate the relative size and comparative development of its three great divisions, the anterior, middle, and posterior lobes; nay, among the typical races, to recognise *distinctive characters* impressed and stamped upon their varying crania, as indisputable evidence of *degradation* and *elevation* of type. In proof of this, he adverted to the *prognathous* type as one of *degradation;* and remarked that cranial configurations such as these, and where the face, nose, and jaws, ape-like, are all protuberant and projecting, speak a language and point to a destiny which cannot be mistaken; for wherever and whenever ignorance and brutality, destitution and squalor, have for a long time existed, this prognathous type is invariably found to prevail. In striking contrast to this, he adduced, as a type of *elevation,* that of the *orthognathic,* seen among the European nations, the Saxons, Celts, and Scandinavians, where the jaws are upright, and not projecting; the face scarcely, if at all, protruding beyond the forehead; and where, in place of the narrow, low, and retreating forehead, associated with largely developed, massive, and projecting bones of the face and jaws, we are struck with the symmetrical contour of the head, its size, and lateral fulness; but, above all, with the elevation of the forehead in proportion to the size of the face; and, with its broad, expansive, and towering height, clearly indicating a harmonious development of the whole brain, and a special fulness in the intellectual and moral regions.

From the skulls he proceeded to the comparison of the brains themselves, of which they are the bony coverings, after stating that all physiological psychologists were agreed that the great hemispherical ganglia are the sole and exclusive seat of all intellectual action and volitional power. But then, he remarked, to be able to interpret and duly to appreciate the structural differences which we meet with in the brains of the typical races, involves and implies a more exact and complete knowledge of the functions of these different cerebral parts, and of the nervous apparatus of the perceptive and intellectual consciousness, than that to which, he was free to confess, we had yet attained. Still, he affirmed, we are not without some definite knowledge of the functions of the cerebral lobes as psychical instruments; and stated what were the views and convictions of his own mind, not hastily taken up, not merely founded on the multiplied cranioscopical observations of Gall, Spurzheim, Combe, and Carus, but on the facts of pathology, and of developmental anatomy, comparative and human; viz., that the anterior lobes are the seat of the intellectual, the middle of the personal or individual, and the posterior of the social and affectional, activities or attributes of the human mind. He recognised throughout the hemispheres of the brain, and in their tripartite division into anterior, middle, and posterior lobes, with Gratiolet, three stages or planes of development: 1. The inferior or lowest, the *basilar* and *superciliary;* 2. The middle, or *median frontal;* and 3. The highest, the *coronal* or *superior frontal,* the sole and exclusive prerogative of man. He then hazarded the opinion, that on the comparative evolution and size of the different cerebral lobes, in these stages or planes of development, the individual character is mainly dependent; and that, while the *middle* or personal are the dominating lobes of the brain, as to the animal, moral, and religious activities of the man, it is the *anterior* which indicate the character of his intellectual bearing and attributes, and the *posterior* that of his social tendencies, propensities, and affections.

After a lucid exposition of his views, and as subservient to the better appreciation of the psychological significancy and importance of the *structural differences* which are noticed in the convolutions of the brain of civilised and savage man, he remarked that, as the anterior lobes of the brain are the seat of the intellectual activities of the mind, fulness of development and complexity of structure are sure indications of elevation of type; and that the converse, as Gratiolet, from extended observations, has amply shown, is equally true—viz., that simplicity of structure and perfect symmetry of shape and arrangement in the convolutions on both sides of the hemispheres are indisputable marks of degradation of function. Gratiolet, he said, had dwelt on the striking contrast which is presented between the simple, smooth, and symmetrical convolutions on both the hemispheres, on the superior frontal region of the brain, in the inferior races, and that of the unsymmetrical character; and of the great and intricate complexity of the same convolutions among those of the highest. After commenting upon and contrasting the brain of the Negro and the Hottentot Venus with that of the cultivated European, Mr. Dunn gave expression to his regret that, among the other aboriginal and typical races, so little had hitherto been done in the examination and comparison of their cerebral organisations. Ethno-psychology, he said, was still a *desideratum.*

He looked forward to the microscopical examination of the ultimate structure of the grey matter of the brain in the typical races of man as pregnant with the most interesting and instructive results. Already his friends Dr. Beale and Mr. Lockhart Clarke, he said, had proved to demonstration that *perceptible differences* exist in the minute anatomy of the grey matter of the convolutions in the brain of man and that of the monkey and the highest anthropoid apes. Dr. Beale had succeeded in demonstrating the connexion between the nerve-cells and the very finest fibres in the grey matter of the convolutions; and he maintains that the central cells of every nervous instrument form, with the peripheral nerve-cells and connecting nerve-fibres, *uninterrupted circuits;* and that all nerve-cells are connected with, or give origin to, at least two fibres. Mr. Lockhart Clarke had shown that certain *structural differences* are seen in the grey matter of the convolutions of the anterior, middle, and posterior lobes; and this fact, Mr. Dunn observed, was highly interesting and significant, when we bear in mind that it is upon the vesicular substance or grey matter of the brain, as its substratum, that the mind is dependent for the manifestations of all its activities in this life; and, moreover, that it is here that the ultimate molecular changes take place, which are so intimately connected with the manifestation of mental phenomena. Nay, more, that as complexity of function necessarily implies, and is connected with, complexity of structure, and as the anterior lobes of the brain are the seat of the highest and most complex psychical activities, he said, it is but reasonable to expect that, in the machinery of their action, as Mr. Lockhart Clarke has demonstrated, the greatest complexity should, in the grey matter of the anterior lobes, be found to exist; that is, in the nerve-cells, nerve-fibres, and circuits.

He concluded by adverting to the historical bearings of his subject—to the evidence which is presented by history of the conversion, in *time,* of one type of humanity into that of another, under the influence of outward circumstances, social states, and intellectual culture. As illustrative instances, he adduced the case of the transplanted Negroes in America and the West Indies; amongst the Asiatic or Mongolian races, the Turks of Europe and the Magyars of Hungary; and amongst ourselves, as instances of degradation, the Irish of Leitrim and Sligo, and the vagabond nomades who infest our large cities and towns.

In proof of cranial alterations for the better, from the influence of improved social conditions and higher intellectual activities, he directed attention to some casts on the table, taken at different periods from the same individuals. In each case, the interval was not a period of leisure, but of great mental activity; and the result in each was seen in the decided enlargement and development of the anterior part of the forehead. In the museum of the late Mr. De Ville, in the Strand, there were upwards, he said, of fifty such illustrative examples, highly interesting and instructive, as pointing out and recording, beyond all controversy, certain changes in the form and relative positions of the anterior lobes of the brain, in connexion with certain intellectual pursuits.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 26th, 1864.

W. R. Basham, M.D., Vice-President, in the Chair.

A DESCRIPTION OF THE FIRST LARYNGOSCOPE, AS INVENTED AND EMPLOYED BY DR. B. G. BABINGTON, F.R.S., IN THE YEAR 1829.

BY MORELL MACKENZIE, M.D.

The author stated that in this communication it was not intended to trace the successive steps which finally led to the more general use of the laryngoscope in practical medicine. This had already been done in an able article by Mr. Windsor, in the *British and Foreign Medico-Chirurgical Review.* The object of the present paper was to fix distinctly the epoch of the first employment of the laryngoscope in the investigation of laryngeal disease. In considering this question it was necessary to bear in mind the essential conditions under which laryngoscopy is practised. These were—

1. The visual ray from the observer's eye has to be directed to a part which, when the mouth is open, is hidden from direct view by the projecting angle formed by the base of the tongue and the epiglottis.
2. The part to which the visual ray is directed—that is to say, the larynx—is not penetrated by light.

To overcome these obstacles to laryngoscopy there are required, then, (1) a small mirror placed at the back of the throat at such an angle that the visual ray can be directed into the larynx; (2) an apparatus for concentrating the luminous rays, and projecting them upon the small mirror, so that they can be reflected into the larynx. For this latter purpose modern laryngoscopists generally use a second mirror (the ophthalmoscopic mirror of Rüete.)

The essential requisites of a laryngoscope were clearly perceived by Dr. Babington as early as the year 1829. At that period his inventive genius was directed to the subject, and he contrived a laryngoscope very similar to the one now in use. It consisted of a small laryngeal mirror, and a hand-mirror for concentrating the light. The patient sat with his back to the sun, and while the illuminating mirror (a common back-hair glass) was held with the left hand, the laryngeal mirror was introduced with the right. Dr. Babington's labours did not end here. By a very simple mechanism, a tongue-depressor was united with the laryngeal mirror, and thereby one of the most serious obstacles to laryngoscopy was attempted to be overcome. This ingenious laryngoscope [instrument shown] was exhibited at the Hunterian Society on March 18th, 1829; and a report of the meeting was published in the *London Medical Gazette* of March 28th, 1829. It was made by an optician named Elsworthy, and the invoice [shewn] was dated June 23rd, 1829. In this laryngoscope a spring between the shanks of the laryngeal mirror and the spatula was fixed in such a way that by pressing the two handles together the tongue was depressed. Afterwards (between the years 1830 and 1835) Dr.

Babington gave up the tongue-depressor, and had two instruments made very similar to those now in use, except that instead of being of glass they were of steel. The maker's name (Laundy) is stamped on one of the mirrors.

In rendering justice to a distinguished physician, the author did not wish to detract from the credit fairly due to others who, at different times and independently of one another, had contrived an apparatus for inspecting the larynx. Dr. Czermak's great merit consisted in his having so simplified the instrument that it could be used by the many; and his talent and enthusiastic teaching had so prominently associated his name with the laryngoscope that his reputation would not suffer from a due recognition of Dr. Babington's claims. The author said it could not be denied that as early as 1827 Dr. Senn, of Geneva, tried to make use of a small mirror to examine the larynx of a child in whom he was about to perform tracheotomy. Dr. Senn was unsuccessful because he only employed one of the factors in laryngoscopy; and whilst he attributed his failure to the small size of the mirror, it really depended on the non-illumination of the larynx. Dr. Senn's case, moreover, was not published in the *Journal de Progrès* till the year 1829, a short time after Dr. Babington's description had appeared in the *London Medical Gazette.*

TWO CASES OF STONE IN THE BLADDER OF THE FEMALE TREATED BY RAPID URETHRAL DILATATION; WITH REMARKS ON THE OPERATION. BY THOMAS BRYANT, ESQ., SURGEON TO GUY'S HOSPITAL.

The author commenced by giving the history of two cases, of which the following are brief notes:—

CASE I. H. C., aged 52, admitted October 13th, 1862, had had symptoms of urinary irritation for eight months, and for three had been quite unable to retain her urine. On November 19th the stone was removed by rapid urethral dilatation, and it measured 1¼ in. by 1 in. in diameter. The operation was followed by immediate relief. On the day following the patient could hold her urine for twenty minutes, and in a week for many hours, and in three weeks she left well.

CASE II. Ann C., aged 35, was admitted on February 17th, 1864. Urinary symptoms had existed for seven months, and were very severe; the urine was full of pus, mucus, and was intensely fetid. The least examination caused her great pain. After rest in bed for several weeks these symptoms had improved, and on March 5th the operation was performed. Chloroform was given, and the urethra rapidly dilated by Weiss's dilator. The stone was then removed, but little difficulty being experienced in its removal. The calculus measured 2 in. by 1½ in. in diameter, and 5¼ in. by 4½ in. in circumference, weighing 2 oz. 2 dr. The next day the patient could hold her urine for fifteen minutes; on the second, for forty; on the third, for two hours and a half; and on the fifth day, for five hours. A small slough separated on the sixth day from the urethra, and during an examination the finger was introduced again into the bladder, which caused some little incontinence; but this gradually disappeared, and on April 5th she was able to retain her urine for five hours. She left the hospital cured.

The author then passed on to the consideration of the dilatability of the female urethra; and quoted many interesting cases, which were tabulated, in which a calculus had been expelled by natural efforts, in which *no* incontinence of urine was the result. He then proceeded to consider the operation of urethral dilatation as a means of removing a calculus or foreign body; and gave an analysis of twenty-eight cases, which he had tabulated, in which he proved that incontinence of urine resulted in only four out of the twenty-eight examples, and that in these four the dilatation had been *slowly* performed. He then considered in detail many of the cases, and enlarged upon the best mode of performing the operation.

The subject of urethral lithotomy next obtained a notice; and it was proved that an incontinence of urine was a common result of the operation—nine cases out of twenty being left in such a condition.

Removal of a calculus by lithotrity was then touched on, and the subject of vaginal lithotomy introduced, the author indicating the exceptional cases in which either operation may be required.

The following conclusions were drawn up:—

1. The female urethra may be dilated to a considerable extent with facility, and without danger.
2. *Slow* and tedious dilatation of the urethra, by sponge tents or other means, appears to be injurious.
3. *Rapid* urethral dilatation, with the patient under the influence of chloroform, is the safest and most expeditious method of removing all average-sized calculi and foreign bodies from the female bladder; for calculi one inch in diameter in children, and even two inches in adults, have been safely extracted by this practice.
4. The operation of incising the neck of the bladder and urethra is one of danger, and should be laid aside.
5. Lithotrity is a valuable operation in cases in which a stone cannot be safely removed by rapid urethral dilatation—that is, when the stone is very large, and when the bladder is healthy; and that it is the best practice to remove the broken fragments by the forceps as speedily as possible.
6. Vaginal lithotomy is an operation of value when the other modes of operation are inapplicable; but that, as a general practice, it is not required.

Correspondence.

PRACTICAL DETAILS IN OVARIOTOMY.

LETTER FROM T. SPENCER WELLS, ESQ.

SIR,—At page 632 of your last number, Mr. Furneaux Jordan, after a very kind allusion to me, is reported to have said (in a way to imply that I still close the wound in the abdominal wall with hare-lip pins) that wire sutures are preferable. Will you, therefore, allow me to say, it was only in my earlier cases that I used hare-lip pins? I never found the "sloughing of the tissue included between the pin and the twisted hemp or silk", which Mr. Jordan fears; because I never twisted the silk or hemp tight enough to cause sloughing. But I did very soon find, when the abdominal wall was thick, that it was impossible to bring the opposite divided surfaces evenly into apposition. I then began to use wire sutures of different kinds—silver, platinum, and iron—as well as catgut, horsehair, India-rubber, and gutta percha; but I found nothing answer so well as fine, strong, pure silk. It is easily applied, easily removed, and, if not drawn too tight nor left too long, causes no sloughing of the circle of tissue which it encloses. I seldom leave the sutures more than forty-eight hours, and often remove them at thirty-six or forty. Dr. Keith of Edinburgh has recorded one case in the *Edinburgh Journal* for October 1863, which so strikingly shows one of the great advantages of silk over wire, that I make no apology for asking you for space for his account of the *post mortem* examination. He says:

"On carefully examining the line of incision, which had been secured by seven wire sutures passed through the whole thickness of the abdominal wall, including nearly half an inch of peritoneum, it was observed that the peritoneal line of union was so uniformly perfect that it was impossible to tell where the line of incision had been. The wires were felt under the peritoneal surface; and on cutting one of these from the outside, in order to see how the cut extremity of the wire would behave when passing over this freshly united serous surface, I was surprised to find, though it was withdrawn with the utmost gentleness, and the point kept as much as possible against the upper surface of the wall, that the *point of the wire tore the peritoneal membrane right across*, leaving it ragged, and allowing a *drop of matter* which lay along the track of the wire to *appear on the peritoneal surface*."

It is the fashion to sneer at "petty details"; but a fact like this shews that it may be of immense importance to a patient whether her wound has been closed by wire or by silk.

In the other valuable communications on ovariotomy in the same number by Messrs. Gamgee, Clarke, and Marshall, there are a number of practical questions raised which I should very gladly discuss; but respect for your space compels me to conclude with only one remark upon the statistical argument used by Mr. Clarke in his comments upon different modes of dealing with the pedicle. Nothing is more likely to lead to error than statistical conclusions based upon a small number of facts. It is assumed that, as one operator who generally returns the tied pedicle into the abdomen only lost four cases out of twenty, this great success implies some superiority of this practice over the use of the clamp. In reply, I may say that, between June 1862 and March 1863, I had twenty-three cases—of which only two died and twenty-one recovered—and in twenty-two of these cases the clamp was used.

The question, "what to do with a short pedicle," is one of the most important which can engage our attention; but it can only be determined by the experience of a large number of cases accurately observed and faithfully recorded. I am, etc.,

T. Spencer Wells.

Upper Grosvenor Street, June 11, 1864.

P.S. As some of your readers may wish to know the result of my entire practice of ovariotomy, I may state that I did my hundredth operation on the 2nd of this month. If the patient recover (as, in all probability, she will, though both ovaries were removed), the result will be sixty-six recoveries and thirty-four deaths.

ARMY MEDICAL GRIEVANCES.

Sir,—I trust that some of the other representative bodies in our profession may follow the example set them by the Edinburgh College of Physicians, in their memorial to Government on the subject of the Army Medical Service. On a re-perusal of this document, I find that it contains a very fair summary of the grievances which have been laid bare in your columns from time to time, and which have culminated in the scheme, so degrading to the chief medical and military authorities, of advertising for civil practitioners of age up to forty years, to take the place of the military assistants in this country; but it does not insist upon the point, the most urgent, in my opinion; viz., the establishment finally and without reserve of the rank of the army surgeon.

I think that the Warrant of 1858 was chiefly valuable, as respects the *rank and its concomitant advantage* held out for the future. No arrangement will, I am assured, be effectual which does not finally determine this point. Rank carries with it regimental authority and social consideration, all-important in a service to which men are impelled to enter rather for honour than for lucre. The rank of the surgeon and assistant-surgeon should be as well defined and as incontestible as that of a colonel in the army or of a captain in the navy. Nothing less than the rank assigned by the Warrant of 1858 will content the profession. At the same time, I am certain that the War Office would find it expedient to adopt most, if not all, the suggestions now urged as to pay, retirement, the question of branding deserters, of confidential reports, etc.

The Army Medical Service may become a vital question sooner than the War Office calculates. In such a case, the friends of the private soldier will demand that the nation in whose service his life, liberty, and health are staked, should secure to him the best surgical talent that can be procured.

I am, etc., A. M.

THE LORD CHANCELLOR'S NEW COUNTY COURT BILL.

Letter from T. L. Walford, Esq.

Sir,—I yesterday read the letter from Mr. Norris in the British Medical Journal for June 11th, and was much surprised at the dark picture of consequences, drawn by that gentleman, if the Bill should pass.

A leading article in the *Times*, published on the introduction of the Bill, led me to suppose it was calculated to effect a great moral reform upon the present practisers of long credit. It appeared to me, that the limiting to one year the right to recover bills under £20, would give to medical men, amongst others, the most powerful argument for urging the settlement of such claims as were in any degree doubtful, and would deprive the debtor of the power of retaliating upon us, that we were hard and impatient.

As the *Times* also showed, it would tend to bring about a system of ready money payments, or of much shorter periods of credit, and so would become a schoolmaster to those who contract debts without due consideration.

Credit is to many unavoidable, and to some unnecessary; the Lord Chancellor's Bill, by abridging its duration, would have been a kindness instead of a harshness. But it seems we are not to have it as it originally stood, which I, for one, am sorry for.

I am, etc., T. L. Walford.

Reading, June 14th, 1864.

The Negro in Disease. In the department of the South there are a number of regiments of coloured troops, and it is a well ascertained fact that they are more liable to disease, and that the mortality is greater than among the white regiments. They rarely ever recover from a severe wound, and when attacked by disease they seem to care but little for life, and die in spite of all remedies and attention. These facts are particularly true of the North Carolina and South Carolina coloured soldiers, the sick reports of which are fifty per cent. larger than those of the white troops; and I find, on referring to my notes, that there were, during the months of November and December, thirty-eight deaths from disease in thirteen regiments, three of which were coloured. The latter lost seventeen men of the thirty-eight. The coloured troops recruited in the Northern States do not suffer to the same degree. (*Dr. Goss, in American Medical Times.*)

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on the 8th instant.

Akerman, William, St. Just, Cornwall; diploma of membership dated April 28, 1864
Baker, George Benson, Bayswater; April 26, 1864
Broughton, Henry Todd, Bradford, Yorkshire; May 10, 1864
Lucey, William Cubitt, Bermondsey; January 26, 1864
Mills, Samuel, Consumption Hospital, Brompton; April 23, 1863
Oliver, George, Bourne; July 30, 1863
Puzey, Chauncy, Surrey Square; July 31, 1863
Reade, Albert Comberbach, Congleton; April 27, 1864
Richards, Frederick William, Winchester; April 26, 1864
Salter, John Henry, Arundel, Sussex; April 27, 1864
Viant, Henry, Totton, near Southampton; April 26, 1864

UNIVERSITY OF CAMBRIDGE. At a Congregation holden on June 9th, the following degrees were conferred.

Master in Surgery.

Godson, Alfred, Trinity College

Bachelors of Medicine.

Godson, Alfred, Trinity College
Hoffman, Henry Westwood, Trinity College
Leighton, Edmund Thomas, Caius College

APOTHECARIES' HALL. On June 9th, the following Licentiates were admitted:—

Broughton, Henry Todd, Bradford, Yorkshire
Holden, John, Ardwick and Ancoats Dispensary, Manchester
Maundrell, Edward, Rutland Street, Hampstead Road
Pearse, George Edmund Legge, Regent Street, Westminster

At the same Court, the following passed the first examination:—

Tidy, Charles Meymott, London Hospital

APPOINTMENTS.

ARMY.

CLERY, Assistant-Surgeon G. C., 9th Lancers, to be Staff-Assistant-Surgeon.
CLUTTERBUCK, Staff-Surgeon J. E., M.D., to be Surgeon 42nd Foot, *vice* J. S. Furlong, M.D.
FINUCANE, M., Esq., to be Staff-Assistant-Surgeon.
FURLONG, Surgeon J. S., M.D., 42nd Foot, to be Surgeon 6th Dragoons, *vice* C. A. Turnbull.
HEATHER, D. D., Esq., to be Staff-Assistant-Surgeon.
HEFFERNAN, Surgeon-Major N., M.B., 11th Foot, to be Staff-Surgeon-Major, *vice* W. G. Trousdell, M.D.
HINDE, Staff-Assistant-Surgeon B., to be Staff-Surgeon, *vice* W. K. Chalmers, M.D.
M'DONALD, Staff-Surgeon-Major D. D. M'Cay, to be Surgeon 25th Foot, *vice* R. Browne.
MASON, Honorary Assistant-Surgeon S., in Medical Charge of the Lunatic Asylum at Madras, to have the honorary rank of Surgeon.
SPRY, Staff-Assistant-Surgeon G. F., M.D., to be Assistant-Surgeon 9th Lancers, *vice* G. C. Clery.
TROUSDELL, Staff-Surgeon-Major W. G., M.D., to be Surgeon 11th Foot, *vice* N. Heffernan, M.B.
TURNBULL, Surgeon G. A., 6th Dragoons, to be Staff-Surgeon, *vice* J. E. Clutterbuck, M.D.

ROYAL ARTILLERY. To be Assistant-Surgeons.

BOUCHIER, Assistant-Surgeon G., 93rd Foot.
BOYD, Staff-Assistant-Surgeon W. C.
CALDER, Staff-Assistant-Surgeon W. M., 33rd Foot.
COLLIS, Assistant-Surgeon W., 98th Foot.
FFOLLIOTT, Assistant-Surgeon F., 18th Foot.
GAYE, Assistant-Surgeon A. C., 4th Foot.
HULSEBERG, Assistant-Surgeon J. W., 33rd Foot.
JARDINE, Staff-Assistant-Surgeon J., M.D., 33rd Foot.
KILROY, Assistant-Surgeon A. R., 33rd Foot.
KINAHAN, Assistant-Surgeon J., M.D., 44th Foot.
M'FARLAND, Assistant-Surgeon F. E., 77th Foot.
MOORHEAD, Assistant-Surgeon G. A., 66th Foot.
O'BRIEN, Assistant-Surgeon T. M., 95th Foot.
O'HALLORAN, Assistant-Surgeon W., 74th Foot.
RAMSBOTHAM, Staff-Asaistant-Surgeon W. B., M.D.
RUSSELL, Assistant-Surgeon A. S., M.D., 27th Foot.
SLY, Assistant-Surgeon W., 34th Foot.
YATES, Staff-Assistant-Surgeon W. H., 33rd Foot.

ROYAL NAVY.

ALPIN, William J., Esq., Assistant-Surgeon, to the *Implacable*, for the *Martin*.
DEVONSHIRE, Charles J., Esq., Assistant-Surgeon, to the *Warrior*.
FEGAN, Henry, M.D., Assistant-Surgeon, to the *Dauntless*.
O'MALLEY, James V. J., Esq., Assistant-Surgeon, to the *Boscawen*, for the *Ferret*.
SCOTT, Alen, Esq., Assistant-Surgeon, to the *Impregnable*, for the *Sparrow*.

MILITIA.

HYDE, G. E., Esq., to be Assistant-Surgeon Worcestershire Militia.
MORRIS, E., Esq., to be Surgeon 2nd or South Devonshire Militia.
WHIPPLE, C., Esq., to be Assistant-Surgeon 2nd or South Devonshire Militia.

VOLUNTEERS, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

STEPHEN, W., M.D., to be Assistant-Surg. 1st Aberdeenshire A.V.

DEATHS.

CARTWRIGHT, S., Esq., F.R.S., at Tunbridge, aged 75, on June 11.
CROASDAILE. On June 3rd, at Putney, Elizabeth Dillon, widow of Edward Croasdaile, M.D., of Boulogne-sur-Mer and St. David's, Jamaica.
DAVINSON. On April 29th, at Mhow, Catherine W. J. M'Ghee, wife of Robert H. Davidson, M.D., Acting Deputy Inspector-General, Mhow.
M'GILL. On June 14th, at Tunbridge, aged 15, Kenneth John, youngest son of the late William M'Gill, M.D.
MAY. On June 10th, aged 74, Elizabeth, wife of George May, Esq., Surgeon, Maldon, Essex.
PHILBRICK. On June 12th, at Ipswich, Hannah, wife of Cornelius J. Philbrick, M.D., of Toronto.
PRANCE, James C., Esq., Surgeon, late of Maidstone, at Richmond, aged 76, on June 14.
SMITH, Edmund, M.D., of Ilkley Wells, near Otley, at Richmond, Yorkshire, aged 59, on June 5.
WALLACE, William, M.D., late 14th Regiment of Foot, at Morningside, Edinburgh, on June 7.

LUNACY COMMISSION GRANT. The sum of £5,173 has been voted by Parliament to defray certain expenses of the Commissioners of Lunacy in England and the Board of Lunacy in Scotland.

POISON BILL. Mr. H. Berkeley has given notice in the House of Commons that, on the 7th of next month, he shall ask leave to introduce a bill to amend the Act prohibiting the sale of poisoned seed, passed last session.

THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION. At a congregation held at the University of Cambridge on June 9th, a grace was passed to grant the use of the Senate House and schools for the forthcoming meeting of the British Medical Association, under the superintendence of the vice-chancellor, Dr. Bond (Regius Professor of Physic), and Dr. Paget.

FATAL ACCIDENT TO DR. LYNCH OF BELFAST. Dr. Lynch of Belfast, whilst going to take possession of a mansion near Antrim, which he had lately purchased, was thrown out of his phaeton, and so injured that he died in consequence. Dr. Lynch, who was paralysed on one side, was a highly respectable physician, and for many years one of the medical staff of the General Hospital. He was about fifty years of age. (*Dublin Medical Press.*)

NARROW ESCAPE FROM POISONING. Between thirty and forty boys narrowly escaped last week being poisoned at Birmingham. The London and North-Western Company were having a sale of unclaimed goods; and among the articles were several sacks of Jatropha nuts, which are pleasant to the palate, but poisonous. These nuts were scattered about the floor in a warehouse, and were picked up by the boys in passing; they distributed them among their companions. All who ate them were speedily seized with illness, such as vomiting, pains in the stomach, and torpor. The sufferers were sent to the General Hospital, and by the employment of prompt means they were restored, but in several instances death had well-nigh been the consequence.

Hospital for Incurables. The first stone of a new wing to the House for Incurables at Putney Heath was lately laid. The building, it is expected, will be finished before next winter.

Royal College of Surgeons. The annual dinner will take place on July 7th, at the Albion Tavern. A metropolitan Fellow, Mr. J. M. Arnott, will this year take the chair; and the meeting, judging from the long list of stewards, will be large.

Lunacy (Scotland). The Lord Advocate has obtained leave to bring in a bill to continue the Deputy Commissioners in Lunacy in Scotland, and to make further provision for the salaries of the deputy commissioners, secretary, and clerk of the General Board of Lunacy, and the bill was read a first time.

London Hospital. The laying the foundation-stone of the wing about to be erected at the London Hospital, will take place on July 4th. The Prince of Wales intends to be present, and the Duke of Cambridge will take the chair. The estimated cost of the new wing is £27,000.

Metropolitan Dispensary. At the last annual meeting of the Metropolitan Dispensary, Fore Street, it was resolved that "the plan adopted at the Royal General Dispensary, and at the Islington, Liverpool, and other Dispensaries, of requiring from the patients the nominal sum of one penny for each supply of medicine, should be adopted."

A Non-registered Practitioner: Alvarez de la Rosa *v.* Prieto. This was an action by a foreign medical man, employed by another medical man to attend the crew of a Peruvian frigate who were labouring under a bad fever while in the Thames, for his fees, to which the defendant replied that the plaintiff was not registered as a medical man, as required by statute, and could not, therefore, sue for his fees; a rule having been obtained to enter a nonsuit, and to set aside the verdict for the plaintiff. The Court (of Common Pleas) were of opinion that the rule ought to be made absolute.

Health of Scotland. The Registrar-General has again to report for May, as for April, that in the eight principal towns of Scotland, births, deaths, and marriages have all been more in number than he has registered in any May since his office was established, at the beginning of 1855. The rate of increase was greater in deaths than in births, but greatest of all in marriages. In Paisley and Dundee, half the deaths were of children under five years old; and in Glasgow, very nearly half. A fourth of the deaths were due to zymotic (epidemic and contagious) diseases. Typhus was epidemic, and in Paisley smallpox also; and whooping-cough was fatal in many instances.

Fossil Remains. There has just been deposited in the British Museum a large collection of fossils from the cave of Bruniquel, in the department of Tarn et Garonne, which was first opened by its proprietor, the Vicomte de Lastic St. Jal. The cave had a floor which was a perfect mosaic of remains, containing flint and bone instruments, remains of existing and extinct animals, with skulls and other relics of man. Professor Owen was invited to visit it; and he observed and excavated most interesting specimens, which he advised the trustees of the Museum to purchase. The Viscount had offered it to his own Government, but the prize was let slip. Afterwards, when Professor Owen had secured the cave-contents for London, Paris made a higher bid; but the promise was honourably observed. These silent proofs of primeval man are now in process of examination and description by Mr. Owen.

Extraordinary Suicidal Mania. In Cheltenham within the past month no less than six persons have committed suicide.

Privy Council Expenses. In the House of Commons, Mr. Augustus Smith asked for explanation of £10,600 charged for contingent expenses. Mr. F. Peel stated that of this sum £3,000 was annually placed at the disposal of the Privy Council to pay medical and other officers who were from time to time deputed to conduct inquiries and experiments; £2,000 was for the national vaccine establishment; £2,000 for vaccination inspection; and the remaining £3,600 was a matter of account arising from the medical department of the Privy Council having been unaware of the rule that payments should only be made out of the votes for the current year.

Vaccination. In the House of Commons Sir J. Pakington asked whether, in accordance with the statement of the Lord President last year, that "the Government were considering the best means of effecting an improvement in the vaccination law." Mr. Bruce believed a very large and unnecessary loss of life arose from neglect of the provisions of the Vaccination Act. Though the provisions of the Act were obligatory, the enforcement of them depended upon the co-operation of boards of guardians, the vaccinating surgeon, and the parents of the children. Where that was given the Act had been tolerably successful, but where that was wanting the result was lamentable. When a similar question was put to the President of the Council in another place, he stated that in his opinion there were only two methods by which the defects of the present law could be corrected. One was the increasing of the compulsory powers of the Act, and the other was by increasing the pecuniary inducement to the vaccinating surgeons, and stated as his opinion that Parliament would not consent to greater compulsory powers, and he did not see his way to the accomplishment of the other alternative. He understood the noble lord in the other House had given notice of his intention to introduce a bill to Parliament which would be referred to a select committee.

Diseased Meat. In the House of Commons lately Sir J. C. Jervoise called attention to the charge for expenses connected with the inspection of sheep to prevent the spread of disease, and maintained that the statements in the blue-book were calculated to create a panic among agriculturalists. Every fifth animal, and by consequence every fifth mutton chop, was stated to be diseased, while there was not only death in the pot but in the pail. The total loss by preventible diseases in cattle was estimated at £6,000,000 yearly. He wished to know who was to be held responsible for such statements, inasmuch as the medical officer who had despatched eminent veterinary surgeons on commissions of inquiry, not only through this country but abroad, disconnected himself in a note at the end of his report from the opinions put forward by them. The epidemic diseases were attributed in the blue-book to contagion originally of foreign origin, whereas the medical officer attached to the Customs Department reported that not a single case of small-pox in sheep had entered this country.

Memorial to Sir Humphry Davy. On the 10th instant, a large meeting of the inhabitants of Penzance, the birthplace of Sir Humphry Davy, was held in the Guildhall to consider the subject of erecting a memorial to his memory. Mr. Coulson, the ex-High Sheriff of Cornwall, took the chair, having, at the solicitation of the working men, come specially from London for the purpose of presiding, and of paying his eloquent tribute to the memory of Sir Humphry Davy. In the course of the proceedings it was stated that £1,000 had been offered by two maiden ladies of Penzance towards the memorial, on condition that it should assume the form of almshouses for persons of respectability who had been reduced to poverty through unforeseen circumstances. The committee had accordingly determined to adopt this form of memorial, in combination with a statue, and it was calculated that £10,000 would be required to carry out the idea in a fitting manner. Of this sum about £1,500 has already been subscribed in the town. Resolutions were unanimously adopted in favour of the scheme propounded, and the carrying out of the details was intrusted to the committee already formed. The movement was set on foot by working men. Mr. Coulson delivered a very eloquent address on the occasion, setting forth in detail all the great deeds of the chemist, and giving an interesting biography of him.

Mortality of the French Army. A report on the sanitary condition of the French army during 1862 states that the public health was in general good during that period. No great epidemic had been observed in France. There were 2,871 deaths among the army in France, being an average of 9·42 in 1,000 of the effective force; there were 666 deaths in Algeria, being 12·21 in 1,000; in Algiers 337 deaths, being 17·69 in 1,000; altogether, 3,874 deaths, or an average of 10·14 on the entire effective force. In the year 1846 the average number of deaths in the army was officially announced at 19 in 1,000 for France, and 64 in 1,000 for Algeria. "Such," says the report, "is the progress accomplished within sixteen years in the health of the army." The report further states that the mortality in the year 1860 among men of from 20 to 30 years of age, being civilians, was 11·09 in 1,000, being greater than among soldiers serving in France. The average deaths by disease among soldiers having served less than seven years are 10·46 in 1,000. It is but 5·28 in 1,000 among men serving from seven to fourteen years, and 5·85 in 1,000 among men serving above fourteen years. The greater number of veterans in the army, the less, consequently, the mortality.

Sanitary Science in India. "For many years a fever of a terrible type has been raging over a great part of Lower Bengal, but not until a few months ago did the government deem it necessary to take any steps to check its further progress. It has been estimated that 36 per cent. of the population of the infected district have fallen victims to it. In one part 12,000 out of 18,000 inhabitants died within six years. Medical skill seemed unavailing in its treatment; it comes on suddenly, and commonly kills the patient in from thirty-six hours to four or five days. The doctors call it a 'congestive remittent fever,' and the natives say that it is a new disease, and call it *nutan jwar*. Any one who has seen village life in Bengal will understand the conclusion of the Commissioners, that the fever has been generated by the utter neglect of the most elementary sanitary laws. Close to the mud hut of the ryot is a hole where he places all filth and refuse. The hut itself is surrounded with jungle or bamboo, through which scarcely a breath of fresh air can ever penetrate. There is, perhaps, a tank near, covered with slime and vegetation, in which the people bathe and wash their clothes, and the water of which they daily drink. They have no other. In the Mahomedan quarters the dead are buried on the borders of these tanks. Or the water is obtained from the river, into which dead Hindoos by the hundred are thrown, and are washed up and down by the tide. Thus the appalling disease is generated; and Dr. Elliot, who has lived in the midst of the district, tells us part of the result. 'Many large *baries*, in which there were formerly thirty or forty residents, have now been left with perhaps one solitary occupant; whole mohullas and streets have been deserted, and large villages, which formerly told their residents by thousands, can now almost number them by hundreds.' The unborn child is infected with it, and dies; old and young, rich and poor, perish like sheep, and it might almost be said that no man regardeth them. The Commissioners evidently do not know what to recommend. The inhabitants of the villages are satisfied with their mode of life and will not change it, and the Commissioners say they are not prepared to advise that they should be compelled to do so. Every year the epidemic becomes worse, and must continue to spread under the present conditions."

Year's Work of a Coroner. Dr. Lankester has just given at a meeting of the Social Science Association, a sketch of his work as coroner for the central district of Middlesex in the year ending July 31st, 1863. The population of the district is stated at 805,975 (meaning probably at the census of April 1861), and he held 1,080 inquests (203 of them at hospitals, prisons, or asylums), one for every 746 persons. The proportion is very much higher in St. Giles's; yet the medical officer of that parish has to state that in 1862, 45 bodies were interred without an inquiry when there ought to have been one. "It is intolerable in a civilised country," he says, "that persons dying in this way should be interred without inquiry; in at least two cases there was *primâ facie* ground for suspecting poison." Dr. Lankester states that "the registration of death and the burial of the body without any medical certificate, is of very common occurrence in London." Very unsatisfactory medical certificates are also accepted by some registrars; sometimes the medical man never saw the deceased either alive or dead. Irregular certificates ought always to be referred to the coroner. In the course of the year there were 53 deaths of new-born children with verdicts of wilful murder or neglect, very often on the part of some person unknown; there were besides eight deaths of new-born children from "unknown causes" and eight "accidental deaths," making 69 inquests on new born children. It is, says the coroner, a fearful picture of the moral condition of the district. The crime of infanticide is very much more frequent in some parts of central Middlesex than in others, and the subject seems one that demands investigation. The crime appears to be most frequent among women in domestic service. Sixteen children were picked up in the streets that had never breathed. The absence of any registration of stillborn children is undoubtedly a source of crime. Children are often brought to the undertaker for burial as stillborn without any guarantee for that fact, and where women can find accomplices this presents a very ready method of getting rid of children without any inquiry as to the cause of their death. As many as ninety children were suffocated in bed, some of them first-born children of young mothers ignorant of the necessity of fresh air for the life of their offspring, others the children of parents who had gone to bed not sober and caused their child's death by culpable neglect. With regard to inquests on adults, the coroner reports that 70 of the 1,080 deaths were suicides. The largest number of the suicides was by poison, and this is effected often by articles extensively used in various branches of industry, and therefore easily procured for an improper purpose. The year's inquests imply that the tendency to commit suicide is more than twice as great among men as among women, and that men prefer hanging or the knife, women poisoning or drowning. In a large proportion of these cases, habits of intoxication had preceded the act of suicide.

Lettsomian Lectures
ON
MIDWIFERY AND DISEASES OF WOMEN.

Delivered before the Medical Society of London.

BY
C. H. F. ROUTH, M.D.,
PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

LECTURE II (*concluded*).

ON SOME POINTS HAVING REFERENCE TO THE DIFFERENTIAL DIAGNOSIS OF FIBROUS TUMOURS OF THE UTERUS.

Ovarian Diseases. It is with *ovarian* cases that the diagnosis is often very difficult. The differential symptoms on which most reliance is usually placed are the following. Ovarian tumours generally arise from one side; fluctuation is felt in them; the shape of the tumour is symmetrical and pyriform; the hand can be passed between the parietes of the abdomen low down and the tumour; and the uterus has a shorter cavity. Now, I believe that every one of these symptoms may be present, and the tumour after all prove to be a fibroid.

1. The ovarian tumour *grows from one side.* This may be true in many instances; but fibrous tumours are not unusally found to begin on one side. I have met several such, more particularly where they contain fluid or are situated in the latter walls. Moreover, in the case of pediculated tumours and pelvian bodies, to which I have before referred, these tumours are commonly found on one side.

2. *Fluctuation* may also be absent in ovarian disease. Though the tumour be ovarian, it may be fibrous. Such a case occurred to Dr. Murphy; and was successfully operated upon by Mr. Erichsen.

Two cases where this occurred are also mentioned by M. Liègeois. (*Bull. Soc. An.*, xxix, pp. 140-41.) In the first, there was found after death a large tumour of the size of a fist in each ovary, of a fibrous nature. Microscopically, both exhibited fibro-plastic characters. In the second case, there was a large fibrous tumour weighing eight pounds. Another case is mentioned by M. Icery (*Ib.*, xxviii, p. 135), where a large uterine fibroid co-existed with fibroids of both ovaries.

But we may have a sensation of fluctuation in a fibroid produced by four causes: *a.* A comparatively soft, fleshy, flabby condition, quite irrespective of fluid; *b.* Unusual vascularity; *c.* The presence of œdema; *d.* Uterine false or real cysts, as before seen.

a. The following is an example of the first variety, where an extrauterine fibroid, and withal solid, fluctuated, and was, besides, diagnosed to be ovarian. It is related by M. Bourcy. (*Bulletin Soc. Anat.*, xxx, p. 160.)

A woman, aged 45, was admitted into the Hôpital Cochin, under M. Gosselin. She had had children, and was in good health up to two years back. On admission, the symptoms were, tumefaction and pain of the abdomen since the cessation of the catamenia ten or twelve months previously. The pains had become greatly worse during the last two months; they were very severe, like labour-pains. Micturition and defæcation were very difficult. She had kept her bed two months, and was only able to stand and walk by using a belt. Abdominal palpation detected a hard, non-fluctuating tumour of the size of a fœtal head, bilobed, larger on the right side. There was an indolent hard tumour in the right breast. Vaginal examination revealed the tumour at the bottom of the vagina. No cervix was to be found (which led to the belief that the tumour was external to the uterus). This patient, after suffering agonising pains, only relieved by opium, and losing flesh rapidly, died two months after admission.

A *post mortem* examination was made twenty-four hours after death. Palpation made through the abdomen revealed fluctuation. On opening it, the intestines were found to be pushed upwards and backwards, and were contracted in diameter. A large fibrous tumour, rounded, much larger than an adult head, was situated behind the uterus, between it and the rectum, which it compressed behind. The tumour was encysted; it might have been enucleated. The cyst envelope was hard, thick, fibrous, and closely attached to the posterior part of the uterus. The tumour itself, when cut, appeared marbled, here and there tinged with ecchymosis, varying in consistence, friable; percussion of it produced tremblings (*tremblotements*) in the mass. The union with the uterus was remarkable. It was attached firmly to the tumour, and on the right side. The cervix was thinned and elongated. The body, the curvature of which was preserved, was normal, firmly adherent to the enveloping membrane. On a level with the union of this membrane and the posterior face of the uterus, there was a notable thickening, a hard tissue, fatty, and intermixed with some osteo-calcareous productions. The uterine appendages were healthy. The kidneys were large, and the ureters dilated, by reason of the pressure of the tumour, to the size of the small intestine.

A more remarkable case still was that of Kœberlé's.

It was one of enormous tumour, weighing above sixty-six pounds, which, before the operation, was, by himself as well as others, found to fluctuate. "The sensation of the wave of liquid seemed so evident, that no one could doubt at all that fluid existed in it. This fluctuation was most evident on the left side, and gentle taps could be transmitted through it very clearly to twenty, and even thirty, *centimètres.*" On tapping before the operation, only blood exuded. During the operation, when the abdominal parietes were cut through and the tumour exposed, "at the slightest tap of the finger, the tumour undulated as a mass of jelly, or like a bladder incompletely filled with fluid"; and yet this tumour turned out to be a solid fibrous tumour.

In both these instances, fluctuation was so manifest during life, that a mistake was certain to be made. The great test, however, of the transmission of the aortic sounds, was not tried.

b. The second variety of deceptive fluctuation, from excessive vascularity, is more common; and I have met several examples of it. They are eminently the vascular fibroids. Mr. Brown lately mentioned an example of this kind in his lecture, where a fibroid was complicated by pregnancy; and, no doubt, the false fluctuation here felt was due to this cause. In another case, also of Mr. Brown's, the particulars of which he has kindly forwarded to me, this same feeling of fluctuation existed; and here, also, an exploratory incision was made. When the tumour was cut into, it bled profusely, and then was found to be made up of a number of engorged vessels, The patient ultimately did well. When so experienced an operator as Mr. Brown is deceived, you may imagine the difficulty of a correct diagnosis in these cases. Yet I think they may often be made out. The souffle, amounting almost to a splenic murmur, sometimes accompanied by a thrill, in them betrays their vascularity. An exploratory puncture will bleed very freely. and often require the actual cautery to be applied to arrest its flow; but if it be small, and made through the vagina, it is not attended, as I have seen, with any objectionable results.

I saw a case of the same kind, which Dr. Greenhalgh kindly shewed me at St. Bartholomew's, in which also this pseudo-fluctuation existed, and where an exploratory puncture was followed by excessive bleeding, which was checked only by the actual cautery; and I have met other cases.

c. The third cause of fluctuation is œdema of fibrous tumours, and it is a symptom which is far more common than is generally believed. I have met with it several times. Once or twice it has appeared to me to have been induced in a previously solid tumour by the very examinations made to diagnose its nature. Occasionally, it has originated from a blow.

In these instances, although fluctuation may be absent, the feel is so elastic that you cannot believe it to be solid. And what adds to the difficulty is, that the single or double cardiac sounds before referred to may be destroyed. Here the previous history, and it may be an exploratory puncture, is the best means of diagnosis.

d. It is, however, with fibroids containing cysts, or fibro-cystic tumours, that the greater difficulty lies. The following example, given by M. Holaire (*Bull. Soc. Anat.*, xxvii, p. 319), and which occurred to M. Rostan, is interesting in illustrating this error of diagnosis.

> A woman, aged 46, two years ago, began to enlarge in the abdomen. The tumour began on the right side. At first slow in development, its growth gradually became more active, and she was admitted into the hospital. Rostan diagnosed ovarian disease, and tapped her in the right side. A yellowish urine-coloured fluid came away. The belly now became straight again. No tumour could be felt by palpation. She was much relieved, and no bad consequences followed this puncture. The abdomen was found to enlarge again. She was tapped again, with the same relief. But this was only temporary; for soon the abdomen began again to enlarge, and a tumour could now be felt, which, in a short time, grew to the size of a child's head. Digestive troubles followed. Icterus made its appearance, and marasmus. Finally, she died.
>
> The *post mortem* examination revealed adhesions in the abdomen and partial peritonitis. The broad ligaments, ovaries, and Fallopian tubes, were all healthy. It was the uterus which was the seat of several encysted multilocular tumours, varying from the size of an orange to that of eggs and smaller still, in various degrees of development. There was no cancerous juice. Microscopically, M. Verneuil discovered only fibrous tissue of new formation. It was, therefore, most probably a recurrent fibroid.

I have already alluded to several of these cases in speaking of the softening of fibroids by cystic transformation. The great majority of these were mistaken for ovarian disease, and treated accordingly. I myself have known two instances, at least, where very large fibroids contained much fluid. The diagnosis in the one was correct; that in the second, altogether at fault.

It is in cases like these that the points to which I have before referred, in the necessity of knowing fully the previous history and making a most minute examination, becomes so important. It is here, also, that, short of an exploratory incision, it may be wise to make use of an exploratory needle. The remarkable epithelial bodies and compound cells found in ovarian cysts, and the absence of fibrous *débris*, will at once indicate that we have to do with an ovarian cyst and not a fibroid. This is an important point, and one which I believe has not been before sufficiently dwelt upon. More inquiries, microscopical as well as chemical, are needed to enable us accurately to tell the difference between fluid contained in a fibroid and that contained in an ovarian tumour. Years ago, Dr. Hughes Bennett did do so. In a case submitted to him, he was able to say that the tumour was fibroid in character.

There are two other symptoms upon which I wish to dwell, in connexion with the diagnosis of ovarian disease and fibroids. One is the state of the catamenial function; the other, referred to by Dr. M'Clintock, is derived from the position of the tumour and the inner wall of the anterior part of the abdomen. The disturbance of the catamenial function is not believed to afford much indication in the diagnosis of ovarian dropsy as opposed to the presence of fibroids. Mr. Brown says:

> "That we may have irregularity of the menses, an excessive flow, or dysmenorrhœa; but suppression is rare. Nevertheless, we may not be able to discover any such catamenial derangements; and menstruation may have been regular throughout the disease, or become so after its definite establishment. Likewise, suppression attends the development of cancerous disease; and is common where a cyst rapidly developes, or where there has been a large drain of its serous contents. Kiwisch says the arrest of menstruation by the latter causes mentioned, is more frequent in compound than in simple cystic disease; and that, as a symptom, it is not without its value in diagnosis and prognosis." (Brown on *Ovarian Dropsy*, p. 29.)

In bringing these opinions to the statistical test, I obtained the following results. In 150 cases, selected from my own experience and from that of others, and including several cases kindly furnished to me by Dr. Greenhalgh, I have noted the state of the catamenial function.

In 64, or 42.6 per cent., it was regular. In 44, or 36.6 per cent., it was arrested; but this number is too high; for in seven only was the suppression directly traceable to the development of the tumour. In 17 again, the women were about 45, at which age the catamenia cease normally.

In 14, or 9.2 per cent., menorrhagia or profuse menstruation existed.

In 16, the catamenia were irregular; but 3 were about 45 years of age, and 4 had always had irregular menstruation; the percentage under this head would, therefore, be about 8 per cent.

3 women had never menstruated; 2 had dysmenorrhœa; and 9 had scanty menstruation.

In most cases, therefore, if we exclude extrauterine fibroids, the differences in this function are sufficiently broad materially to exclude error. The state of menorrhagia is normally that of fibroids; quite exceptionally that in ovarian disease.

Dr. M'Clintock states that, where we have an uterine tumour, the hand, say in its ulnar edge, cannot be passed down but to a very small extent between the internal abdominal wall and the tumour. In ovarian tumours, the ulnar edge of the hand can be passed deeply between them. However unpleasant it is to differ from so high an authority, I am compelled to say that my experience cannot confirm this statement. This is particularly the case in those examples where the uterus is lengthened by the fibrous growth and the bladder pushed up with it. Wherever, also, in an ovarian case, or even in an ordinary abdominal tumour, there are adhesions, the test fails. But, even without such adhesions, and in ovarian tumours, it cannot be done.

In conclusion, I must say that there are a class of cases which are still more puzzling; I mean those examples of fibroid coexisting with ovarian disease and solid ovarian tumours. I have collected notes of several such cases.

The case before quoted of M. Bouchet (*Bull. Soc. An.*, xxviii, p. 10) was an instance of a fibroid of the uterus with ovarian cysts. M. Jury's case (*ib.*, p. 135) was also an example of fibroids in both uterus and ovaries. M. Jules Simm (*ib.*, 2nde liv., iii, p. 69) has recorded a case of fibrous tumour complicated with hernia and with ovarian cysts. This patient was operated upon for hernia. An artificial anus was the result, of which, with gangrene of the parts, the patient died.

The *post mortem* examination revealed an uterus studded on its whole surface with fibrous tumours, from the size of a lentil to that of an apple. One of these was encysted, and contained an unctuous yellow liquid. The uterine cavity was the shape of the letter S. The two ovaries were replaced by two cysts of the size of an egg. Another case is mentioned by M. Bouchet (*ib.*, xxix, p. 136), in which two enormous fibroids, one on each side of the uterus, larger than the fists, interparietal, existed, and the right ovary contained a cyst as large as the two other tumours conjoined.

Without question, the diagnosis in such cases is very difficult; nor have I anything now to advance on this point.

University College. The Atkinson Morley Surgical Scholarship has been awarded to Mr. Alexander Bruce, of London. The scholarship is of the value of £45 *per annum*, for three years.

The Exodus of Medical Officers from India. The *Bengal Hurkaru* states that a large number of the most distinguished of the medical officers of the late East India Company are leaving India.

Small-pox in Berlin. The small-pox is at present raging in Berlin, and carrying off numerous victims every week. A panic has begun to seize the population on this account, and every morning the public medical institutions are besieged by crowds of adults anxious to be revaccinated, as well as by infants in the arms of their nurses who are to be subjected to the process for the first time.

Cape Coast Casualties. Returns just issued shew that amongst the many deaths of soldiers which have occurred on this fatal coast—of sixteen officers—are the names of Assistant-Surgeons Rutherford and Hooper. And amongst twenty-two officers invalided home are Surgeon Skeen, Assistant-Surgeon Sandison, Assistant-Surgeon Crow, Assistant-Surgeon Oughton, and Assistant-Surgeon Lewis.

Original Communications.

THE THERAPEUTICS OF CONSUMPTION.

By Richard Payne Cotton, M.D.; Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

[*Read before the Medical Society of London.*]

There are few maladies in which Medicine has borne so variable a reputation as in consumption. We have heard over and over again of "specifics" for this disease; and over and over again has the honest but disappointed physician expressed his conviction that phthisis is scarcely, if at all, under his control.

In the present communication, I shall endeavour to show that whilst, on the one hand, we may confidently assert that at present, at least, we have no *specific* remedy for consumption, we may, on the other hand, as confidently assert that our materia medica offers a number of auxiliaries of more or less value and importance in the treatment of this disease.

With a view to determine experimentally the comparative value of different therapeutic agents in consumption, I resolved, some five or six years ago, to prescribe certain substances to a given number of my hospital in-patients, taking care that such cases were free from all acute symptoms, as well as from any particular complications requiring special treatment. Each of the following substances was thus administered to twenty-five patients, this number having been chosen as sufficient, perhaps, for the purpose, and as possessing the advantage of at once showing a *percentage* simply by multiplying by four; viz., phosphorus; liquor potassæ; hydrochloric acid; iodide of iron; iodide of potassium; chloride of sodium; vinum ferri; glycerine; sesquichloride of iron; chlorate of potassa; quinine; phosphoric acid. The experiments were published from time to time in the *Medical Times and Gazette*; but hitherto they have not been compared with each other, neither has any attempt been made at a general conclusion.

Here I may as well anticipate one or two very possible objections to my experiments. Some may consider that the number of cases was too small to show any satisfactory result; whilst others may suggest that there could not have been sufficient similarity in the cases themselves to render the several conclusions trustworthy. To the first objection I would reply, that it has taken me five years to observe the effects of these twelve substances upon the number of cases I determined upon; and as there is a limit not only to life, but also to the time and capacity for working out such observations, I felt it was impracticable to augment the number of patients for each experiment. And to the second objection I would remark, that, as it is no inconsiderable difficulty to discover even *two* consumptive persons strictly alike in all their symptoms, the attempt to find *twenty-five* parallel cases would have been fruitless. I may, however, at once state that I am desirous that my experiments should be taken only for what they are worth. They do not profess to be absolutely conclusive, but are simply intended as certain additions to that general stock of therapeutical facts which, when put together and thoroughly sifted, may, some day or other, lead to the discovery of important truths.

Phosphorus in many cases proved a good tonic and stimulant, increasing both the appetite and strength of the patients. In a few instances, however, it obviously disagreed, producing nausea, a distaste for food, and abdominal derangement. Four of the patients (three of whom were in the first, and one in the last stage of the disease) left the hospital materially improved in every respect, and apparently with their general health restored; but several of those who derived no benefit from the phosphorus improved afterwards under other treatment. It was administered according to the formula of the Prussian *Pharmacopœia*, in which four grains of phosphorus are held in solution by an ounce of olive oil. Of this solution, from five to eight minims were given in a little mucilage twice or three times a day. Five minims contained one-twenty-fourth of a grain of phosphorus.

Liquor Potassæ, given in doses of fifteen minims two or three times a day, altogether failed to support its ancient reputation as a "deobstruent" in phthisis. It seemed generally to be inoperative; and a considerable number of patients, in whom it had produced no visible effects, improved afterwards under different treatment.

Hydrochloric Acid, on the other hand, was productive of very marked benefit. In doses of ten or fifteen minims of the dilute acid two or three times a day, it generally increased the appetite, and lessened many of the urgent symptoms, especially excessive perspiration and pulmonary secretion. Under its continued use for several weeks, many of the patients materially improved.

Although, in certain dyspeptic conditions, the alkalies, in various combinations, are oftentimes of very great use in the treatment of phthisis, it appeared that the acids *separately* are far better suited to the so-called tubercular "crasis" than the alkalies *separately*. Several patients, who had made no progress under the liquor potassæ, improved very much when this was changed for hydrochloric acid; and four, who had been taking the acid with advantage, but to whom liquor potassæ was given as a change, urgently begged to return to the acid. In very few instances did the hydrochloric acid disagree; now and then it appeared to cause a little gastric pain, but it was never necessary permanently to abandon its use. I have reason to believe that the other mineral acids will be found as effective as the hydrochloric. The circumstance, however, that the free acid frequently occurring during healthy digestion is the hydrochloric, and that this acid is the well-known solvent of the plastic constituents of the food, made me select it in the present experiments; but I have often prescribed both the nitric and the nitro-hydrochloric acids in the wards of the hospital at Brompton with the same good result.

Iodide of Iron, in doses of a drachm of the syrup two or three times a day, appeared greatly to benefit several of the very early cases, and was particularly serviceable in some which exhibited evidence of chronic secondary pneumonia. In a few instances it was discontinued, on account of its producing headache, with dyspeptic symptoms; but, as a general rule, it seemed to agree with the patients. Under its influence, many gained materially in weight.

Iodide of Potassium, which was at one time held in great repute in the treatment of phthisis, seemed remarkably ineffective in most of the twenty-five cases in which it was employed. Occasionally it gave rise to some dyspepsia, but more commonly its administration was unattended by any decided result. Only six cases materially improved during its use; and, in nearly every instance in which it was given, the patient's weight sensibly diminished.

Chloride of Sodium was prescribed in doses of from one to three drachms dissolved in water, two or three times a day. It was observed that one drachm could generally be taken without producing nausea; that, in a few instances, two drachms caused a slight degree of sickness; whilst three drachms sometimes gave rise to actual vomiting; although, as a general rule, these larger doses, when gradually arrived at, did not disagree with the stomach. A larger dose could be taken after meals than when the stomach was empty. In only three cases out of the twenty-five was thirst complained of. In this experiment, a fair number of patients increased in strength and appetite, justifying the conclusion that, in many such cases, common salt deserves to rank as a tonic.

A large amount of chlorides was always found in the urine of those who were taking the salt; but so little in relation to the quantity administered, that much must either have passed off by the bowels, or remained in the system. The search after chlorides led to the discovery that the urine of all consumptive patients, even of those in the last stage of the disease, contains such compounds in considerable quantity.

Steel Wine proved a most useful auxiliary in the treatment of a considerable number of patients. It seldom disagreed, but tended rather to increase the appetite and improve digestion. In the cases of children and young persons, especially when combined with cod-liver oil, it was remarkably efficacious. The dose varied from two drachms to half an ounce, and in a few cases to an ounce, once or twice a day. From half an ounce to an ounce of the vinum ferri, taken immediately after dinner, is, I believe, one of the best means of administering steel in phthisis. In this way, it seems to interfere less with the function of digestion, and to be more easily absorbed into the system.

A well-known French author, M. Trousseau, has recently asserted his belief that steel, so far from benefiting, not unfrequently engenders phthisis. Has he not here failed in the distinction between the *post* and *propter hoc?* Unquestionably, many become consumptive in spite of all the steel we can get them to take; but, if consumption were connected with steel-taking, assuredly this disease would be even more common than it is!

Glycerine has been much extolled by some writers as a remedy for phthisis. I gave it in doses of from one to two and occasionally three drachms twice and sometimes three times a day. In five of the twenty-five cases, it either caused sickness or otherwise disagreed. Sometimes it seemed to relieve the cough; but few of the patients derived any material benefit from its use, and very few of them gained anything in weight whilst taking it. Several, who made no progress under the glycerine, improved subsequently under cod-liver oil. Many observations were made in reference to the comparative usefulness of these two agents, the result being invariably and very considerably in favour of the oil. In ordinary cases of phthisis, indeed, I believe glycerine to be of little use.

Sesquichloride of Iron conduced to some very happy results. A large number of cases improved under its use; and six patients in whom the disease was decidedly established, after having taken it for several weeks, left the hospital with their health restored, and in a condition to resume their respective occupations. Were I to be asked which of the twelve remedies I had found most generally adapted to the ordinary run of consumptive cases, I should say the sesquichloride of iron. For several years I have been in the habit of prescribing it in doses of from ten to fifteen minims twice a day; and the mixture of the sesquichloride of iron is one of the most frequently employed formulæ of the Consumption Hospital *Pharmacopœia*. In private practice, it may be agreeably taken in combination with lemon or orange syrup;

and in this way it may be continued with advantage for many weeks, and even months.

Chlorate of Potassa, like glycerine, has won various opinions as to its influence upon consumption. By one physician it has lately been considered even as a *specific,* whilst by others it has been deemed altogether a failure. After a careful analysis of its effects in the twenty-five cases, I came to the conclusion that it was very far from a *specific;* and that its usefulness was seldom apparent, except in those cachectic cases in which it and allied remedies are frequently serviceable.

Quinine, in doses of one or two grains twice and sometimes three times a day, although well suited apparently to a few of the twenty-five cases, generally produced disappointment; its effects being, as a rule, inferior to those of many other tonics. It would seem that quinine, like chlorate of potass, is chiefly useful in a certain class of cachectic patients, in which, irrespective of the tubercular condition, such agents are very generally prescribed. Several of the patients, however, who had scarcely benefited by the quinine alone, improved subsequently under the combined influence of quinine and iron.

Phosphoric Acid was prescribed in doses of fifteen minims two or three times a day. In three or four cases, it seemed to produce pain in the bowels, with nausea and loss of appetite; although, as a general rule, it agreed very well. Only three cases improved materially under its influence; whilst several of those in whom there was a moderate improvement benefited much more under other treatment. Phosphoric acid may be classed amongst the mineral acids as a general tonic in phthisis, but seems to me inferior to some of them, especially the *hydrochloric.*

The following table shows the general effect of these various agents upon the twenty-five cases in which they were administered.

	Considerably improved.	Slightly improved.	Not improved.
1. Phosphorus	4	5	16
2. Liquor Potassæ	1	2	22
3. Hydrochloric Acid	11	6	8
4. Iodide of Iron	10	4	11
5. Iodide of Potassium	6	5	14
6. Chloride of Sodium	8	6	11
7. Vinum Ferri	13	3	9
8. Glycerine	4	2	19
9. Sesquichloride of Iron	12	5	8
10. Chlorate of Potassa	5	4	16
11. Quinine	7	5	13
12. Phosphoric Acid	3	8	14

It must not be forgotten, in estimating the therapeutic value of these different substances, that this is illustrated by the table rather *comparatively* than *absolutely;* since we must not exclude from its proper share in the result the combined influence of hope, rest, good diet, and general hygiene, under which, even by itself, many phthisical cases are well known to undergo very considerable improvement. The figures, indeed, can only be taken as a fair expression of the *comparative* usefulness of the various agents as therapeutical auxiliaries to general treatment.

The experiments to which I have thus briefly alluded, and which will be found more fully described in my papers in the *Medical Times and Gazette,* appear to be suggestive of the following general conclusions.

1. Since, during the administration of each one of the agents described above, several cases of phthisis were observed to run through the various phases of the disease, some even to a fatal termination, it is obvious that, whatever the amount of benefit which in some cases followed their use, no one of such agents deserves the title of "*specific*".

2. It may, therefore, fairly be concluded that the good effected by any of these agents was due to their respective tonic and upholding influence upon the general system.

3. In the majority of phthisical cases, steel (especially the sesquichloride of iron) and the mineral acids appear to be the most effective; but tonics generally are productive of more or less improvement.

4. Since, however, even steel and mineral acids, as well as other useful tonics, are undoubtedly inert in a certain proportion of cases, it is not improbable that there are varieties or modifications of phthisis, each of which may require a particular treatment. As there are special varieties of many other diseases, requiring special modes of treatment, and yielding to none other, it is possibly the same with consumption.

I would observe, in conclusion, that I think we are too apt to consider and to treat phthisis as a separate and always similar disease, disregarding the almost endless varieties it presents. Whether such varieties are dependent upon original differences in the nature of the disease itself, or are determined by peculiarities in the individuals it may attack, we at least have before us a large field for experimental therapeutics. My own idea is, that the time is not distant when observation and experiment will show that, under certain at present obscure conditions of system, phthisis assumes definite and special forms, each of which requires definite and special management; and that the "therapeutics of phthisis", which many may now consider both unsatisfactory and unpromising, will contribute, some day or other, to great and unexpected results. I am not so sanguine as to look for a *specific* in consumption; but that the disease will ultimately prove as amenable as many others to proper management, is, I hope, not a mere day-dream.

TARTARISED ANTIMONY AS A REMEDY IN STRUMOUS OPHTHALMIA.

By William Price, M.D., Surgeon to the Metropolitan Infirmary for Scrofulous Children; Surgeon to the Metropolitan Establishment for Scrofulous Adults, Margate.

A short but valuable notice, from the pen of Mr. Edwin Chesshire, appeared in a recent number of the British Medical Journal, on Tartarised Antimony as a Remedy in Strumous Ophthalmia. That the plan of treatment therein recommended is both little known and little practised, I am fully convinced; and my object in again bringing the subject forward in these pages is to endorse the statements of Mr. Chesshire, in the hope of inducing practitioners to follow this mode of treatment on a more extended scale.

During the past six years, 109 cases of strumous ophthalmia, occurring in children under 15 years of age, have been admitted into the Metropolitan Infirmary at Margate. Out of this number, thirty-eight suffered with photophobia; and twenty-five had either vascular corneæ or phlyctenular ophthalmia. They had been all, or nearly all, treated by the administration of tartarised antimony in small but repeated doses; and, save in a few instances, with the most marked and decided benefit.

My attention was first directed to this plan of treatment in the Paris schools; and the success I there witnessed attending its employment, induced me early to forsake the more routine practice of giving cod-liver oil and tonics. It must not be supposed that I have overlooked the beneficial effects of sea-air and a liberal diet upon the London poor when removed to this salubrious climate; for the cases mentioned have been generally those in which the children had resided some short time by the sea-side.

Amongst a large number of private cases annually coming under my care, I cannot call to mind a single instance in which tartarised antimony has been prescribed. From this circumstance I gather, too, that surgeons rarely resort to, or do not sufficiently appreciate its singular efficacy in certain cases of ophthalmia occurring in scrofulous subjects, in the adult as well as in the child.

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

LACERATION OF THE PERINÆUM.

By William Hoar, Esq., Maidstone.

[*Read at Dartford, April 29, 1864.*]

I have made choice of the subject of Laceration of the Perinæum during Labour, not because I have anything of my own to relate concerning it, but in order to draw from those around me their experience and practice; and I think all will agree that it is a matter of no small importance.

There are, of course, various degrees of laceration; from the merest "nick" in the fourchette, to the terrible rent passing through the sphincter ani into the rectum; but, having regard to treatment, I divide them into two classes; viz., 1, that extending as far as (not through) the sphincter; 2, through the sphincter into the rectum.

We will consider: 1. When it occurs; 2. How it occurs; 3. The best means of preventing it; 4. Treatment.

Before proceeding to these points, it is hardly necessary for me to allude to the anatomy of the part, which is very simple; but we must not forget the semilunar membranous fold, a little behind the fourchette, which, however it may be torn in the first days after marriage, is not unfrequently a distinct item in the resistance offered to the passage of the fœtus in a first labour, and in which one form of laceration commences.

1. The most usual occasion on which laceration of the perinæum occurs is, of course, a first labour; although, in cases where the first child is small and the labour much protracted, it may occur at subsequent labours for the first time, if the fœtus be very large and the labour rapid.

2. How does it occur? What is its cause?

It is generally laid down that the most frequent—nay, almost the only—cause of laceration of the perinæum, is the passage of the head through the vagina, and the vulva especially; and, no doubt, that is sometimes the cause when the head is large and hard, the perinæum rigid and unyielding, and the pains rapid and powerfully expulsive. In such cases, I believe, the rent first begins in the semilunar membranes on the inner surface of and within the vagina; and extends outwards and forwards to the margin of the perinæum, and backwards towards the anus.

I am of opinion, however, that there is a far more frequent cause of laceration, whenever it does occur, which acts subsequently to the expulsion of the head. I make it a rule, immediately after the head has passed through the vulva, during the lull that almost always occurs after those terrific pains that have expelled it, to ascertain that the margin of the perinæum is entire; and having satisfied myself that such is the case, I have been astonished to find, when the whole fœtus has been born, a laceration of the perinæum. I could not, for a long time, make up my mind as to how this state of things was produced. I thought it must arise from the passage of the pelvis of the fœtus; but, after close observation in the few cases that have come before me, I am convinced that, in most, if not all, it occurs at the moment when the hands, folded over the chest, emerge through the vulva. And it is not difficult to understand how this may happen; the chest, we know, is not much less in girth than the head; it well-nigh fills the calibre of the vagina; by itself, it would readily and easily follow the head, without damage to the wall of the vagina; but, upon it, increasing its dimension considerably, and that not equally, but at one point especially, with a sharp angular projection, are the hands; which, I believe, when the perinæum is not soft and yielding, or when the chest of the fœtus is unusually large, cause the tissues, tightly stretched over them, to give way.

3. How is the accident to be prevented?

I do not hesitate to say that, occasionally, laceration of the perinæum is inevitable, and its occurrence does not necessarily indicate want of either skill or attention.

In unusually rapid labours, where you have a wide shallow pelvis and an os uteri that dilates quickly, with a rigid unyielding perinæum, a large fœtal head, and powerfully expulsive, quickly recurring pains, the occiput comes down upon the perinæum in a few hours; there has been no time for preparation of the external parts, as it were; and, with the most vigorous efforts possible to restrain and hold back the head from making a hasty exit into the world, you cannot succeed, but find, to your disappointment and annoyance, a considerable rent in the perinæum. These cases do and must occasionally occur. In ordinary labours, I believe, there is no better plan than using the left hand, protected by a napkin, to steadily and gently support the perinæum; at the same time, during each pain, when the head is pressing on it, drawing it forwards so as to stretch and elongate it. In the subsequent stage, after the passage of the head without damage to the perinæum, the prevention of laceration is easy, but not practicable, by the same means of supporting with the hand; the shape of the parts over which the tissues are stretched forbids it. The most efficient means is to take advantage of the interval of ease which almost always occurs after the expulsion of the head, and hook down the arms, one after the other, by sweeping them over the chest, thus removing the prominence over the sternum entirely or rendering it less salient. This proceeding is, of course, rarely necessary after the first labour, except in cases where the perinæum is rigid or the fœtus very large.

4. Treatment of laceration when it has unfortunately occurred.

We need not be over much disturbed at the appearance of the rent, unless it extend into the rectum through the sphincter (a very serious case); for that which, directly after labour, appears a terrible slit of enormous extent, in the course of a few days will seem a trifling lesion, which, with care and attention, readily heals, and is of no material consequence; the only points to insist upon are quiet, rigid cleanliness to be observed by the nurse, and care to ensure that the evacuation from the bowels be soft and lax. Sutures are of no use, but rather undesirable; they soon ulcerate out, and only alarm the patient and her friends.

In the more formidable case, where the rent extends into the rectum, one need not despair. I have never had such cases; but records of them exist. The last that I have found is recorded in our Journal in 1861 by a Dr. Robertson. He kept the patient perfectly still, ensuring apposition of the parts by tying the legs together, and preventing action of the bowels for seventeen days by repeated doses of opium, and the result was a perfect cure. The vagina was washed out daily.

Reviews and Notices.

LECTURES ON EPILEPSY, PAIN, PARALYSIS, AND CERTAIN OTHER AFFECTIONS OF THE NERVOUS SYSTEM, delivered at the Royal College of Physicians in London. By CHARLES BLAND RADCLIFFE, M.D.; Fellow of the Royal College of Physicians; Physician to the Westminster Hospital; etc. Pp. 340. London: 1864.

[*Concluded from page 666.*]

WE now come to the pathological and therapeutical views enunciated by Dr. RADCLIFFE in the last four lectures of his work; and these views, as will be anticipated, are in accordance with the physiological doctrines propounded in the preceding lectures.

The first subject on which he offers observation is Convulsion; and of this he considers the pathology, as deduced from the condition of the respiration, of the circulation, and of the innervation. The types of convulsion selected are those of epilepsy and epileptiform disorder, hysteria, and chorea.

The convulsive paroxysm in epilepsy and hysteria, Dr. Radcliffe says, is preceded by or associated with defective respiration. In regard to epilepsy, the proof of this is not very complete; but Dr. Radcliffe thinks that the sighing, which is frequent in epileptics, indicates a want of breath; and he has also observed that, in some cases of convulsion during sleep, the fit has been preceded by a complete arrest of respiration for some moments. In hysteria, the breathing, though not absolutely arrested, is shallow and embarrassed. Again, during the epileptic or epileptiform convulsion, grave interruption to the respiration is indicated by the symptoms of suffocation which present themselves—symptoms which "suggest the idea of death by the bowstring of some invisible executioner."

Regarding the circulation, Dr. Radcliffe's first proposition is that, "in the *chronic* form of convulsive disorder, the interparoxysmal condition is usually marked by evident signs of a feeble circulation." This he finds to be the case in all the chronic forms of epileptic and epileptiform disorder, in hysteria, and in chorea. Again, the corpse-like paleness of the countenance—first noticed by M. Delasiauve—which precedes an epileptic or epileptiform paroxysm, is another evidence of failure in the circulation.

Dr. Radcliffe now notices the state of the circulation during a convulsive paroxysm. Here the pulse is usually full, strong, and frequent; but, as to the cause of this condition, there are two opinions. It is generally believed, that an increased quantity of *red* blood is then thrown into the arteries; and this doctrine has been especially developed by the late Schroeder van der Kolk, in his work on Epilepsy, translated by the New Sydenham Society. On the other hand, Dr. Radcliffe holds that, during the epileptic paroxysm, the arteries are labouring under a load of *black* blood; that, as in suffocation, "the arterial system becomes gorged at the expense of the venous system, and that the pulse in the arteries becomes stronger and stronger, as the blood within these vessels becomes more and more venous." In proof of this opinion, he refers to some experiments on the state of the circulation during suffocation, performed by the late Dr. John Reid, and by Professor Draper, the younger, of New York.

"In a rabbit in which he had laid bare the great vessels of the neck and tied the windpipe, Dr. Reid saw the blood in the carotid artery change from red to black as the process of suffocation went on, until its colour became indistinguishable from that of the black blood in the neighbouring jugular....... The force of the pulse in the carotid..... became greatly increased, perhaps doubled, during the time that the process of suffocation was in progress."

From this fact, and from a similar one observed by Dr. Draper, Dr. Radcliffe opines that the powerful pulse of convulsion may be merely the pulse of suffocation—"the *apnœal pulse*, as it may be called." These considerations, he observes, explain some apparent anomalies; such as the frequently black colour of blood drawn from the temporal artery during a fit, and the power of the pulse in cases of pulmonary congestion and other conditions where aëration of the blood is impeded.

Conversely, Dr. Radcliffe holds that "convulsion is never coincident with a state of active febrile excitement of the circulation." In the fevers of early childhood, convulsion not unfrequently takes the place of the rigor of more mature age; and is confined, according to the author, to the cold stage—except where there are certain brain or kidney complications. It never, he says, occurs during the hot stage of fever; and further, he believes that there is "something uncongenial between convulsion and the hot stage of the sympathetic fever connected with inflammation"; for cases of epilepsy have come under his notice, in which the fits were suspended during the presence of fever produced by a burn or fracture.

As to the immediate cause of the convulsion attending the close of Bright's disease, Dr. Radcliffe leaves the question open, whether they arise from anæmic poisoning, or (as Dr. Watson is of opinion) from the pale and watery condition to which the blood is reduced. All he lays down as certain is, that in such instances the circulation is enfeebled.

Finally, in evidence of the connection of convulsion with enfeebled circulation, he refers to the production of epileptiform convulsion by direct and sudden loss of blood.

As to the innervation, Dr. Radcliffe first comments on the fact that signs of defective brain-power are scarcely ever absent in persons who are liable to chronic convulsive disorder; and, in so doing, he notices the deficient mental power in persons subject to epilepsy, hysteria, and chorea. In epileptics, however, the state of the mind is that of dulness; while, in the hysterical and choreic, there is an excess of sensitiveness—a more or less marked morbid vivacity, conjoined with a defect in the controlling power of the will.

Dr. Radcliffe then goes on to comment on the facts, that all signs of mental life are abolished, or nearly so, during the convulsive paroxysm; and that the appearances after death are not such as denote a necessary connection between convulsion and inflammation of the nerve-centres. He also shews that convulsion is not a symptom of congestion of the cerebral veins; and then goes on to observe, that the state of the nervous system known as "irritation" is not the equivalent of inflammation. This "irritation" has already been shown in the physiological portion of the lectures to be probably equivalent to a state of action on the part of the nerves; and, according to the part of the nervous system affected, it may, Dr. Radcliffe observes, produce very opposite results, such as "paralysis of ordinary muscles, or anæsthesia or some analogous condition of the special sensation, or congestive and inflammatory changes"; these conditions being, not direct effects of the "irritation", but results of the relaxation of muscles or of blood-vessels, following a prolongation of the state of action.

Dr. Radcliffe's main conclusion as to the state of the nervous system during convulsion is this:

"The condition of the respiration and circulation during convulsion is one which necessitates the conclusion, that the convulsion is connected with a state of depressed nervous energy, and not with a contrary state of things."

Having expressed his opinions on the pathology of convulsion, Dr. Radcliffe goes on to speak of its treatment. The first point on which he insists is, that "the diet in many cases of chronic convulsive disorder ought to contain somewhat more than an average quantity of oily and fatty matters, and somewhat less than an average quantity of lean meat." He also believes that, in such conditions, suitable gymnastic exercises (such as increasing the respiration by raising the arms) are often useful; that the frequent use of purgatives may do more harm than good; that bromide of potassium is an invaluable remedy in many cases; that cod-liver oil is also very beneficial; that phosphorus is suitable in many cases; that the efficacy of belladonna is to be doubted, but that opium may be a more suitable remedy; that the efficacy of zinc in ordinary epilepsy and cognate cases is doubtful; that alcoholic stimulants are very trustworthy in the prevention and treatment of convulsion; that blood-letting may sometimes be permitted, not to prevent convulsion, but to prevent certain consequences of the convulsion, as when the cerebral veins may be so gorged with black blood as to put the patient in imminent danger of apoplexy.

Dr. Radcliffe was led to employ bromide of potassium, in consequence of a remark made at a meeting of the Royal Medical and Chirurgical Society in 1853 by Sir Charles Locock, who had found this remedy useful in several cases of epilepsy connected with uterine irritation. During the next four or five years, Dr. Radcliffe used the bromide of potassium in similar cases with satisfactory results; and subsequently he extended its application.

"In the summer of 1858, I began to give this medicine almost promiscuously in cases of epilepsy and epileptiform disorder, and from that time to this I have been continually finding fresh reasons for persevering in the practice. I have given it in cases the most dissimilar in their character—almost promiscuously, as I have said; and the conclusion at which I have arrived is, that bromide of potassium is the one remedy in epilepsy upon which most dependence can be placed, and that a brighter future in the fortunes of epileptics may be dated from the evening when Sir Charles Locock gave utterance to the words which have just been quoted." (Pp. 233-4.)

The *modus operandi* of bromide of potassium is not positively determined; but Dr. Radcliffe opines that it has an alterative action on the blood, somewhat analogous to that of iodide of potassium. He admits that, before he began to use the bromide of potassium, he had "found decided benefit in many cases of epilepsy from occasional doses of bicarbonate of potass or sesquicarbonate of ammonia, with or without a little iodide of potassium, or tincture of colchicum, or wine of white hellebore." Bromide of ammonium he finds to act like bromide of potassium; but bromide of iron, as far as his experiments on about thirty cases denote, is decidedly inferior.

Fatty and oily articles of diet, and cod-liver oil, are used by Dr. Radcliffe on the ground that fatty matter is an important ingredient of brain- and nerve-tissue; and he has "no reason to be dissatisfied with the results." Phosphorus he has given for the same reason, and with a similar conclusion as to the result. When the lectures were delivered, he used to give, in conjunction with cod-liver oil, the phosphorated oil, or the ethereal tincture of phosphorus, of the French Codex; but subsequently he has almost entirely discarded these for the hypophosphites.

Dr. Radcliffe's reasoning in regard to the pathology of Tremor is similar to that which he has employed in regard to convulsion; and his conclusion is the same—viz., that the "condition of the three great functions of respiration, circulation, and innervation, is one which warrants the conclusion that the morbid muscular contraction is the sign of depressed and not of exalted vital energy." In this disorder, too—as illustrated in delirium tremens and paralysis agitans—Dr. Radcliffe attributes benefit to the use of cod-liver oil and of an increased quantity of butter and fat.

The next subject treated of is Spasm; and the author arrives, as to the pathology and treatment of this condition, at similar conclusions with those already described. In the course of his remarks, he discusses at some length the question whether spasm is antagonised or favoured by inflammatory excitement in the nervous system. In tetanus, he observes that changes are sometimes found in the spinal cord, which point to the existence of inflammation. Such changes were found in eleven out of nineteen cases at Guy's Hospital, recorded by Mr. Poland; but the fact that the cord was healthy in eight of the cases shews that "inflammation is not essential to the existence of the tetanic symptoms". On the other hand, again, it is not "altogether certain that spasm is an essential accompaniment of primary myelitis or primary spinal meningitis". He gives a sketch of the features of these two diseases, principally derived from the writings of M. Ollivier. In pure acute myelitis, spasm in any form does not appear as a symptom; when it does so, it is probably due to the concomitance of spinal meningitis. In the last named disease, spasm is looked on as a conspicuous symptom, and as the characteristic symptom. This view, however, Dr. Radcliffe calls in question. He doubts, indeed, whether the spasm of spinal meningitis is true spasm at all.

"Not only are there remissions—often wide remissions—in the spasmodic accompaniments of acute spinal meningitis, but the contraction which is called spasm may be looked upon as an instinctive or semi-voluntary act of muscular contraction in the muscles of the spine, of which the object is to fix the spinal column immovably, and in this way to prevent the pain which the inflamed cord must experience at every movement of the column." (P. 276.)

Further, supposing this to be true spasm, the occurrence of the contractions in tetanus independently of inflammation; the limitation of the contractions in spinal meningitis to a particular set of muscles—those of the back; and the absence of spasm in acute myelitis—point, in Dr. Radcliffe's opinion, to the non-connexion of spasm with inflammation. But he goes further; and, arguing as in the case of convulsion, he observes that

> "It is difficult to repress the thought that spasm may be antagonised rather than favoured by inflammation of the spinal cord—that the place of spasm may be in the cold stage before the hot stage of this inflammation; in the stage of anæmia, and not in the stage of hyperæmia; in the stage of irritation, and not in the stage of inflammation, properly so called. And this difficulty becomes well-nigh insuperable when the history of spasm is taken in connexion with what has been said in these lectures respecting the pathology of convulsion and tremor, and the physiology of muscular motion." (Pp. 277-8.)

In his last lecture, Dr. Radcliffe speaks of Pain; and this he describes as being of two kinds—neuralgic or essential, and accidental or dependent on tenderness. The latter kind of pain is generally associated with congestion or inflammation, and is evoked by pressure; the former, the neuralgic or essential pain, is mostly relieved by pressure, and in most cases is unassociated with excessive vascular reaction. This line of distinction, however, Dr. Radcliffe admits not to be constantly observed in Nature; it "seems to be broken in some parts, and the two forms of pain interblend at these parts and lose their distinctive characteristics".

The pathology of pain, as of the morbid conditions already noticed, is examined in its relations to the circulation, respiration, and circulation.

Neuralgic pain, like convulsion, may be associated with a deeply depressed condition of the circulation. In proof of this, Dr. Radcliffe refers to the well-known fact of the occurrence of neuralgia in its most severe form without fever or inflammation; to the frequently observed debilitated state of neuralgic subjects; and to the resemblance between neuralgia and the cold stage of ague, especially in cases occurring in malarious districts. Neuralgia and rigor, indeed, appear to be closely associated. Again, as with disorders where muscular mobility is manifested in excess, neuralgia seems to be antagonised by an over-active circulation. To prove this, Dr. Radcliffe refers to rheumatism and gout, where, in the development of local inflammation, the *pain* diminishes, although the *tenderness* may be increased. It seems to him, indeed, as if the pain of gout went hand in hand with the rigors which are "preliminary to the development of the inflammation". He believes, further, that pain holds the same relation to other kinds of inflammation and fever; and he refers to this head the pains in the back and loins premonitory of small-pox and other fevers, and the pain attending dislocations and sprains.

But there are well-known instances where pain continues after the establishment of inflammation; such as inflammation of the mamma in the female, orchitis, and inflammation of the hip-joint. These cases Dr. Radcliffe explains on the ground that the "persistent pain is an accidental accompaniment of the inflammation—a consequence of tension or stretching of the tender tissues", and that it is relieved by measures which diminish the tension.

Further, Dr. Radcliffe brings forward, in proof of the antagonism between pain and inflammatory excitement of the nervous system, the phenomena which he has observed in facial neuralgia; first in his own person, and then in several other patients. The order of changes observed by him has been this:

> "First, neuralgia without local tenderness and swelling and redness, and with frequent chills and shivers, and a decidedly depressed state of the circulation; and, afterwards, local tenderness, redness and swelling, with general feverish reaction, without chills and shivers, and without neuralgia." (P. 299.)

In all the forms of neuralgia, Dr. Radcliffe observes, it is universally agreed that neuritis is not necessary to its production. But there is not so general an agreement as to another point—that severe pain is not a necessary accompaniment of cerebral or spinal meningitis or of neuritis. This view Dr. Radcliffe seeks to support by argument; and he makes pain occupy the same relation to the disease as has been already assigned by him to spasm.

But while, according to Dr. Radcliffe, neuralgic pain—essential or spontaneous pain—is independent of inflammation or fever, pain the result of tenderness would seem to be associated with inflammatory excitement in the nervous system. It is accidental, and only the sign of exalted sensibility—a result of the nerves having participated in the inflammatory change. Moreover, "there is reason to believe that inflammatory excitement of the nervous system is a consequence and not a cause of the state of which neuralgic pain is the sign." "All that has been urged to shew that inflammation is the consequence of that state of irritation which leads to convulsion, tremor, or spasm, may be urged to shew that inflammation may be the consequence of that state of irritation which leads to pain of a neuralgic character."

Finally, Dr. Radcliffe arrives at the conclusion that, in regard to its pathology, pain is the exact equivalent of convulsion, tremor, and spasm—a state denoting defective vital power in general, and defective nerve-power in particular.

After some observations on the therapeutics of pain, Dr. Radcliffe speaks briefly of Paralysis under certain aspects.

Having thus far endeavoured to give an outline of the views held by Dr. Radcliffe in regard to the physiology and pathology of muscular motion and of sensation, we must conclude. The author has enunciated doctrines which are more or less at variance with those generally received; but these doctrines are, as a general rule, apparently so well supported by argument, and, in any case, so unmistakably the result of profound study and observation, that they deserve at least to be thoroughly examined. Dr. Radcliffe's object, too, is not to be a mere scientific theorist; his aim throughout is to improve the therapeutics of the morbid conditions of which he speaks; and thus he has produced a volume which, while there is room for a further examination and development by him of some of the doctrines contained in it, is certainly a highly valuable contribution to the improvement of the science and practice of medicine.

British Medical Journal.

SATURDAY, JUNE 25TH, 1864.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND: ELECTION OF COUNCILLORS.

OUR motto in the matter of these elections is, "Measures, not men." We do not intend to undertake the invidious, and indeed superfluous, task of signalising the virtues, or of obliquely hinting the defects, of any of the present candidates for office. We have mentioned Mr. Turner's name, because, to the common sense of all, it must be evident that the presence of a country Fellow in the Council is not only equitable, but very desirable. We will at once admit, that all the many candidates whose names have been presented to the profession are excellent men, and bear within them the germs of good and faithful Councillors *in futuro*. We will admit even, that no better men could be found for the purpose.

But, granting all this, still we must proclaim, taught by a very unfortunate and unmistakeable experience, that their election will produce none of those good things which so many Fellows expect of it, and which we ourselves once hoped might result from the entrance of reforming spirits into the Council.

"*Les choses sont plus fortes que les hommes*", is a proverb strongly illustrated in this matter. Men cannot choose but bend before the force of the facts which meet them in the council-room. Imbued with the spirit of reform, and resolved to be stoically incorrupt, they may enter there. But, alas! the atmosphere of that room is overwhelming; soon the best resolves, and a firm faith, and fair intentions, melt away, and are consigned to the limbo notorious for its lining of good intentions. The Councillor's eyes then no longer behold the candidate's hopeful visions. The reforms which were so urgent to him outside the chamber, show far less pressing within the magic walls.

And why is this? In the faulty constitution of the College, we have the key to the unfortunate conclusion. Let us see. The Council is the stepping-stone to the Court of Examiners. The Court of Examiners is the golden fleece, and the honour which all Councillors have before them in their distant hopes. Men naturally wish to become Examiners. But, to become an Examiner, the Councillor soon finds that he must be discreet. Reforming Councillors are *de facto* never discreet. Let a Councillor, therefore, give indications of reforming proclivities; and his hopes of an Examinership proportionately vanish.

A wise Councillor, therefore, is he who practises the art of that *σιωπη μεγαλη* of the ancients—who knows how to be silent and to wait.

But cannot the Council elect whom they please to the Examinership? Yes and no. With an admirable wisdom of conservatism, the Original Council—the first Council, we mean, which sprang out of and first took office under the new Charters—introduced into the new order of things the spirit of the ancient order of things. In fact, the men who were called upon to carry out the reforms of the new Charter, were the very men who had ever strenuously resisted the reforms contained in it. Instinctively they did their very best to elude all the liberal action which had been forced upon them; and they have been very successful.

The new Charter, unfortunately, did not enforce on them the doing of all its intended deeds of liberality. It left much to their honour. And how have the Council responded? In no single instance in which they were able to act otherwise, have the Council obeyed or listened to the liberal directions of the Charter. Never in one single instance, for example, have the Council elected an Examiner who was not a member of the Council, although they are directed by the Charter to do so.[*] Never have they, in one instance, elected a President or a Vice-President from outside the Court of Examiners, although directed by the Charter to do so.[†] Again, by their Charter, the election of Examiners is quinquennial; but by the constant and invariable system of re-election, adopted by them in close conclave, they have virtually made the office of Examiner a permanent one —on every quinquennial occasion they have invariably re-elected their man, *i. e.*, themselves.[‡]

See, then, how all this has worked, and of necessity works, to the repression of the reforming tendencies of incipient Councillors. Every Examiner is, by this Old Sarum system, a Councillor. All Examiners are old hands in the Council, and, therefore, men of power and influence; and, thus, the Court of Examiners rules the very Council which nominally elects it. In other words, the Court of Examiners virtually elects itself: and, naturally, in making its choice, it chooses only those of the Council whom it considers likely to prove congenial to its own quality. It is an *imperium in imperio*.

This is the key to the whole position. Men seek the Councillorship, because it bears in its pocket the only possible *billet d'entrée*—or, at all events, is made the only possible *entrée*—to the Examinership. But, as the Court of Examiners elects (virtually) its own men, it naturally takes care that those only of the Council who promise well, and find favour in its eyes, shall enter there.

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[*] "All future Examiners of the said College shall be elected by the Council of the College, either from the Members of the Council or from the other Fellows of the College, or from both or either of them." (Charter, 1843, Sect. 20.)

[†] "The President and Vice-Presidents of the said College shall no longer be chosen exclusively from or out of the Examiners of the said College, but from or out of all the Members of the Council indifferently, and whether Examiners of the College or not." (*Ibid*, Sect. 21.)

[‡] "Every Fellow of the said College who shall from henceforth be elected to the Office of Examiner of the said College, shall go out of office at the end of Five Years from the day of his election, but it shall be lawful for the Council of the said College immediately to re-elect such person to the said office." (Charter, 1852, Sect. 16.)

The circle is evidently what mathematicians would properly call a very vicious one; and we need scarcely say that the results of operations in such sort of circles must of necessity be also very vicious, or, to say the best of them, indifferently good.

Are we not right, then, in proclaiming that in this case "the things are too powerful for the men"; that the best intentions, under such pressure—under such a vicious system—must go to the wall? Are we not right in crying out for the only possible means of reform—fresh measures, instead of new men? The Charter must be revised. It stands condemned by its results. It has been tried, and found wanting. So plain, indeed, so absolutely necessary, is the alteration of the Charter, that we will venture to say the College cannot resist the alteration, in the face of the inevitable logic of facts. Can anything be more utterly inconsistent, more thoroughly opposed to the intentions of the Charter, than that a Court of Examiners should virtually elect itself—should virtually have the power of putting itself, and of keeping itself for life, in office—in an office declared by the Charter to be quinquennial? What can be more absurd than that the Council—the managing body of the College—should be a passive instrument in the hands of the Court of Examiners, which nominally elects it?

We pin our faith in a College reform only through a change of measures, and they are these. There can be no mistake about them. What is required is as plain as the writing on the wall. Let no member of the Court of Examiners be a member of Council, except, perhaps, the President of the Court; let no Examiner hold office longer than five years; and, lastly, for once and all abolish canvassing and corruption and favour at elections of Councillors, by giving to every country Fellow a vote by proxy.

MORTALITY IN LONDON HOSPITALS.

The mortality of patients in the hospitals of large and crowded cities is a subject which deserves much more serious attention than has yet been bestowed upon it. We may safely affirm, that the question has never yet been fully investigated; and that it is one about which the profession even has still a great deal to learn.

Modern sanitary science, it was supposed, would have purged our hospitals of all the evils to which this excessive mortality was in part attributed. We were led to think that, if a hospital were constituted after the teachings of a scientific health-culture, the mortality in it would be reduced to a reasonable minimum. But what appears to be the fact? In hospitals of quite modern construction, built under the superintendence of the most advanced sanitary lawgivers, the mortality, we are told, is just, or very nearly, as great as it was under the old system, where hygienic laws were grievously disregarded! The facts brought forward by Dr. Brodie, and elicited by Mr. Charles Hawkins, at a late meeting of the Royal Medical and Chirurgical Society, are, in our opinion, facts of extreme gravity. They are, in some sense, a bill of indictment drawn up against the hospitals of large cities, and require an answer. Mr. Hawkins said that he was so much struck by the mortality of the patients in Queen Charlotte's Lying-in Hospital, that he really began to doubt the propriety of the existence of such hospitals. At one time, the ill-construction of the old hospital, he said, might have explained the mortality, but the new hospital was perfect in its arrangements; and, therefore, we must look beyond mere construction for an explanation of the mortality.

Mr. Charles Hawkins also referred to King's College Hospital; and, in answer to a question put by him, Mr. Fergusson stated he was under the general impression that the mortality was as great in the new as it was in the old King's College Hospital. The old hospital, as Mr. Hawkins said, was remarkable for being every thing which it should not have been, in a hygienic sense; but the new hospital was, doubtless, perfect in its construction and hygienic arrangements, and yet the mortality was not diminished.

Is it, then, to be concluded, that all great sanitary efforts are quite unavailing in touching or removing the causes of the mortality of our city hospitals? Is it true that the causes which are effective in producing this city-hospital mortality are beyond the reach of sanitary science? Is it true that there exists in all large and crowded hospitals of cities, an atmospheric or some other condition highly prejudicial to the health of the sick, which is irremovable? Or, in other words, has the patient who enters a London or Parisian hospital for the purpose of undergoing operation or for lying-in, a less chance of recovery than he or she would have in a provincial hospital—in a hospital situated in the country?

We venture to think that the London hospital surgeons could not enter into a more important investigation than is involved in these questions; and we must add, that we think they are bound to entertain them in the cause of humanity, because a very practical conclusion would be involved in the answer to it. We would suggest to the Royal Medical and Chirurgical Society that it might well take up this subject. If it be determined, as the result of careful inquiry, that the mortality of patients in hospitals of crowded cities is greater than the mortality of patients in hospitals situated in the country; if it be determined that patients in city hospitals are necessarily subjected (by the mere fact of their being in city hospitals) to certain deteriorating influences, which are irremovable by any kind of sanitary artifices, then it most assuredly must follow, that no patients should be treated in city hospitals who could with equal facility be treated in hospitals situated in the country. More than this. It follows, also, that all our city hospitals should become semi-country hospitals; that accidents and urgent cases alone should be provided for in city hospitals; that city hospitals, with their three hundred, and four hundred, and five hundred beds, should be reduced so as to meet the wants of accidents and urgencies only, and that the surplus balance of their beds should be sent into the country. If the above supposition be true, it is evident, for example, that St. Thomas's Hospital would be greatly advancing the interests of humanity, if it were to content itself with some hundred and fifty beds in London, and expend the balance of its enormous wealth in the erection of a hospital out of town.

We must again repeat it, the surgeons and physicians of London hospitals ought, in the interests of humanity, to hold a grand inquest on this very important question. If it be to the interest of the sick that they be treated in the country, we are bound to encourage the rise of convalescent suburban and country hospitals, and to discourage the rise of hospitals in the crowded centres of population. It may very probably turn out that any advantage which the patient may hitherto have supposed he gained in a London hospital, through metropolitan surgical skill, is more than counterbalanced by the injurious influences to which he is subjected in the city hospital.

St. George's Hospital, as we lately stated, has begun a movement in the direction which seems to be indicated. The plot of land which they have acquired for the erection of their convalescent hospital is near enough to London to admit of the removal to it from London of both surgical and medical cases. And we might argue on the fact, that, if the Governors of St. George's Hospital—a hospital placed in the most advantageous and healthy site possible in a large city—need such an addition as this new convalescent hospital is to it, how much more necessary must an appended country hospital be to Guy's, and St. Thomas's, and St. Bartholomew's Hospitals, situated in the heart of the city; and how much more readily could these institutions, with their enormous resources, secure a country asylum, than St. George's, with its precarious income.

On this score, we may usefully quote the words of M. Broca, lately spoken at the Parisian Surgical Society. "Capital amputations performed in the country," he said, "or in small provincial hospitals, are of much less gravity than when performed in the great centres of population, as in Paris. In small provincial hospitals, amputation of the thigh is generally successful; but in Paris, death is, as a rule, the result, and cure the exception." M. Broca's statistics show that, in the hospitals of Paris, the deaths after amputation of the thigh for traumatic causes are 100 per cent.—*i. e.*, that the operation is always fatal!

With regard to the other subject touched upon by Mr. Charles Hawkins—namely, the reception of *single* women into lying-in hospitals, and the consequent advantages to them in their future career in life—we will take another opportunity of referring to it. Mr. Hawkins's remarks on the question are worthy of serious attention.

COUNTRY COUNCILLORS.

We support Mr. Turner as a candidate for the office of Councillor of the College of Surgeons mainly on the ground that the country Fellows have a right to be duly represented in Council. It has been obliquely hinted by the *Lancet* that Mr. Turner might not be able to do his duty as a Councillor in consequence of his residing in the country; we therefore beg to state authoritatively, that Mr. Turner pledges himself, if elected, to discharge faithfully the duties of office. We have never heard any one hint that Mr. Paget of Leicester neglects his duties; but we have heard it stated that there is not within the Council a stauncher and truer reformer, or one who has worked more unflinchingly in the cause of reform than he. We have heard it whispered that men of his stamp are wanting in the Council; and for this reason, therefore, because he is a country Fellow, do we sincerely trust Mr. Turner may find a seat there. Well are we assured that Mr. Paget will no longer want a backer in the good cause, if Mr. Turner sit by his side in the council-room.

We cannot, indeed, help referring to one especially forcible argument in favour of Mr. Turner. Men of his age and position, and of the age and position of Mr. Paget, are thoroughly independent. They, from the very fact of their age and position, are not likely ever either to seek or desire a seat at the Board of Examiners; and, therefore, that dread of future contingencies which silences younger Councillors, and especially London men, can have no influence over them. As we have already said, if a little bird has sung to us not untruly, there is not in the Council at this moment a more independent and stoutly outspoken man than Mr. Paget.

THE ACTING ASSISTANT-SURGEONS.

The Director-General has been more than successful in his late effort to raise a new class of surgical candidates for army medical honours. He has received, we understand, nearly three hundred applications from gentlemen at present out of place and under forty years of age, who are desirous of accepting service as acting assistant-surgeons. These gentlemen are ready to accept the Director's terms; viz., to sign a one-sided agreement, by which they bind themselves to serve as long as they are wanted, and at the same time to quit at an hour's notice—at any moment the Director pleases to be rid of them—without even the month's wage or warning of a decent menial. Three hundred applicants have, as we hear, offered themselves for the questionable honour of service on such terms; but, like Frankenstein, the Director appears frightened at his own success; so that, indeed, he fears to use his own invention. These candidates still remain in the perturbed state of expectant candidates for office. The Director will and he won't. He accepts their candidatures, but he appoints them not. Not one per cent. of the three hundred, we believe, has yet mounted Her Majesty's acting assistant-surgeons' uniform. Why this hesitation? Several answers suggest themselves. We will in the meantime assume the one most creditable to the Army Medical Direction. We will believe that it sees the fatal error which it has made; that it begins at last to understand that a soldier's life is too expensive an article to be trifled with; and that out of the waifs and misfits and strays of the profession the medical service of the army cannot be properly recruited. Perhaps, also, the public expression of professional opinion has begun to operate upon the dulness of official surdity and quietism. At all events, we congratulate the Army Medical Direction that it has paused in the midst of its triumphant advertising success; that, out of its three hundred candidates, it has not yet had courage to select even three.

THERE is clearly little hope of Poor-law medical officers obtaining any redress of their grievances at the hands of Parliament. The Committee, which has been sitting on "Poor Relief", have come to the conclusion "that there are no sufficient grounds for interfering with the present system of medical relief." They, however, think that "the suggestion made by some of the witnesses, that the guardians should provide at their own cost cod-liver oil and other expensive medicines, is one of considerable importance;" and they, therefore, recommend that in future cod-liver oil, quinine, and other expensive medicines, shall be provided at the expense of the guardians, subject to the orders and regulations of the Poor-law Board. We will further notice this Report next week.

MR. COULSON, as we last week mentioned, delivered an admirable eulogy on Sir Humphry Davy, on the occasion of a meeting held at Penzance for the purpose of establishing a memorial in honour of the philosopher, poet, and philanthropist. We now learn from the *Western News*, that Mr. Coulson subscribed one hundred guineas to the memorial. We may add, that we sincerely trust Mr. Coulson will put on more permanent record the historical address which he delivered on the occasion.

IN the JOURNAL of last March 19th, we said that "the conduct of Mr. E. Hooper, coroner at West Bromwich, seemed to us to be wanting in common sense and common courtesy towards Mr. Manley." We are glad to find that our words have been endorsed by a county court judge. The thanks of the profession are due to Mr. Manley for so well sustaining his position on the occasion. Mr. Hooper has been taught a lesson, which we here reproduce for the benefit of any one who may need it.

"OLDBURY COUNTY COURT, *Friday*. *Manley* v. *Hooper*. The action was for the recovery of one guinea, being the fee claimed by Mr. Manley for attending an inquest on the body of a woman of the name of Elizabeth Collins, in pursuance of a summons issued by the coroner. The case is of considerable importance to the medical profession, because it raised the question whether the coroner by issuing a summons, instead of an order of a special kind as provided by the Act of Parliament, could deprive a medical witness of his fee of one guinea to which he would be entitled, *quâ* a medical witness, and remunerate him by payment of 2*s*. 6*d*., the remuneration allowed to non-medical witnesses. Mr. Fitter pointed out that there was, in the first instance, an imputation of negligence by the coroner against the plaintiff or his assistant, accompanied by strong personal observations; and that, finally, the defendant summoned the plaintiff to give evidence at the adjourned inquest. The plaintiff attended in pursuance of the summons, and demanded the statutory fee of one guinea, which defendant refused to pay, and tendered him 2*s*. 6*d*., which the plaintiff refused to receive. His Honour observed in strong terms upon the fact that the plaintiff was summoned either to explain away an alleged charge of negligence on his part or that of his assistant, for which there did not appear to be any foundation, or to give medical testimony as to the cause of death. As to the former, his Honour observed that the coroner had no jurisdiction to inquire into the mode adopted by him; and, for the credit of the coroner, he would take it that he summoned the plaintiff to give evidence as a medical witness as to the cause of death, and he would in the latter case be entitled to his guinea. His Honour gave plaintiff a verdict for the amount claimed, with costs."

AT the annual meeting of the South-Eastern Branch on Thursday week, a memorial praying for a redress of the grievances suffered by the army medical officers was adopted. The subject of a memorial in honour of the late Mr. Peter Martin was discussed; and it was resolved to raise a subscription for the institution of prizes in the Royal Medical Benevolent College.

Dr. Lithner recommends the following as a capital and pleasant purgative. Macerate your senna leaves in water over-night, and next morning make your coffee with the senna infusion; and you will have a laxative which tastes only of coffee.

"Gratuitous medical services," says the *Gazette Médicale de Lyon*, "the traditionary honour of the medical profession, unless subjected to certain restrictions which are absolutely demanded, become at last a burdensome and ridiculous abuse."

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-second Annual Meeting of the British Medical Association will be held at Cambridge, on Wednesday, Thursday, and Friday, the 3rd, 4th, and 5th days of August next.

Gentlemen intending to read papers, cases, or any other communications, are requested to furnish, at their earliest convenience, the titles thereof to the General Secretary.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, May 10th, 1864.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet at the Queen's Hotel, Birmingham, on Thursday, the 30th of June, at a quarter before Three o'clock p.m., *for Three precisely.*

Business.—To receive communications from the President.

To prepare the Report to be presented at the Annual Meeting.

Any other business which may be brought forward.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, June 15th, 1864.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
Lancash. & Cheshire. [Annual.]	Town Hall, Lancaster.	Wednesday, June 29th, 12 noon.
Yorkshire. [Annual.]	Philosophical Hall, Leeds.	Thursday, June 30, 2.30 p.m.
North Wales. [Annual.]	Black Lion Hotel, Mold.	Tuesday, July 5, 1.30 p.m.
West Somerset. [Annual.]	Clarke's Castle Hotel, Taunton.	Wednesday, July 6, 2.30 p.m.
Bath and Bristol. [Annual.]	Mineral Water Hospital, Bath.	Thurs., July 7, 4.30 p.m.
Metropol. Counties. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 12, 3.30 p.m.

LANCASHIRE AND CHESHIRE BRANCH.

The Twenty-eighth Annual Meeting of this Branch will be held in the Town Hall, Lancaster, on Wednesday, June 29th, at Twelve o'clock, noon: E. D. De Vitré, M.D., President.

Gentlemen intending to read papers are requested to transmit the titles of the same to the Honorary Secretary, Dr. Wm. Roberts, Chatham Street, Manchester, not later than June 16th.

William Roberts, M.D., *Hon. Sec.*

YORKSHIRE BRANCH.

The Annual Meeting of the Yorkshire Branch will be held at the Philosophical Hall, Leeds, on Thursday, June 30th, at 2.30 p.m.

Communications have been promised by the President (S. Hey, Esq.); W. D. Husband, Esq.; T. P. Teale, jun., Esq.; etc.

The members and visitors will afterwards dine together at the Queen's Hotel.

George Hornby, *Hon. Secretary.*

NORTH WALES BRANCH.

The Fifteenth Annual Meeting of the North Wales Branch will be held at the Black Lion Hotel, Mold, on Tuesday, July 5th, at 1.30 p.m., under the presidency of W. Williams, M.D.

Gentlemen having papers or cases to communicate, will please to forward the titles of the same to Mr. Kent Jones, Beaumaris.

Luncheon at 12.30, at the house of Dr. Hughes.

Dinner at the Black Lion Hotel, at 4 p.m.

D. Kent Jones, *Hon. Secretary.*

Reports of Societies.

HARVEIAN SOCIETY OF LONDON.

Thursday, April 7th, 1864.

W. Adams, Esq., F.R.C.S., President, in the Chair.

Dislocation of the Patella outwards. The President exhibited casts of the knee-joints of a young gentleman aged 10, one of which showed a complete dislocation of the patella outwards. There was no knock-knee. Some years ago, the boy, when playing, met with an accident; and since then he had no longer been able to play, and his parents dreaded his going out, as he was liable to fall down suddenly. Mr. Adams observed that it was his intention to prevent all motion of the joint for eighteen months or thereabout, by keeping the leg straight, and thus to produce partial anchylosis of the knee-joint. There was no difficulty in reducing the patella.

Diphtheria. Dr. Cleveland had lately had two cases of diphtheria, which recovered under a stimulating treatment and sponging the fauces with a solution of borax.

Dr. Graily Hewitt had, in cases of diphtheria, recently observed that the patches of effusion occurred at a somewhat advanced state of the disease, often out of sight of an ordinary inspection of the throat. The upper part of the pharynx, above the uvula, or the posterior nares, was the primary seat of the disease in some cases. A discharge from the anterior nares, causing excoriation, was an early symptom. He had seen great benefit from topical application, made by means of a piece of cotton wool dipped in an astringent fluid and tied round the end of the finger, to the upper part of the pharynx. In all cases, very large doses of stimulants appeared to him absolutely essential, together with nutritious food frequently administered.

Dr. Greenhow considered topical applications of no great importance in the treatment of diphtheria. In fifteen *post mortem* examinations which he had made, he had found the mischief by no means confined to the surface of the diseased parts, but extending deeply into the tissue beneath. The membrane approached the condition of sloughing, and abscess was sometimes found in the centre of the tonsil. Sometimes there was ecchymosis into the muscles of the neck. Any violent local means, indeed, were counterindicated, and deodorants alone were serviceable. The remedy to be preferred, when hæmorrhage came on early, was tincture of sesquichloride of iron; it penetrated into the membrane. He had abjured local medication, such as nitric acid; and had seen cases where strong applications had done much mischief.

Dr. Fuller observed that in itself a patch of membrane on the pharynx was of no great consequence; and patients died when no such patch occurred. In the case of a child that died of diphtheria in St.

George's Hospital, on making a *post mortem* examination, no exudation was perceived. Patients died poisoned; and the tearing off of the patches did no good. Entire rest was absolutely necessary; and sponging out the throat might kill the child, by causing it to move. By following this rule, he had not lost a case for five years past. Iron, quinine, wine, and chlorate of potash were the best remedies.

Dr. Hare quite agreed that topical applications were worse than useless in diphtheria, except when the discharge was very offensive, in which case a lotion containing Condy's fluid might be snuffed up the nostrils with advantage.

Dr. Cock observed that some disinfectant ought to be placed in the utensil into which the patient spits.

TUMOURS AFFECTING THE FEMALE BREAST.

BY WEEDEN COOKE, ESQ.

Dividing these tumours into the solid and the cystic, the author explained the methods of diagnosis by manipulation and by the grooved needle, and related cases of unilocular cystic tumours successfully treated by iodine injections. He then referred to multilocular cysts, which grow to an enormous size; and advised excision, stating that these tumours yield the best results to the knife of any of those which affect the mamma. The proliferous cysts are those within whose walls solid matter is developed, which eventually fills the space previously occupied by serum. Mr. Cooke regarded these as undoubtedly cancerous, which will return after excision. He then spoke of the cysts that are sometimes formed in the substance of a scirrhous tumour, and considered this change indicative of rapid growth of the decayed mass. It is in this form of tumour that spontaneous evolution of the disease by sloughing most frequently takes place; and when it happens, if the constitution can be supported, cicatrisation may be obtained, and the disease remains in abeyance for a very long period. Stimulating injections into the cysts will sometimes bring about this process of evolution.

Solid tumours of the breast may either be simple or malignant. The results of common inflammation may be sometimes so severe and lasting that doubts may readily arise as to the true nature of the swelling. In the first place, age has much weight in the question of diagnosis, inasmuch as cancer does not make its appearance generally during the child-bearing period. The induration of simple inflammation is more diffused than in cancer; neither is there that strong hardness so characteristic of the scirrhous tumour. The pain in cancer is sharp and plunging; in simple induration, it is constant and wearying. Cases, showing that these distinct diseases are sometimes confounded, were related. Induration, the result of injury, was then referred to; and the points of difference and the results of treatment shown. The adenoid tumour, or adenocele, is an hypertrophy of the absorbent glands frequently found in the neighbourhood of the mammary gland, and not unfrequently mistaken for enlargement of the mammary gland itself. They are generally found in very slender persons, and in those who have an hereditary tendency to phthisis. These tumours sometimes attain the size of an orange, are exquisitely tender, very moveable, and are attached to the skin or subjacent muscle. They are, when removed by operation, found to be inclosed in an investing capsule. Bound by a soft leather plaster to shield the part from irritation, and the constitution being improved by treatment and cod-liver oil, these tumours will frequently disappear; but it occasionally happens that a further degeneration ensues, and the adenoid tumour becomes cancerous. Two sisters were mentioned, who had an hereditary phthisical constitution. Both had had adenoid tumours in the breast for many years; and in one cancer had developed itself within the last two years. From this and various other experiences, Mr. Cooke disputed the doctrine that an innocent tumour is innocent to the end, and a malignant tumour malignant from the beginning. He also believes that phthisis and cancer are but different expressions of a common hereditary dyscrasia; the first showing itself principally at the commencement of life, and especially at the commencement of the catamenial period; and the last cropping out gradually at the cessation of this periodical salutary and sanitary efflux.

The author then passed on to describe cancer itself in its various forms, as affecting the female breast. After minutely describing the progress of a scirrhous tumour, he asked and answered some important questions connected with this lesion. Is it derived from an hereditary predisposition? Is it a constitutional, or a local disease? Is it capable of being caused by an injury? Are the married or the celibate most prone to it? Has suckling, or the avoidance of this maternal duty, any influence in its development? Has the cessation of the menstrual secretion any influence over it? Is it possible that tubercle and cancer may have the same origin? After considering these various questions, Mr. Cooke went on to describe two modes by which the system purged itself of the cancer: first, by spontaneous sloughing out of the whole tumour; and, secondly, by a gradual atrophy. In reference to the question of operation, the author states that each case is to be studied for itself; the moral as well as the physical condition of the patient requires a careful analysis. Statistics are not favourable to operation, but, if they were, would be an unsafe guide, taken alone. The medullary form of cancer in the breast was then described; and, in connexion with this, the comparative value of the various deodorising substances was discussed. A chlorine wash, made by adding hydrochloric acid to chlorate of potash, Mr. Cooke had found the most efficient; and next to this, the permanganates. The hydrocarbons, including the carbolic acid, came next in value; and then the charcoal and carrot poultices. But each might at times be substituted for the other with advantage.

Mr. De Méric observed, that all that fell from Mr. Cooke on the question of cancer was to be listened to with the greatest interest, as that gentleman had devoted so much time to the clinical study of this fearful disease. The question which patients desire most to have answered is, whether a tumour which they are subject to is a cancer or not. His impression was, that cancer was, like diphtheria, a disease of the whole system. As to how cancer and phthisis are connected is a difficult question to answer. A woman, aged 52, had cancer; four years ago, one of her daughters died of phthisis. In this case, the cancer in the breast seemed to act more like a foreign body than like an ordinary cancer. The skin became much distended, and at last reddened; and then the destructive process and effusion commenced, terminating in ulceration. At an early stage of the tumour, there was a lardaceous hardness of the arm. The whole arm ran into rapid destruction and mortification.

Mr. Adams remarked, that he had not seen anything to make him arrive at the conclusion that simple tumours might turn into cancerous growths. There was no microscopic form of cell indicative of cancer; still the microscope had done a great deal. It had helped us to group together varieties of tumours. Thus one group, which Sir A. Cooper and others looked upon as hopeless—namely, fungus hæmatodes—the microscope had shown not to be malignant. The large gourd tumours are of the cystic class. Their bleeding exhausts the patient; but *post mortem* examination does not show any internal cancer. He instanced a case of a lady at Richmond, who in 1844 was operated on by Mr. Travers. Liston, Stanley, and the older surgeons had thought the operation not suitable, and refused to operate. The lady, however, insisted, and is alive at this moment. As to removing true cancerous growths, by removing the fœtor the death is rendered less horrible, and in some cases the patient will live longer for the operation.

Dr. Pollock remarked as to the possibility of the same diathesis developing tubercles and cancer. He was inclined to agree that it might be so. He had at the present time some cases in his recollection where cancerous parents had phthisical children. The diseases, too, occur simultaneously, in rare cases, in the same person, as he had shown in some papers read before the Pathological Society.

Dr. Hare remarked, that the extreme frequency of phthisis made it difficult to judge of the hereditary connexion between that disease and cancer. Tubercle and cancer very rarely concur, and cancerous parents are likely to have cancerous children. In 1861, he saw a lady who had a nodule of suspicious character in her breast. There was a rather bloody exudation from the nipple; but the patient is now perfectly free from all tumour.

Dr. Greenhow remarked, that cancer sometimes occurs in young people; whilst, again, phthisis pulmonalis appears in advanced life. For example, he had lately had a case of phthisis in a woman aged 65, which he had at first taken for cancer.

Mr. Cooke had so frequently seen examples of phthisical children being the offspring of cancerous parents, that he must adhere to his opinion as to the near affinity of the diseases. He had in many cases seen glands which had been called strumous turn into cancer; and he consequently held that simple tumours ought to be removed. As to removing true cancer, if you leave the cancer alone, the patient will sometimes live for fourteen or fifteen years; whilst, if operated on, they soon die.

Correspondence.

TREATMENT OF SYPHILIS.

Letter from R. William Dunn, Esq.

Sir,—There is at present some discussion as to the proper treatment of syphilis amongst medical men, few agreeing with my friend and colleague Dr. Drysdale, whilst others hold quite contrary opinions. I held the opinion of the latter; but, after having read my friend's works and observed his practice at the dispensary, I determined to try the non-mercurial treatment of syphilis, particularly in reference to infants. The result of the following cases, which have been under my care, has been, up to the present time, perfectly successful. I think it would confer a great benefit upon society at large if this question was carefully investigated by a committee, and a report of its proceedings forwarded to the next annual meeting of the British Medical Association. The best thanks of the profession, I consider, are due to Dr. Drysdale for the able and persevering way in which he has brought this most important subject under the notice of the profession.

Case i. G. G. was the child of syphilitic parents, who had been treated by mercury, etc., by another medical man, when I was first sent for to attend the mother in her confinement. She was labouring under sores upon the labia, and a very offensive discharge from the vagina. The child was born quite free from any disease. The fourth day after birth, it had slight conjunctivitis of both eyes, which soon yielded to treatment. Three months after birth, I vaccinated the child; there were no signs of syphilis. Six months after birth, the infant had a severe attack of whooping-cough. Syphilis then first made its appearance in a copper-coloured eruption upon the face, head, buttocks, and legs; there was also an ulcer at the anus. I first treated the whooping-cough; and, as soon as it was a little better, I began to treat the syphilis, feeling quite certain in my own mind that the infant would not recover. I ordered it the following mixture on March 30th, 1864.

℞ Potass. chloratis gr. xxiv; tinct. aurantii ʒi; syrupi zingiberis ʒiij; aquæ destill. ad ℥iss. M. Capiat ʒi ter die.

By the end of April, the whole of the disease had disappeared; and the infant had gained flesh, and looked better than it ever had done since birth. It continued the medicine till May 8th. The infant still continued quite well, and is so up to the present time.

Case ii. A. B., three months old, a dispensary patient. The father of this child had been under my care for both primary and secondary syphilis, and had been treated by mercury and iodine. He consulted me as to marriage; and, as he had no relapse for more than twelve months, I told him I thought he might marry without any risk. His wife soon conceived; and this child was the result. The mother up to the present time has exhibited no sign of syphilitic poison. The child had syphilitic eruption on the head, legs, buttocks; and mucous tubercles on the lips. This child was treated with two grains of chlorate of potass every four hours. It continued the medicine for six weeks, at the end of which time I discharged it cured. I saw the child last on May 19th, 1864; and it was then quite free from any syphilitic disease.

Case iii. L. M., aged four months, was brought to me at the dispensary on account of an eruption which appeared after vaccination. Up to that period the child had been quite well, and the mother said that the eruption had been caused by bad matter being used. I thought at first that this was a case of syphilis transmitted by vaccination; but, upon a most careful examination of both parents, I found that this was not the case. The father admitted having contracted syphilis two or three years before he married. He was treated with pills till his gums were very sore, and afterwards with sarsaparilla. He had had enlarged glands in his groin, but they did not run on to suppuration. He had an eruption on the skin, and ulcerated throat. He was treated first at the Skin Hospital, with the tincture of iodide of mercury; and was discharged cured. The mother exhibited also a slight taint. Upon examining the infant, I found a syphilitic eruption on the head, face, legs. The child snuffled very much, had wasted away, refused the breast, and was very cross and restless. I ordered the child two grains of chlorate of potass every four hours. It continued under treatment for two months, and was then discharged cured. I saw the child last Thursday; it was then quite free from all disease. I am, etc.,

R. William Dunn,
Senior Surgeon to the Farringdon Dispensary.

13, Surrey Street, W.C., June 13th, 1864.

TARTARISED ANTIMONY IN SCROFULOUS OPHTHALMIA.

Letter from D. J. Garnham, Esq.

Sir,—In the British Medical Journal for June 4th is a letter from Mr. Chesshire of Birmingham, on "Tartarised Antimony as a remedy in Strumous Ophthalmia."

The treatment he proposes is, I doubt not, entirely new to most practitioners, and even contrary to the ordinary received ideas of the principles of practice in such diseases. Of its efficacy, however, in such cases—more particularly in those where a long continued treatment with quinine, steel, and other ordinary tonic remedies, has been persisted in—I have for some long time been enabled to take advantage of in my practice.

The idea of the use of tartarised antimony in such a disease, I first received from my much respected friend and teacher, Mr. J. W. Wakem of London; and he (I believe I have heard him state), in his turn, first saw it used in the practice of some practitioner of former days in Cornwall.

It has been my habit to administer it in slightly nauseatic doses of from one-twentieth to one-twelfth of a grain, or more, according to age, usually combining it with a saline purgative, such as the ordinary hospital white mixture, in just sufficient quantity to act slightly upon the bowels. Its effect upon the patient speedily becomes apparent; and the distressing intolerance to light is one of the earliest symptoms to receive relief.

From the administration of emetic doses of tartarised antimony in this disease, I have not seen good results follow.

In the one treatment, as in the other, of course, it would be needless to say, exclusion from light is equally necessary.

Trusting that my few remarks may assist to strengthen the practice advanced by Mr. Chesshire, and also lead to others trying the same.

I am, etc., Devereux J. Garnham,
House Surgeon Lincoln Dispensary.

Lincoln, June 8th, 1864.

The Medical Service in India. In the House of Commons, on June 17th, Mr. Leslie asked the Secretary of State for India whether the necessary arrangements were now completed for issuing the Royal warrant to Her Majesty's medical service in India. Sir C. Wood said there had been some delay in this matter, in the hope of combining the arrangement of the present service with that of the future service in India. It had been, however, determined, in consequence of some difficulties, to make the arrangements for the present service, and orders to that effect were sent to India about a month ago, and if the hon. member would move for that dispatch he would lay it on the table of the house.

Failure of the Medical Act in Australia. Although our local Act is very explicit in defining the penalties incurred by those persons who fraudulently represent themselves as qualified medical practitioners, the offence is still committed with as much impunity as if no such provision existed. The colony still swarms with the vampires that fatten upon the life of an overtrusting public, whose health they ruin and whose pockets they drain. In this city of Melbourne they abound in clusters, doing a thriving business; and not only inflicting serious bodily injury upon their unhappy dupes, but reaping the rewards that should go to the educated medical man for services honestly rendered and conscientiously discharged. *(Australian Medical Journal.)*

Medical News.

Royal College of Physicians of London. At a general meeting of the Fellows, held on Friday, June 17th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College:—

Bowles, Robert Leamon, Folkestone
Churchill, John Foot, Croydon
Cooper, George Frederick, Reading
Court, Josiah, Guy's Hospital
Dodsworth, Frederic Charles, Turnham Green
Hammond, Charles, Southampton
St. John, Charles, 6, Foulis Terrace, Onslow Square
Wise, William Clunie, M.D.St.Andrews, Plumstead

At the same meeting, the following gentlemen were reported by the examiners to have passed the primary professional examination:—

Cuddeford, Thomas, St. Bartholomew's Hospital
Taylor, James, Glasgow
Worsley, James Henry, Bury, Lancashire

University of Cambridge. Degree of M.B. conferred at a Congregation held on June 18th.

Farebrother, Thos., M.A., Queen's College, Oxford (*ad eundem*)
Graham, Arthur R., St. Peter's College

Degree of M.D., in Congregatien held June 21st.

Latham, Peter W., Downing College
Robertson, Charles A. L., Cains College

Apothecaries' Hall. On June 16th, the following Licentiates were admitted:—

Dawson, Henry, Church Road, Islington
Franklin, Charles, Maida Hill
Hawkins, Edmund Woods, Commercial Road
Jones, Benjamin, Llangefni, Anglesey
Moss, Charles, St. Helena
Puzey, Chauncy, Surrey Square, Old Kent Road
Shaw, Charles Edward Martin, York Street, Portman Square
Snell, Ebenezer, Plymouth

At the same Court, the following passed the first examination:—

Nowell, Richard B., Guy's Hospital
Nunneley, Frederick Barham, University College Hospital
Tayler, George Christopher, St. Bartholomew's Hospital
Weekes, Henry, Guy's Hospital

DEATHS.

Davis, John, M.D., Surgeon R.N., at Bristol, aged 73, on June 17.

Forster. On June 16th, at Sunbury, aged 4½, Cottingham, third son of *J. Cooper Forster, Esq., of St. Thomas's Street.

Miller, James, Esq., Professor of Surgery in the University of Edinburgh, aged 52, on June 17.

Minshull. On June 19th, at Tattenhall, Cheshire, aged 86, Mrs. Minshull, widow of John Minshull, Esq., Surgeon to the Liverpool Royal Infirmary, and mother of *J. L. Minshull, Esq., Liverpool.

Spurgin. On June 15th, at 17, Great Cumberland Street, aged 23, Charles Clissold, third surviving son of *John Spurgin, M.D.

APPOINTMENTS.

Royal Navy.

M'Clure, Andrew, Esq., M.A., Surgeon, to the *Racer*.
Morton, Charles, Esq., Surgeon, to the *Fawn*.
Warren, Thomas R., Esq., Surgeon, to the *Cordelia*.

Volunteers, (A.V. = Artillery Volunteers; R.V. = Rifle Volunteers):—

Hemingway, C. A., Esq., to be Assist.-Surg. 26th West Riding R.V.
Oolesby, R. P., Esq., to be Assistant-Surg. 7th West Riding R.V.
Watkins, E., Esq., to be Assist.-Surg. 2nd Northamptonshire R.V.

Royal Medical and Chirurgical Society. An additional ordinary meeting of the Fellows of the Society will be held on Tuesday, July 5th, 1864, at eight p.m., to receive the Report of the Scientific Committee on the Uses and Effects of Chloroform.

Royal College of Physicians. The President and Fellows of the College of Physicians held a *Conversazione* in Pall Mall East, on the 18th inst., which was most numerously attended, the list of visitors including names of the highest eminence in the medical and other sciences, together with a large infusion of the political and fashionable world. The spacious library of the College was fitted up for the occasion, and upon the tables were exhibited specimens of the most recent improvements in optical and other scientific instruments, some of the microscopes being of enormous power. Some microscopic preparations were shewn by Dr. L. Beale. Dr. Thudichum exhibited under the microscope a new cysticercus from the sheep; and Mr. E. Hart a new ophthalmoscope, for showing the deep structures of the living eyeball, without darkening the room. A very ingenious arrangement for observing the vibration of sonorous bodies, was shown by Mr. Ladd. Specimens of the casket, or crystal cube portrait, in which a miniature photograph, imbedded in a cube of crystal presents, under the influence of transmitted light, the appearance of a solid bust in perfect relief, were also shown. A valuable collection of minerals and precious stones, lent by Professor Tennant, photographs, and other objects of scientific interest attracted the notice of the visitors. Among the earliest arrivals were their Royal Highnesses the Prince of Wales and Prince Louis of Hesse, who were received by the President and members of the Council, and by them conducted through the room.

Death of Professor Miller. Mr. James Miller, Professor of Surgery in the University of Edinburgh, died on the 17th inst., at Corstorphine, at the age of 52. The deceased gentleman was the son of the late Rev. James Miller, minister of Monikie, in Forfarshire. He studied medicine in Edinburgh, and was the favourite pupil of Mr. Liston, with whom he resided for fifteen years—for five years as his assistant. Mr. Liston before leaving Edinburgh for London, introduced him to all his patients. In 1842, on the death of Sir Charles Bell, Mr. Miller was unanimously elected by the Town-Council to fill the chair of surgery in Edinburgh University, where he was a very popular and successful teacher. Mr. Miller was also Professor of Pictorial Anatomy to the Royal Academy, and was Surgeon-in-Ordinary to the Queen for Scotland. As a surgeon his services were highly esteemed, and both in the scientific and practical parts of his profession he maintained a high reputation. He was the author of *Principles and Practice of Surgery*, which has passed through four editions in this country, and been several times reprinted in America. He was also the writer of the article "Surgery" in the *Encyclopædia Britannica*; and the author of *Surgical Experience of Chloroform*, and other works. He published a considerable number of tracts on temperance, of which he was a strenuous advocate. In philanthropical and religious agitations he took a very active part, both on the platform and through the press; and as an elder in the Free Church was an ardent supporter of its politico-ecclesiastical views, and of its missionary schemes. He was a man of lively and generous sympathies, and of kindly temper, and he enjoyed the affection and esteem of a wide circle of friends, accompanied by no small degree of popularity in public life. He was a man of fine *physique*, and the sudden breakdown of his constitution gave a shock of surprise to many who had admired his manly vigour and envied his robust health. A few weeks ago he was seized with congestion of the brain, which, notwithstanding the most watchful care of his professional friends, entirely prostrated his strength, both mentally and physically, and rapidly led to a fatal result. Professor Miller married in 1834 a daughter of the late Major Gordon, of Rosiburn, Aberdeenshire, who, with a numerous family, survives him.

OPERATION DAYS AT THE HOSPITALS.

Monday......Metropolitan Free, 2 p.m.—St. Mark's for Fistula and other Diseases of the Rectum, 1.30 p.m. -Samaritan, 2.30 p.m.—Royal London Ophthalmic, 11 a.m.

Tuesday. .... Guy's, 1½ p.m.—Westminster, 2 p.m.—Royal London Ophthalmic, 11 a.m.

Wednesday... St. Mary's, 1 p.m.—Middlesex, 1 p.m.—University College, 2 p.m.—London, 2 p.m.—Royal London Ophthalmic, 11 a.m.—St. Bartholomew's, 1.30 p.m.

Thursday.....St. George's, 1 p.m.—Central London Ophthalmic 1 p.m.—Great Northern, 2 p.m.—London Surgical Home, 2 p.m.—Royal Orthopædic, 2 p.m.—Royal London Ophthalmic, 11 a.m.

Friday....... Westminster Ophthalmic, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.

Saturday..... St. Thomas's, 1 p.m.—St. Bartholomew's, 1.30 p.m.—King's College. 1·30 p.m.—Charing Cross, 2 p.m—Lock, Clinical Demonstration and Operations. 1 p.m.—Royal Free, 1.30 p.m.—Royal London Ophthalmic, 11 a.m.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

Tuesday. Royal Medical and Chirurgical Society, 8 30 p.m. Dr. Fenwick, "On the Condition of the Stomach and Intestines in Scarlatina"; Dr. Wilson Fox, "On the Origin, Structure, and Development of Multilocular Cysts of the Ovary"; Mr. Kingdon, "On the Causes of Hernia."—Zoological.

TO CORRESPONDENTS.

⁂ *All letters and communications for the* Journal, *to be addressed to the* Editor, 37, *Great Queen St., Lincoln's Inn Fields, W.C.*

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course not necessarily for publication.

We have been obliged this week to defer the insertion of the letters, etc., of many correspondents.

Cambridge University.—The following is the proceeding about which our correspondent asks information.

The degree of M.D.Cantab. can be obtained only by going through a prescribed course of study and examinations, the particulars of which may be seen in the *Cambridge Calendar*, *The Students' Guide to the University of Cambridge*, and *The Medical Directory*. The chief requirements are:—

1. Residence in the University during three academical years: the first of which is occupied in studies of a general kind, the other two in medical studies.

2. The passing of at least one examination in classics and mathematics, and two examinations in medical subjects; besides certain exercises called acts, including the writing of theses.

The degree of M.D., as also that of M.B. which precedes it, is a legal qualification, entitling its holder to be registered.

The degree of M.B. cannot be obtained in less than five years by a student who begins his medical studies at Cambridge. One who has studied medicine for two years before entering the University may obtain this degree in three years.

The degree of M.D. can be obtained within three years after that of M.B.

The fees for the M.B. degree are eleven guineas; for the M.D. degree, twenty guineas.

The first step for a person to take who is desirous of proceeding to a medical degree at Cambridge, is to enter his name at one of the seventeen Colleges. This is to be done by application to the tutor of the College. If he be not acquainted with either a tutor or a fellow of any one of the Colleges, or with any of the medical men in Cambridge, he can obtain information and enter his name through any Cambridge graduate with whom he happens to be acquainted—such as any of the clergy in his neighbourhood.

There are some reasons for medical students preferring the Colleges of Caius, Downing, St. John's or Sidney, which in various ways give more encouragement to medical students than is at present given by other Colleges.

COMMUNICATIONS have been received from:—Mr. William Copney; Dr. Cotton; Mr. R. S. Fowler; Mr. Hornby; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. Griffiths; Dr. Gilchrist; Dr. W. Ogle; Mr. D. K. Jones; The Hon. Secretary of the Odontological Society; Mr. G. Bottomley; Dr. Foster; Mr. V. Wearne; Mr. John Dix; and Mr. J. Vose Solomon.

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